
Diabetic Care

Policy

Harvard Pilgrim reimburses contracted providers for the provision of diabetic care treatment and services as mandated in Connecticut, Maine, Massachusetts, and New Hampshire.

Policy Definition

Diabetic Care encompasses equipment, education and management, and supplies medically necessary for the diagnosis and treatment of diabetes including Type I or Type II, gestational, and/or insulin or non-insulin dependent diabetes.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

HMO/POS/PPO

- Referral required for most outpatient specialist services for HMO and in-network POS members. (A referral is *not* required to an optometrist or ophthalmologist for routine diabetic eye exams.)
- Authorization required for all diabetic management devices, miscellaneous DME and for items obtained from non-contracted providers.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Harvard Pilgrim reimburses diabetic care including but not limited to the following: dialysis, durable medical equipment, evaluation and management services, laboratory tests, nutritional counseling, podiatry, prescription drugs (pharmacy benefit), prosthetic and orthotic devices, surgery, and vision care.

Dialysis

Hemodialysis during the first 30 months. (Medicare primary coverage commences after the patient's first 30 months of hemodialysis for Medicare eligible ERSD members).

Durable Medical Equipment (DME)

- Blood glucose monitors (excluding batteries).
- Blood glucose monitors with special features, such as voice synthesizers and automatic timers for the visually impaired and/or members with severely impaired manual dexterity.
- Continuous glucose monitoring systems.
- Dosage gauges (e.g., Inject Aid, Syringe Support).
- Injectors (insulin injection aids like Novolin Pen, Inject-ease).
- Insulin pumps and supplies.
- Lancet devices (e.g., Autolance, Glucolet).
- Needle-less injection systems for members or their caregivers unable to safely administer insulin with a needle or syringe due to a visual or neurological impairment.
- Therapeutic molded shoes and shoe inserts.
- Visual magnifying aids (e.g., Insul-eze, TruHand).

Laboratory/Radiological Services

Routine diabetic related laboratory tests and urinary profiles, including but not limited to:

- Glycosylated hemoglobin (HbA1c)

- Urinary protein/microalbumin
- Lipid profiles

Outpatient Services

- Diabetic nutritional therapy services billed with a diabetes diagnosis.
- Diabetes outpatient self-management training/education services billed with a diabetes diagnosis.
- Hyperbaric oxygen therapy for the treatment of diabetic wounds of the lower extremities: (For specific information please see the [Hyperbaric Oxygen Therapy Medical Policy](#))

Prescription Drugs and supplies

- Blood glucose test or reagent strips for home blood glucose monitor
- Insulin, insulin syringes
- Ketone strips
- Lancets
- Oral diabetic medications
- Urine test or reagent strips or tablets

Prosthetic and Orthotic Devices

- Foot inserts and arch supports.
- The least costly prosthetic device that permits the member to perform activities of daily living (ADLs)
- Therapeutic/molded shoes and shoe inserts for persons with severe diabetic disease

Routine & Non-Routine Foot Care and Debridement of Toenails

Foot care by a physician or podiatrist of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) including, the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following if present:

- Local care of superficial wounds
- Trimming and debridement of nails
- Debridement of corns and calluses

Vision Services

- One annual routine eye examination, including:
 - Medically necessary glaucoma testing.
 - Other tests when billed with a routine eye diagnosis and is included/covered in the member's benefit package.
- Medically necessary treatment for eye conditions.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Batteries for glucose monitors (when item uses standard batteries, e.g., including but not limited to sizes AAA, AA, A, C, D, etc.)
- Blood glucose analysis
- Diabetes training programs/camps
- External insulin pumps and continuous glucose monitoring systems combined into a single closed-loop system not requiring direct patient interaction
- Glucowatch
- Laser skin piercing device, not determined to be medically necessary
- Quality measurement codes for diabetic patients developed for CMS physician voluntary reporting program
- Sales tax, shipping and handling fees, or restocking fees
- Spare or extra prosthesis, including but not limited to limbs and eyes
- Subcutaneous tissue medication delivery system (e.g., I-Port)

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation
Coding²

Code	Description	Comment
80000 series	Laboratory tests, including glycosylated hemoglobin, or HbA1C, tests, urinary protein/micro-albumin and lipid profiles)	For routine diabetic related laboratory tests and urinary profiles.
942	Education/training (Including diabetes-related dietary therapy)	Requires HCPCS code G0108 or G0109.
A4206–A4210	Insulin syringes/needle-free injection device	Billed by a contracted DME/Medical surgical supply provider and pharmacy provider when applicable.
A4211–A4215	Supplies for self-administered injections	Billed by a contracted DME/Medical surgical supply provider.
A4230–A4232	Insulin pump supplies	Billed by a contracted DME/Medical surgical supply provider.
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Billed by a contracted DME/Medical surgical supply provider and pharmacy provider when applicable
A4258	Spring powered device for lancet, each	Billed by a contracted DME/Medical surgical supply provider and pharmacy provider when applicable
A4259	Lancets, per box of 100	Billed by a contracted DME/Medical surgical supply provider and pharmacy provider when applicable
A5500–A5508, A5510	Shoe supplies for diabetics	Billed by a contracted DME/Medical surgical supply provider for therapeutic molded shoes and shoe inserts for persons with severe diabetic disease.
A5512	For diabetics only, multiple density insert, direct formed, molded to foot, prefabricated, each	Billed by a contracted DME/Medical surgical supply provider.
A5513	For diabetics only, multiple density insert, direct formed, molded to foot, custom fabricated, each	Billed by a contracted DME/Medical surgical supply provider.
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Authorization is required. Billed by a contracted DME/Medical surgical supply provider.
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Authorization is required. Billed by a contracted DME/Medical surgical supply provider.
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Authorization is required. Billed by a contracted DME/Medical surgical supply provider.
E0607	Home blood glucose monitor	Billed by a contracted DME/Medical surgical supply provider.
E0784	External ambulatory infusion pump, replacement	Billed by a contracted DME/Medical surgical supply provider.

