

DIABETES SUPPLY COVERAGE FOR COMMERCIAL PLANS (INCLUDING NEW JERSEY SMALL GROUP PLANS)

Policy Number: DIABETIC 009.16 T2

Effective Date: March 1, 2017

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Related Policy
<ul style="list-style-type: none"> Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan and Oxford USA membership.
Benefit Type	General benefits package Pharmacy ¹
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	No ^{2,3}
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	All
Special Considerations	<p>¹A prescription is required when accessing coverage through a participating retail pharmacy or through Oxford's mail order pharmacy. A prescription is not required in order to receive reimbursement through Oxford if a Member pays out-of-pocket.</p> <p>²Precertification required for Insulin Pumps.</p> <p>³Precertification is required for A9275 when it is billed as part of a continuous glucose monitoring and insulin delivery device.</p>

PURPOSE

Before using this policy, please refer to the member specific benefit plan document for details regarding benefit coverage, exclusions, limitations and/or maximums.

Unless otherwise noted in this policy or the member specific benefit plan document, diabetes supplies will be applied towards the member's medical benefit subject to individual office co-payment and/or co-insurance.

New Jersey (NJ) Small Group Plans

Coverage diabetic supplies are broken out into two categories:

- Insulin and prescription oral anti-diabetic drugs; **and**
- Diabetic supplies, such as lancets, insulin needles, syringes and glucose test strips, etc.

The benefit and cost share varies based on the Member's Plan type and the item being purchased. See the grid below to determine which benefit and cost share will apply based on the item being purchased.

Category	Benefit
Insulin and prescription oral anti-diabetic drugs	Pharmacy
Other diabetic supplies (such as lancets and test strips)	Medical

NJ Large Group Plans

The cost share applied to diabetic medications is determined by whether or not the member's Group has purchased the supplemental pharmacy benefit.

Purchased Pharmacy Benefit?	Cost Share	Notes
Y	Pharmacy	The cost share is applicable to each 30-day supply.
N	Lowest office medical	

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

POLICY

Supplies for members with diabetes such as insulin, test strips, lancets, blood glucose meters, syringes, insulin pumps, tubing, etc., are covered per state regulation in Connecticut (CT), New Jersey (NJ), and New York (NY).

PROCEDURES AND RESPONSIBILITIES

Oxford will cover equipment, medications, and supplies for the treatment of all members with diabetes, including gestational diabetes, as prescribed by a health care professional legally authorized to prescribe such items. Oxford will cover supplies, medications, and equipment for diabetes as outlined in the following table regardless of whether the member has a DME rider or medical supply rider.

Prescription Drug Benefit	May Obtain Diabetes Supplies through...	Notes
With mail order coverage	Network Retail Pharmacy and Oxford's mail order vendor	A prescription is required when accessing coverage through: <ul style="list-style-type: none"> • A network retail pharmacy, or • Oxford's mail order vendor.
Without mail order coverage	Network Retail Pharmacy	A prescription is required when accessing coverage through a network retail pharmacy.

All members may pay out-of-pocket for their supplies and submit a receipt, noting the member's name, Oxford ID, total cost, the type of supply and quantity purchased, to Oxford for reimbursement. A prescription is not required in order to receive reimbursement if a member pays out-of-pocket.

