

# Diabetes Management, Equipment and Supplies

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[Instructions for Use](#)

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- Related Medicare Advantage Policy Guidelines**
- [Diabetic Outpatient Self-Management Training \(NCD 40.1\)](#)
  - [Home Blood Glucose Monitors \(NCD 40.2\)](#)
  - [Infusion Pumps \(NCD 280.14\)](#)
  - [Insulin Syringe \(NCD 40.4\)](#)
  - [Medical Nutrition Therapy \(NCD 180.1\)](#)
  - [Outpatient Intravenous Insulin Treatment \(NCD 40.7\)](#)
  - [Therapeutic Continuous Glucose Monitors](#)

## Coverage Guidelines

Diabetic management equipment and supplies may be covered in accordance with Medicare criteria.

DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including external ambulatory infusion pump and home blood glucose monitor). For DME Face to Face Requirement information, refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#).

COVID-19 Public Health Emergency Waivers and Flexibilities: In response to the COVID-19 Public Health Emergency, CMS has updated some guidance for certain services.

For a comprehensive list of coronavirus waivers and flexibilities, refer to <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. (Accessed February 10, 2022)

### Diabetic Self-Management Training (DSMT)

Diabetic self-management Training (DSMT) services are intended to educate patients in the successful self-management of diabetes. The program includes instructions in self-monitoring of blood glucose, education about diet and exercise, an insulin treatment plan developed specifically for the patients, and motivation for patients to use the skills for self-management. Diabetic self-management training (DSMT) services may be covered when criteria are met. For coverage criteria, refer to the [Medicare Benefit Policy Manual, Chapter 15, §300 – Diabetic Self-Management Training Services](#).

Refer to the:

- [National Coverage Determination \(NCD\) for Diabetes Outpatient Self-Management Training \(40.1\)](#)
- [CFR Title 42, Chapter IV, §410.132-§410.146 – Outpatient Self-Management Training and Diabetes Outcome Measurements.](#)

(Accessed February 10, 2022)

## Medical Nutrition Therapy (MNT)

Medical nutrition therapy (MNT) is covered for diabetic members when criteria are met. A Registered dietitian or a nutritional professional must render medical nutrition therapy (MNT).

Refer to the:

- [NCD for Medical Nutrition Therapy \(180.1\).](#)
- [Medicare Claims Processing Manual, Chapter 4, §300 – Medical Nutrition Therapy Services.](#)

(Accessed February 10, 2022)

## Blood Glucose Monitors

Home blood glucose monitors and supplies (e.g., blood testing strips and lancets, replacement batteries) are covered when the following criteria are met. Refer to the [NCD for Home Blood Glucose Monitors \(40.2\)](#).

Note: For guidelines on the appropriate quantities of strips and lancets, refer to the DME MAC [Local Coverage Determination \(LCD\) for Glucose Monitors \(L33822\)](#).

(Accessed February 10, 2022)

## Modified/Special Blood Glucose Monitors

Modified/special blood glucose monitors and supplies for the visually impaired are covered if the member meets the coverage criteria.

Refer to the [NCD for Home Blood Glucose Monitors \(40.2\)](#). (Accessed February 10, 2022)

## Non-Implantable Continuous Glucose Monitors (CGM)

For coverage of insulin pump/CGM combination, refer to the [External Continuous Subcutaneous Insulin Infusion Pump](#) section.

### ***Non-Therapeutic Continuous Glucose Monitors and Supplies (HCPCS codes A9276, A9277 and A9278)***

Non-therapeutic CGMs and supplies are considered precautionary, and are excluded from coverage under the Medicare DME benefit.

CGMs that are approved by the FDA for use as adjunctive devices to complement, not replace, information obtained from blood glucose monitors in making diabetes treatment decisions are referred to as "non-therapeutic" CGMs.

Refer to the

- DME MAC [Glucose Monitor – Policy Article \(A52464\)](#).
- [CMS Ruling No. \[CMS-1682-R\] issued January 12, 2017](#)
- [CMS-1738-F, Federal Register, Vol. 86, No. 246, December 28, 2021 Final Rule \(pending coding implementation guidance from CMS\)](#)

(Accessed February 10, 2022)

### ***Therapeutic Continuous Glucose Monitors and Supplies (HCPCS codes K0553 and K0554)***

CGM devices covered by Medicare under the DME benefit are defined in CMS Ruling 1682R as therapeutic CGMs. Refer to the *Non-Medical Necessity Coverage and Payment Rules* in the LCD-related policy article for additional information.

Therapeutic CGM devices replace a standard home blood glucose monitor (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259).

Refer to the DME MAC [Local Coverage Determination \(LCD\) for Glucose Monitors \(L33822\)](#).  
(Accessed February 10, 2022)

### ***Ambulatory Continuous Glucose Monitoring (CPT codes 95249, 95250 and 95251)***

Medicare does not have an NCD for continuous glucose monitoring. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 10, 2022)

### **Implantable Continuous Glucose Monitors (I-CGM) (CPT codes 0446T, 0447T and 0448T)**

Medicare does not have an NCD for implantable continuous glucose monitors. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Implantable Continuous Glucose Monitors \(I-CGM\)](#).

### **External Continuous Subcutaneous Insulin Infusion (CSII) Pump (HCPCS code E0784)**

External continuous subcutaneous insulin infusion (CSII) pump and related drugs and supplies are covered when coverage criteria are met. Refer to the [NCD for Infusion Pumps \(280.14\)](#). Also refer to DME MAC [LCD for External Infusion Pumps \(L33794\)](#).

