

Subject: Durable Medical Equipment: For Individuals with Diabetes

Medical Policy #: 4.4

Original Effective Date: April 1999

Status: Reviewed

Last Review Date: 02/07/2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Durable Medical Equipment (DME): Items that are reusable and provide support for physical limitations and disabilities, can withstand repeated use, and are used for a medical purpose, in the member's residence (excluding a skilled nursing facility or acute care hospital) under a physician's supervision

The term durable medical equipment is further defined and addressed in regulation and program instructions (see 42 CFR 414.202 and section 110.1 of chapter 15 of the Medicare Benefit Policy Manual (Pub. 100-02), respectively).

Under both mandated ruling, durable medical equipment means equipment which:

- Can withstand repeated use;
- Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient's home, at school or at work

Classification of Therapeutic Continuous Glucose Monitoring (CGM) as "Durable Medical Equipment" under Medicare Part B, [CMS Ruling 1682R](#). CGM devices that do not meet the definition of a therapeutic CGM as defined in CMS Ruling 1682R will be denied as non-covered (no benefit).

All plans, except ASO plans, are required by statute to cover diabetic supplies and certain DME for diabetics. Some plans do not have a DME benefit but have a provision to cover diabetic supplies and diabetic DME. Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

Other related Medical Policies:

- Durable Medical Equipment (DME): Miscellaneous, MPM 4.5
- Durable Medical Equipment (DME): Orthotics and Prosthetics, MPM 4.6
- Durable Medical Equipment (DME): Rehabilitation and Mobility Devices, MPM 4.2
- Durable Medical Equipment (DME): Respiratory Devices, MPM 4.3

Coverage Determination

Prior Authorization may be required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

- Items that do not require Prior Authorization are subject to retrospective review, and only covered for the indications listed.
- All durable medical equipment is subject to the limitations and exclusions of the member's specific benefit plan.

For diabetic items, only PHP/PIC approved brands are covered.

Items classified in DME may not be covered in every instance. Coverage is subject to the following:

- The equipment must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a body part.
- The patient's diagnosis justifies that the equipment or supply being requested is medically necessary.
- The practitioner's documentation must include the patient's diagnosis, the reason equipment is required and the practitioner's estimate of the duration of its need.

Many of the following criteria refer the user to a CMS CGS DME MAC Local Coverage Determination (LCD). Unless otherwise noted, these LCDs are located at Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, can be accessed on the Internet at: <http://www.cgsmedicare.com/jc/coverage/lcdinfo.html>

Coverage Determination:

1. Home Blood Glucose Monitors (BGM) and Continuous Glucose Monitoring Systems (CGMs):

See PHP Pharmacy Prior Authorization Guide for Commercial and Medicaid Plans for covered criteria for Continuous Glucose Monitors (CGM) products and supplies.

2. External Continuous “Subcutaneous” Insulin Infusion (CSII) Pumps (Insulin Pumps, cartridges and reservoirs):

Prior Authorization is not required for E0784 and E2102.

For Commercial, Medicaid, and Medicare

PHP follows the coverage determination made by CMS as outlined in both the National Coverage Determination (NCD) or the Local Coverage Determination (LCD):

- For administration of continuous subcutaneous insulin for treatment of diabetes mellitus see section (IV) of the External Infusion Pumps LCD ([L33794](#)) and related LCA ([A52507](#)); see also criteria for a therapeutic Continuous Glucose Monitor (CGM) as outlined in the Glucose Monitors policy (LCD [L33822](#)). See also the related Policy Article ([A52507](#)) for additional information regarding supplies used in conjunction with insulin infusion pumps and the covered ICD-10 diagnoses; **OR**
- Infusion Pumps [NCD 280.14](#) (see section B(1)(e), Continuous Subcutaneous Insulin Infusion (CSII) Pumps.

Note: For disposable drug delivery systems such as OmniPod products (code A9274), please see Pharmacy drug plan benefit. Disposable drug delivery systems, including elastomeric infusion pumps (A4305, A4306, A9274) are non-covered devices under the durable medical equipment (DME). Drugs and supplies used with disposable drug delivery systems are also non-covered items DME. A disposable drug delivery system (A4305, A4306, A9274) is a device used to deliver solutions containing injectable drugs that is not reusable, i.e., it is used by one individual for a limited time and then discarded.

