



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Diabetic Testing Supplies <u>Supplement</u>	Page:	1 of 3
Effective Date:	12/2020	Last Review Date:	07/8/2021
Applies to:	<input type="checkbox"/> California	<input type="checkbox"/> Florida	<input type="checkbox"/> Kentucky
	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Diabetic Testing Supplies under the member’s prescription drug benefit.

Description: Diabetic Testing Supplies are used for testing blood glucose. This policy does not apply to urine test strips.

Preferred/Non-Preferred Drugs

Preferred	Non-Preferred
OneTouch Products	Other Diabetic Testing Products

Policy/Guideline:

Diabetic Test Strip and Glucometer Quantity Limits:

- Refer to Louisiana Medicaid Diabetic Test Strips and Lancets Quantity Limits: <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>
- Glucometers are limited to 1 glucometer per 12 months

Use the following to submit a claim for a preferred OneTouch meter:

- BIN: 601341
- RxPCN: OHS
- Group ID#: LVUMV384
- ID#: NOCHARGEMETR
- Contact Phone #: 1-800-364-4767

Non-Preferred pen needles may be authorized when the following criteria is met:

- Documentation of trial of or intolerance to the preferred pen needles
- Documentation to support use of required non-formulary pen needle

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Non-Preferred Products:

- Member should -be switched to the preferred pharmacy meter and supplies or can be submitted as a Medical Benefit
- Criteria to Receive Non-Formulary Diabetic Supplies (Member meets one of the following):



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- Physical limitation (manual dexterity or visual impairment) that limits utilization of formulary product
- Insulin pump requiring a specific test strip

Criteria to Receive a Greater Quantity than authorized by Louisiana Medicaid

Member meets one of the following:

- Newly diagnosed diabetes or gestational diabetes
- Children with diabetes that are less than 18 years of age
- Member is on insulin pump
- Member is on high intensity insulin therapy, and needs to routinely test more than 4-5 times daily

Criteria to Receive Greater Than One Glucometer Per Year

Member meets one of the following:

- Current glucometer is unsafe, inaccurate, or no longer appropriate based on medical condition
- Current glucometer no longer functions properly, has been damaged, or was lost or stolen

Continuous Glucose Monitoring (for example, Freestyle Libre, Dexcom G5, Dexcom G6) system:

- Refer to *Aetna Better Health Medicaid Durable Medical Equipment (DME)* coverage.
- For Durable Medical Equipment (DME) coverage, **PA phone #855-242-0802** or **PA fax #844-227-9205**.
- Utilize Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. Billable HCPCS codes and coverage limitations:

Supply	HCPCS Code	Limitation
Sensors	A9276	Based on the Life of the Sensors Used.
Transmitters	A9277	Once per life of the product
Receiver	A9278	Once per life of the product

Approval Duration:

Prior Authorization Approval	Duration	Quantity Restrictions	Additional Requirements
Initial	1 year		



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Box Warning: N/A

REMS: N/A

References:

1. One Touch [package insert]. LifeScan, Inc. Milpitas, CA; March 2017. [Accessed May 22, 2019](#)
2. American diabetes association, checking your blood pressure, <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/checking-your-blood-glucose.html> Accessed May 22, 2019
3. Filiz Demircik, PhD, Evaluation of Hematocrit Interference with MyStar Extra and Seven Competitive Devices, Journal of Diabetes Science and Technology 2015 Mar; 9(2): 262–267. Published online 2014 Dec,30 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604595/> accessed May 31, 2019
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6. Hematocrit Interference of Blood Glucose Meters for Patient Self-Measurement. J Diabetes Sci Technol. 2013 Jan; 7(1): 179–189. Published online 2013 Jan 1. doi: 10.1177/193229681300700123.Sanja Ramljak, Ph.D.,1 John Paul Lock, M.D.,2 Christina Schipper, Ph.D.,1 Petra B. Musholt, M.D.,1 Thomas Forst, M.D.,1 Martha Lyon, Ph.D.,3 and Andreas Pfützner, M.D., Ph.D.1 . <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3692232/>. Accessed May 31, 2019
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8. American Diabetes Association. Standards of Medical Care in Diabetes 2019. Diabetes Care. January 2019, 42(Supplement 1). <https://professional.diabetes.org/content-page/practice-guidelines-resources>. Accessed July 2, 2019.
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Revision	Implementaion Date
Non-preferred pen needle criteria added	<u>10/1/2021</u>

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