Oxford will cover diabetes supplies per the quantity limitations noted in the [Applicable Codes](#) section.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Diabetes Supply		Allowable Qty.	Cost Share	
HCPSC Code	Item Description	Per 30 Day Supply	All Other Commercial	NJ Small
-	Cartridges for pen injector ⁴	Per prescription	Lowest office medical	Pharmacy
-	Glucose tabs	30 tablets	Lowest office medical	Medical
-	Insulin pen needles	3 boxes	Lowest office medical	Medical
A4206	Syringe with needle, sterile, 1 cc or less, each	Per prescription	Lowest office medical	Medical
A4210	Needle-free injection device, each	2 per year	Lowest office medical	Medical
A4215	Needle, sterile, any size, each	Per prescription	Lowest office medical	Medical
A4230 ^{1,2}	Insulin set for external insulin pump , non-needle cannula type	20 sets	Lowest office medical	Medical
A4231 ^{1,2}	Infusion set for external insulin pump, needle type	20 sets	Lowest office medical	Medical
A4232 ^{1,2}	Syringe with needle for external insulin pump,sterile, 3cc	20 syringes	Lowest office medical	Medical
A4233 ¹	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	-	Lowest office medical	Medical
A4234 ¹	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	-	Lowest office medical	Medical
A4235 ¹	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	-	Lowest office medical	Medical
A4236 ¹	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	-	Lowest office medical	Medical
A4244	Alcohol or peroxide, per pint	4 pints	Lowest office medical	Medical
A4245	Alcohol wipes, per box	8 boxes	Lowest office medical	Medical
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	2 boxes	Lowest office medical	Medical
A4252	Blood ketone test or reagent strip, each	Per prescription	Lowest office medical	Medical

Diabetes Supply		Allowable Qty.	Cost Share	
HCPSC Code	Item Description	Per 30 Day Supply	All Other Commercial	NJ Small
A4253 ^{2,4}	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Refer to QD Supply Limits and QLL Supply Limits	Lowest office medical	Medical
A4255	Platforms for home blood glucose monitor, 50 per box	8 boxes	Lowest office medical	Medical
A4256	Normal, low and high calibrator solution/chips	-	Lowest office medical	Medical
A4258	Spring powered device for lancet, each	2 per year	Lowest office medical	Medical
A4259	Lancets, per box of 100	4 boxes	Lowest office medical	Medical
A6257 ¹	Transparent film, sterile, 16 sq in or less, each dressing	1 box	Lowest office medical	Medical
A9275 ³	Home glucose disposable monitor, includes test strips	1 per year (from date of purchase)	Lowest office medical	Medical
E0607	Home blood glucose monitor	1 per year (from date of purchase)	Lowest office medical	Medical
E0784 ¹	External ambulatory infusion pump, insulin	Per authorization	Lowest office medical	Medical
E2100	Blood glucose monitor with integrated voice synthesizer	1 per year (from date of purchase)	Lowest office medical	Medical
E2101	Blood glucose monitor with integrated lancing/blood sample	1 per year (from date of purchase)	Lowest office medical	Medical
J1610 ⁴	Injection, glucagon HCl, per 1 mg	Refer to QD Supply Limits and QLL Supply Limits	Lowest office medical	Pharmacy
J1815 ⁴	Injection, insulin, per 5 units	Per prescription	Lowest office medical	Pharmacy
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	Per prescription	Lowest office medical	Pharmacy
J3490 ⁴	Unclassified drugs (when used for the reimbursement of prescription oral anti-diabetes agents)	Refer to QD Supply Limits and QLL Supply Limits	Lowest office medical	Pharmacy
K0601 ¹	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	-	Lowest office medical	Medical
K0602 ¹	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	-	Lowest office medical	Medical
K0603 ¹	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	-	Lowest office medical	Medical
K0604 ¹	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	-	Lowest office medical	Medical

Diabetes Supply		Allowable Qty.	Cost Share	
HCPSC Code	Item Description	Per 30 Day Supply	All Other Commercial	NJ Small
K0605 ¹	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	-	Lowest office medical	Medical
S5560	Insulin delivery device, reusable pen; 1.5 ml size	Per prescription	Lowest office medical	Medical
S5561	Insulin delivery device, reusable pen; 3 ml size	Per prescription	Lowest office medical	Medical
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Per prescription	Lowest office medical	Medical
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	Per prescription	Lowest office medical	Medical
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Per prescription	Lowest office medical	Pharmacy
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	Per prescription	Lowest office medical	Pharmacy
S8490	Insulin syringes (100 syringes, any size)	Per prescription	Lowest office medical	Medical

Coding Clarification:

- ¹These items are not available for coverage through participating retail pharmacies or through Oxford's mail order pharmacy vendor, even if the member has the appropriate pharmacy benefit. They must be purchased out of pocket and submitted to Oxford for reimbursement.
- ²If a member's needs exceed the maximum quantity the vendor will request a written verification from the prescribing physician, stating the reason. This written verification needs to be updated annually.
- ³When A9275 it is billed as part of a continuous glucose monitoring and insulin delivery device, refer to the policy titled [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#).
- ⁴If a pharmacy benefit is present, members of self-funded groups, as well as members of groups with in-network medical office visit cost shares, **excluding NJ Small group plans** will be charged the applicable pharmacy cost share for these items if they are transmitted through a participating retail pharmacy or through Oxford's pharmacy mail order vendor.