3. Outpatient Intravenous Insulin Treatment (OIVIT):

PHP follows ([NCD 40.7](#)), for Outpatient Intravenous Insulin Treatment as a **non-covered** benefit for **Medicare, Medicaid and Commercial**. PHP has determined OIVIT (**G9147**) is not reasonable and necessary for any indication.

4. Artificial Pancreas Device System (Outpatient):

PHP follows [NCD 40.3](#) and has determined the Artificial Pancreas device (**S1034**) and supplies (**S1035, S1036, and S1037**) used for outpatient setting is a **non-covered** benefit for **Medicare, Medicaid and Commercial**.

5. Closed Loop Blood Glucose Control Device (CBGCD) (Inpatient):

PHP follows [NCD 40.3](#) for Closed-Loop Blood Glucose Control Device (**S1034**) and supplies (**S1035, S1036, and S1037**) for **Medicare, Medicaid and Commercial for inpatient setting only**. According to (NCD 40.3) CBGD is a hospital bedside device only for management of patients with insulin dependent diabetes mellitus (Type I). It consists of a rapid on-line glucose analyzer; a computer with a controller for the calculation and control of the infusion of either insulin or dextrose; a multi-channel infusion system; and a printer designed to record continuous glucose values and to provide cumulative totals of the substances infused. Use of the 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.

6. Implantable Infusion Pump for Diabetes:

PHP follows Infusion Pumps, [NCD 280.14](#), (see section C.2.b) an **implanted** “infusion” pump (**E0782 & E0783**) is a **non-covered** benefit for **Medicare, Medicaid and Commercial** if used to report infusion of insulin to treat diabetes. The data does not demonstrate that the pump provides effective administration of insulin.

7. Implantable Continuous Glucose Monitors (I-CGM):

Prior Authorization is not required.

PHP follows CMS LCD ([L38617](#)) Implantable Continuous Glucose Monitors (I-CGM) (**0446T, 0447T, 0448T**) for **Medicare, Medicaid and Commercial**. Refer to the ICD-10 code list in the LCD-related Policy Article ([A58110](#)), for applicable diagnoses for codes (**0446T and 0448T**).

8. Therapeutic shoes and inserts for individual with diabetes:

Prior Authorization is not required.

PHP follows LCD ([L33369](#)) and related article LCA ([A52501](#)) for Medicare, Medicaid and Commercial.

Exclusions

For limitations and/or exclusions for items listed above, please see the applicable Local Coverage Determinations and related policy Local Article for each item.

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPCS® Codes	Glucose Monitors (LCD L33822)
E0607	Home Blood glucose monitor. Following supplies are included
E0620	Skin piercing device for collection of capillary blood, laser, each
E2100	Blood glucose monitor with intergrated voice synthesizer.
E2101	Blood glucose monitor with integrated lancing/blood sample collection.
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM, includes all supplies and accessories, 1 month supply = 1 unit of service.
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phiso hex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution / chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A9275	Home glucose disposable monitor, includes test strips
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
A9999	Miscellaneous DME supply or accessory, not otherwise specified
For covered diagnoses for Glucose Monitors and CGM, see policy article (A52464)	

HCPSC© Codes	Continuous External Insulin Infusion Pumps (LCD L33794)
E0784	External ambulatory infusion pump, insulin. Also known as continuous subcutaneous insulin infusion (CSII), is a portable, battery-powered device typically worn on a belt or strap. The device contains a reservoir to hold insulin. An infusion set comprised of catheter tubing and a needle delivers microdoses of insulin, usually into subcutaneous tissues of the abdomen.
*E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver *Code repeats
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
J1817	Insulin for administration through DME per 50 units
A4224	Supplies for maintenance of insulin infusion catheter, per week.
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
J1811	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units
J1813	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units
E1399	DME, Miscellaneous
For covered diagnoses for Continuous External Insulin Infusion pumps, see policy article (A52507)	

Code	Implantable Continuous Glucose Monitors (I-CGM), LCD (L38617).
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision. (Note: There is no ICD-10 code limitations at this time)
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
Refer to the related Billing and Coding Article (A58110) for applicable diagnoses for 0446T and 0448T. Currently, A0447T has no ICD-10 code limitations.	