PAYMENT POLICIES

Code	Description	Comment
E1399	Durable medical equipment, miscellaneous	Billed by a contracted DME/Medical surgical supply provider. Requires authorization.
E2100	Blood glucose monitor w/integrated voice synthesizer	Billed by a contracted DME/Medical surgical supply provider.
E2101	Blood glucose monitor w/integrated lancing/blood sample	Billed by a contracted DME/Medical surgical supply provider.
G0108–G0109	Diabetes outpatient self-management training services	For physicians, NPs, certified diabetic educators (nutritionists).
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes)	Use to report re-assessment after second referral and subsequent interventions in same year.
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurement for: respiratory quotient, and/or, urine urea nitrogen (uun), and/or, arterial, venous or capillary glucose, and/or potassium concentration	Provider liable—procedure code not eligible for payment.
L3000–L3030	Foot, insert, removable, molded to patient model	Billed by a contracted DME/Medical surgical supply provider.
L3031	Foot insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Billed by a contracted DME/Medical surgical supply provider.
L3040–L3060	Foot, arch support, removable, pre-molded	Billed by a contracted DME/Medical surgical supply provider.

Other Information

- Bill appropriate revenue codes, diagnosis codes and procedure codes as contractually defined.
- CMS-1500 Form: enter the Harvard Pilgrim authorization number in box 23.
- Electronic 837P: enter the Harvard Pilgrim authorization number in loop 2300, REF segment, data element REF02 with a G1 qualifier in REF01.
- DME providers must bill DME items with valid HCPCS modifiers and procedure codes in accordance with contract specifications.
- UB-04 Form: enter the Harvard Pilgrim authorization number in Form Locator 63.
- Electronic 837I: enter the Harvard Pilgrim authorization number in loop 2300, REF segment, data element REF02 with a G1 qualifier in REF01.
- Abbott Diabetes Care meters and test strips are Harvard Pilgrim's preferred diabetic testing supplies.

Related Policies

Payment Policies

- Bilateral Services and CPT Modifier 50
- Dialysis
- Durable Medical Equipment (DME)
- Evaluation and Management
- Home Health Care
- Nutritional Counseling
- Laboratory and Pathology

PAYMENT POLICIES

- Podiatry
- Prosthetic and Orthotic Devices
- Surgery
- Outpatient Surgery
- Orthotic & Prosthetic Devices
- Vision Care

Clinical Policies

- Diabetes Management Devices
- Hyperbaric Oxygen Therapy

Billing & Reimbursement

- Claims Submission Guidelines

Network Operations & Care Delivery Management

- Prescription Drug Program

PUBLICATION HISTORY

10/01/05	original documentation
01/01/06	2006 coding update
07/31/06	annual review, update to coding table; deleted A4772 code not specific to diabetes; removed authorization requirement from First Seniority Reimburses blood glucose monitors with special features
07/31/07	annual review; removed NH and ME prosthetic mandate; removed prosthesis count toward DME benefit limit (MA mandate)
07/31/08	annual review; added I-Port information to does not reimburse section
03/15/09	updated CGMS codes and coverage
07/15/09	annual review; added "Billed by a contracted DME/Medical surgical supply provider" to coding grid
05/15/10	annual review; added continuous glucose monitoring systems for persons with type II diabetes to does not reimburse section
01/15/11	annual coding update
05/15/11	annual review; update to coding grid
01/01/12	removed First Seniority Freedom information from header
04/15/12	annual review; no changes
07/15/13	annual review; added external insulin pumps to does not reimburse section
08/15/13	updated CGMS prior auth request coding requirements from S1030 to A9277/A9278
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites section
07/15/14	annual review; added Abbott Diabetes Care preferred testing supplies; administrative edits; added link to Hyperbaric Oxygen Therapy Medical Policy
07/15/15	annual review; updated electronic billing guidelines
07/15/16	annual review; added Orthotic & Prosthetic Devices Payment Policy to related policies section
07/15/17	annual review; removed S1030 and S1031; added CGMS Medical Review Criteria to related policies section; administrative edits
01/01/18	updated Open Access Product referral information under Prerequisites
7/2/2018	annual review; added pharmacy providers as applicable for certain supplies
11/01/18	updated authorization is required for A9276
08/01/19	annual review; no changes
07/01/21	annual review; updated provider billing guidelines; removed version 5010 from billing guidelines

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to diabetic care.