Notes:

- Combination Insulin pump and Continuous Glucose Monitoring (CGM): Insulin pumps with integrated features such as CGM are also billed using HCPCS code E0784. Although the integrated CGM features and related supplies are not covered, coverage decisions for the device should be made based on its primary use. Refer to the [Continuous Glucose Monitoring \(CGM\)](#) section for coverage guideline of CGM.
- Disposable drug delivery systems (e.g., OmniPod<sup>®</sup> Insulin Management System): Disposable drug delivery systems, including elastomeric infusion pumps (A4305, A4306, A9274) are non-covered devices because they do not meet the Medicare definition of durable medical equipment. Drugs and supplies used with disposable drug delivery systems are also non-covered items.

Note: These items may be covered if the member has Part D coverage for drugs under UnitedHealthcare. Refer to the member's pharmacy booklet or contact the Prescription Solutions Customer Service Department to determine coverage eligibility for Part D prescription drug plan benefit. See the CMS Communication to Part D Plan Sponsors dated January 5, 2018; available at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Medical-Supplies-Associated-with-the-Injection-of-Insulin.pdf>.

(Accessed February 10, 2022)

### **Closed-Loop Blood Glucose Control Device (CBGCD)**

Closed-loop blood glucose control device (CBGCD) is covered for short-term management of insulin dependent diabetics in crisis situations, in a hospital inpatient setting, and only under the direction of specially trained medical personnel. Refer to the [NCD for Closed-Loop Blood Glucose Control Device \(CBGCD\) \(40.3\)](#). (Accessed February 10, 2022)

### **Home Health Benefits to a Blind Diabetic**

Home health benefits to a blind diabetic may be covered when criteria are met.

Refer to the

- [NCD for Home Health Visits to a Blind Diabetic \(290.1\)](#). (Accessed February 10, 2022)

- Coverage Summary titled [Home Health Services, Home Health Visits, and Respite Care](#).

## Outpatient Intravenous Insulin Treatment (OIVIT)

(CMS) determines that the evidence is adequate to conclude that OIVIT does not improve health outcomes in Medicare beneficiaries. Therefore, CMS determines that OIVIT is not reasonable and necessary for any indication under section 1862(a)(1)(A) of the Social Security Act. Services comprising an Outpatient Intravenous Insulin Therapy regimen are nationally non-covered under Medicare when furnished pursuant to an OIVIT regimen. Refer to the [NCD for Outpatient Intravenous Insulin Treatment \(40.7\)](#). (Accessed February 10, 2022)

## Additional Non-Covered Benefits

The following are additional examples of benefits that are not covered, but are not limited to:

- Insulin, except when:
  - Member has coverage under the UnitedHealthcare Medicare Part D Prescription Drug Plan.  
Note: Refer to the Member's Pharmacy Booklet or contact the Prescription Solutions Customer Services Department to determine coverage eligibility for prescription drug plan benefit.
  - Used in conjunction with a continuous subcutaneous insulin infusion pump (CSII). Refer to the [External Continuous External Subcutaneous Insulin Infusion \(CSII\) Pump](#) section for additional information.
- Insulin syringes, needles, lancet holders, insulin pen devices and associated cartridges unless member has coverage under the UnitedHealthcare Medicare Part D Prescription Drug Plan.  
Note: Refer to the Member's Pharmacy Booklet or contact the Prescription Solutions Customer Services Department to determine coverage eligibility for prescription drug plan benefit.  
Refer to the [NCD for Insulin Syringe \(40.4\)](#).
- Alcohol, alcohol wipes, betadine, betadine wipes or iodine, iodine wipes.  
Note: These items may be covered if the member has Part D coverage for drugs under UnitedHealthcare. Refer to the Member's Pharmacy Booklet or contact the Prescription Solutions Customer Service Department to determine coverage eligibility for Part D prescription drug plan benefit.
- Cotton swabs, peroxide or pHisoHex.  
Note: These items may be covered if the member has Part D coverage for drugs under UnitedHealthcare. Refer to the Member's Pharmacy Booklet or contact the Prescription Solutions Customer Service Department to determine coverage eligibility for Part D prescription drug plan benefit.
- An implanted infusion pump for the infusion of insulin to treat diabetes. Refer to the [NCD for Infusion Pumps \(280.14\)](#). (Accessed February 10, 2022)

## Supporting Information

Implantable Continuous Glucose Monitors (I-CGM)				
Accessed February 10, 2022				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38662 (A58127)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38664 (A58136) (A58407)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L38659 (A58138)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38657 (A58133)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV

## Implantable Continuous Glucose Monitors (I-CGM)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38617 (A58415)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38743 (A58277)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L38686 (A58213)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part A MAC	Wisconsin Physicians Service Insurance Corp.	AK*, AL*, AR*, AZ*, CA*, CO*, CT, DE*, FL*, GA*, HI*, IA, ID*, IL, IN, KS, KY*, LA*, MA, MD*, ME, MI, MO, MS*, MT*, NC*, ND*, NE, NH, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI, SC*, SD*, TN*, TX*, UT*, VA*, VT, WA*, WI, WV*, WY*  Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L38686 (A58213)	<a href="#">Implantable Continuous Glucose Monitors (I-CGM)</a>	Part B MAC	Wisconsin Physicians Service Insurance Corp.	IN, IA, KS, MI, MO, NE

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## Policy History/Revision Information

Date	Summary of Changes
02/15/2022	<p><b>Coverage Guidelines</b></p> <p><i>Non-Therapeutic Continuous Glucose Monitors and Supplies (HCPCS codes A9276, A9277, and A9278)</i></p> <ul style="list-style-type: none"> <li>Added reference link to the Centers for Medicare &amp; Medicaid (CMS) <i>1738-F, Federal Register, Vol. 86, No. 246, December 28, 2021 Final Rule</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links</li> <li>Archived previous policy version MCS026.01</li> </ul>

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and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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