HCPSC© Codes	NON-Covered for all product lines, not all -inclusive
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) Not Covered if used to report implantable insulin pumps

HCPSC© Codes	The following are <u>only</u> covered in the inpatient setting.
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.

HCPSC® Codes	The following are <u>only</u> covered in the inpatient setting.
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system

HCPSC Code	Therapeutic Shoes for Persons with Diabetes, LCD (L33369)
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
For covered diagnoses for Therapeutic Shoes for Persons with Diabetes, see policy article (A52501)	

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD
Medical Director: Ana Maria MD
Date Approved: 02/07/2024

References

1. National Coverage Determination (NCD): Home Blood Glucose Monitors ([NCD 40.2](#)). Version # 2, Implementation Date 06/19/2006. [Cited 12/28/2023]
2. CMS, Local Coverage Determination (LCD): Glucose Monitors (L33822), Revision effective date 01/01/2024, Revision #13. [Cited 12/28/2023]
3. CMS, Local Coverage Article: Glucose Monitor Policy Article (A52464), Revision history 01/01/2024, R#14. (guidance on K0553) [Cited 12/28/2023]
4. CMS Local coverage Determination (LCD), External Infusion Pumps (L33794). Revision Date effective 01/01/2023 R#25. Related policy article (A52507), revision date: 10/01/2023, R31. [Accessed 12/28/2023]
5. CMS, [NCD for Infusion PUMPS \(280.14\)](#), Version number 2, Transmittal 27, effective date 12/17/2004. Accessed

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.

12/28/2023

6. National Coverage Determination (NCD): Blood Glucose Testing ([NCD 190.2](#)) , Implementation Date 03/11/2005, Accessed 12/28/2023
7. National Coverage Determination (NCD): Closed-Loop Blood Glucose Control Device (CBGCD) ([NCD 40.3](#)), effective date 07/01/1983, version 1 [Cited 12/28/2023]
8. National Coverage Determination (NCD) for outpatient intravenous insulin treatment ([40.7](#)), Effective date 12/23/2009, Version 1. [Cited 12/28/2023]
9. MCG, 27th Edition, Insulin Infusion Pump (A-0339), Ambulatory Care, Last Update: 9/21/2023. [Cited 12/28/2023]
10. CMS Local coverage Determination (LCD), Implantable Continuous Glucose Monitors (I-CGM) (L38617), original effective date: 04/21/2022, R2, related article (A58110), orig effective date 10/11/20, revised on 01/01/2023, R2. [12/28/2023]
11. CMS, Local Coverage Determination (LCD), Therapeutic Shoes for Persons with Diabetes (L33369), effective date 01/01/2020, R8. [Cited 12/28/2023]
12. CMS. Local Coverage Article, Therapeutic Shoes for Persons with Diabetes Policy Article (A52501), Revision history 11/05/2020, R#12. [Cited 12/28/2023]
13. National Library of Medicine, Use of Continuous Glucose Monitors to Manage Type 1 Diabetes Mellitus: Progress, Challenges, and Recommendations, Published online 2023 Mar 31. doi: 10.2147/PGPM.S374663