REFERENCES

American Medical Association. Healthcare common Procedure Coding System. Medicare's National Level II Codes HCPCS.

CT: 38a-492d; 38a-518d.

N.J.S.A. 17B: 26-2.11.

N.J.S.A. 26:2J-4.11.

NJ: 17B: 26-2.11; 17B: 27-46.1M; 26:2J-4.11.

NY Ins. Law s 3221; NY Ins. Law s 3216.

Oxford Certificate of Coverage and Member Handbook.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/01/2017	<ul style="list-style-type: none"> • Changed policy title; previously titled <i>Diabetes Supply Coverage</i> • Reformatted and reorganized policy: <ul style="list-style-type: none"> ○ Transferred content to new template ○ Added content previously outlined in policy titled <i>Diabetes Supply Coverage for New Jersey Small and Individual Plans</i> • Updated list of related policies; removed reference link to policy titled <i>Diabetes Supply Coverage for New Jersey Small and Individual Plans</i> • Removed language pertaining to New Jersey (NJ) Individual Plans (<i>NJ individual</i>

Date	Action/Description
	<p><i>benefit plans transitioned to UnitedHealthcare Oxford Navigate effective Jan. 1, 2017)</i></p> <ul style="list-style-type: none"> • Revised policy “purpose” language: <ul style="list-style-type: none"> ○ Updated language pertaining to NJ plan coverage to indicate: <ul style="list-style-type: none"> ▪ For <i>NJ Small Group Plans</i>, there are two categories of benefit and cost share that vary based on the member’s plan type and the item being purchased: <ul style="list-style-type: none"> - If insulin and prescription oral anti-diabetic drugs are being purchased, they are included in the pharmacy benefit and cost share application - If other diabetic supplies (such as lancets and test strips) are being purchased, they are included in the medical benefit and cost share application ▪ For <i>NJ Large Group Plans</i>, the cost share applied to diabetic medications is determined by whether or not the member’s group has purchased the supplemental pharmacy benefit <ul style="list-style-type: none"> - If the group purchased the supplemental pharmacy benefit, cost share will apply to the pharmacy benefit - If the group did not purchase the supplemental pharmacy benefit, cost share will apply to the lowest office medical benefit ○ Added language for <i>Essential Health Benefits for Individual and Small Group plans</i> to indicate: <ul style="list-style-type: none"> ▪ For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”) ▪ Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs; however, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans ▪ The determination of which benefits constitute EHBs is made on a state by state basis; as such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage • Updated “policy” statement; removed reference to Pennsylvania (PA) members/mandates • Revised procedures and responsibilities: <ul style="list-style-type: none"> ○ Updated coverage statement to indicate Oxford will cover equipment, medications, and supplies for the treatment of all members with diabetes, including gestational diabetes, as prescribed by a health care professional legally authorized to prescribe such items ○ Reformatted/reorganized language addressing where to access diabetes supplies (by benefit type) • Updated list of applicable HCPCS codes: <ul style="list-style-type: none"> ○ Added A4215, A4252, A4255, S5560, S5561, S5565, S5566, S5570, S5571, and S8490 ○ Revised description for A4206, A4210, A4244, A4245, A4253, A4258, A6257, E0607, E0784, E2100, E2101, J1610, J1815, J1817, and J3490 ○ Removed item listing for “insulin pen” and “disposable pre-filled insulin pens” ○ Updated coding clarification language: <ul style="list-style-type: none"> ▪ Replaced reference to “endocrinologist” with “prescribing physician” ▪ Replaced references to “coinsurance”, “copayment” and “deductible” with “cost share” • Archived previous policy version DIABETIC 009.15 T2