Publication History

- 01-29-14: Annual Review PHP policy retired. Follow CMS and HSD
- 09-28-16: Annual review.
- 07-25-18: Annual review
- 11-20-19: Annual review. Added Artificial Pancreas as a non-covered benefit. Changed title from Insulin Pumps, Cartridges and Reservoirs to External Continuous Subcutaneous Insulin. Updated web links and HCPCS codes.
- 01-27-21: Annual review. PHP Medical Policy Committee (MPC) reviewed on 02/05/2021. The following were changed:
1. Removed the criteria for the following items from policy, since it's managed by Pharmacy.
 - Home Blood Glucose Monitors (BGM) and
 - Continuous Glucose Monitoring Systems (CGMs).
 - Will continue PA for A9276 and A9277 for all LOB.
 - According to LCD L33794 and related policy article A52507, Omnipod products (A9274) is considered a disposable insulin delivery system; therefore, not classified as a DME item. For this reason (A9274) will be managed by Pharmacy as it is considered a disposable insulin delivery system and does not qualify to be a DME product. MPC approved on 07/27/2021.
 2. External Continuous Subcutaneous Insulin Infusion (CSII) Pumps. No criteria change.
 - Will continue to follow NCD 280.14, L33794 and Article A52507
 - Provide coding guideline on billing for external infusion pumps for HCPCS code E0784, K0554, K0553, A4224 and A4225.
 - Removed over (429) ICD-10 codes. Provided link to A52507 instead for listing of covered diagnoses.
 - Continue PA for K0553 and K0554
 - Reviewed E0784 – continue no PA requirement and continue to be managed by Medical.
 3. Outpatient Intravenous Insulin Treatment (OIVIT)
 - New item to policy.
 - OIVIT is investigational (non-covered for all LOB)
 - Applicable code is G9147 which was added to policy and will be set to not pay.
 4. Artificial Pancreas Device System (Outpatient).
 - Title Changed: used to be Artificial Pancreas
 - Artificial Pancreas device used for **outpatient setting is a non-covered benefit** for all LOB.
 - New appropriate codes add to policy: S1034, S1035, S1036 and S1037. These codes are set to not pay for outpatient services for all LOB.
 5. Closed Loop Blood Glucose Control Device (Inpatient CBGCD)
 - Moved from the exclusion section of the policy.
 - CBGCD is a hospital bedside device only.
 - Continue to follow NCD 40.3
 - Codes S1034, S1035, S1036, S1037 will be set to only pay for inpatient setting for all product lines.
 6. Implantable Infusion Pump for Diabetes
 - Moved from the exclusion section of the policy.
 - Continue to follow NCD 280.14.
 - CMS deems not a covered service: “An implanted infusion pump for the infusion of insulin to treat diabetes is not covered. The data does not demonstrate that the pump provides effective administration of insulin.”
 - Applicable codes E0782 & E0783 will be set to deny as investigational for all LOB.
 7. Implantable Continuous Glucose Monitors (I-CGM)
 - New item added to policy.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.

- Will follow L38617/A58110 for all LOB
 - Applicable codes are: 0446T, 0447T and 0448T. These codes will be set to only pay for those ICD-10 codes listed in A58118. According to LCA A58118, 0447T will not have ICD-10 code limitations at this time.
8. Therapeutic Shoes and Inserts for individual with Diabetes
- Continue to follow L33369 with no PA requirement
 - Remove: K0903 from policy and replace with A5514.
9. Removed unrelated DME codes: 95249, 95250 and 95251 from policy.
10. Title changed from DME: Diabetic Equipment to DME: For Individuals with Diabetes.
- 01/26/22 Annual review. Reviewed by PHP Medical Policy Committee on 01/07/2022. No change. All (9) items will continue with no change.
1. BGM/CGM: Continue to be managed by pharmacy.
 - PA for A9276, A9276, A9277 was not reviewed by Medical policy committee.
 - Language was removed for: *Pharmacy Accu-Chek Free Meter Program to request a free Accu-Chek Guide Me meter. All other monitors require Prior Authorization.*
 2. External Continuous Subcutaneous Insulin Infusion (CSII) Pumps.
 - Continue to follow NCD 280.14, L33794 and Article A52507
 - Continue PA for K0553 and K0554 but removed from policy to say PA is required
 - UM review pending for E0784 – continue no PA requirement and continue to be managed by Medical.
 3. Outpatient Intravenous Insulin Treatment (OIVIT)
 - Continue OIVIT (G9147) as investigational for all LOB.
 4. Artificial Pancreas Device System (Outpatient).
 - Continue to follow NCD 40.3. Added we follow PHP follows NCD 40.3 for Pancreas device used for outpatient setting is a non-covered benefit for all LOB.
 - Codes S1034, S1035, S1036 and S1037 will continue non-covered outpatient services for all LOB.
 - Language update to remove “*however, request submitted for consideration of the device will be reviewed on a case-by-case basis.*”
 5. Closed Loop Blood Glucose Control Device (Inpatient CBGCD)
 - Continue to follow NCD 40.3 - CBGCD is a hospital bedside device only.
 - Codes S1034, S1035, S1036, S1037 will continue coverage for inpatient setting only for all product lines.
 6. Implantable Infusion Pump for Diabetes
 - Continue to follow NCD 280.14. CMS continues, an implanted infusion pump for the infusion of insulin to treat diabetes is non-covered.
 - Applicable codes E0782 & E0783 will continue as investigational for all LOB.
 7. Implantable Continuous Glucose Monitors (I-CGM)
 - Continue to follow L38617/A58110 for all LOB
 - Applicable codes are: 0446T, 0447T and 0448T. Continue no PA requirement and keep previous configuration to only pay for those ICD-10 codes listed in A58118.
 8. Therapeutic Shoes and Inserts for individual with Diabetes
 - Continue to follow L33369/A52501 with no PA requirement
- 01-25-23 Annual review. Reviewed by PHP Medical Policy Committee on 12-02-2022.
1. BGM/CGM: Continue to be managed by pharmacy.
 2. External Continuous Subcutaneous Insulin Infusion (CSII) Pumps.
 - Continue to follow NCD 280.14 and LCD (L33794) LCA (A52507).
 - Code K0553 and K0554 deleted by AMA. Continue PA for K0553 but remove PA requirement for K0554 for ALOB.
 - The LCD (L33794) is revised to replace continuous glucose monitor (CGM) HCPCS code K0554 with a new CGM HCPCS code E2103 effective January 1, 2023. Consider removing K0554 next review.
 - Add codes: A4239, E2103, A9276, A9277, and A9278
 - Removed A9279
 3. Outpatient Intravenous Insulin Treatment (OIVIT)
 - Continue OIVIT (G9147) as investigational for all LOB.
 4. Artificial Pancreas Device System (Outpatient).
 - Continue non-covered benefit for all LOB and follow NCD 40.3 for Pancreas device used for outpatient setting as a non-covered benefit for all LOB.
 - Codes S1034, S1035, S1036 and S1037 will continue non-covered outpatient services for ALOB.
 5. Closed Loop Blood Glucose Control Device (Inpatient CBGCD)
 - Continue to follow NCD 40.3 - CBGCD as a hospital bedside device only.
 - Codes S1034, S1035, S1036, S1037 will continue coverage for inpatient setting only for ALOB.
 6. Implantable Infusion Pump for Diabetes
 - Continue to follow NCD 280.14. CMS as non-covered for ALOB.
 - Continue previous config of codes E0782 & E0783 as investigational for ALOB.
 7. Implantable Continuous Glucose Monitors (I-CGM)
 - Continue to follow LCD (L38617) and LCA (A58110) for ALOB
 - Continue no PA requirement for 0446T, 0447T and 0448T and no update needed to previously config

to only pay for those ICD-10 codes listed in A58118.

8. Therapeutic Shoes and Inserts for individual with Diabetes
 - Continue to follow L33369/A52501 with no PA requirement
 - The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks
 - Added clarifying language that coverage is for Medicare, Medicaid and commercial.

02-07-24 Annual review. Reviewed by PHP Medical Policy Committee on 12/28/2023 and 01/03/2024.

1. BGM/CGM: No change. Continue to be managed by pharmacy.
2. External Continuous Subcutaneous Insulin Infusion (CSII) Pumps.
 - No change. Continue to follow NCD 280.14 and LCD (L33794) LCA (A52507) for ALOB.
 - Added codes: E2103, J1811 and J1813
3. Outpatient Intravenous Insulin Treatment (OIVIT)
 - No change. Continue OIVIT (G9147) as investigational for all LOB. Continue to follow NCD 40.7 that indicates OIVIT is not reasonable and necessary for any indication since it determined evidence is adequate to conclude that OIVIT does not improve health outcome. Continue CY 2021 config to deny G9147 as investigational for ALOB.
4. Artificial Pancreas Device System (Outpatient).
 - No change. Continue the non-covered benefit for outpatient for all LOB and continue to follow NCD 40.3 for Pancreas device used for outpatient setting.
 - Continue previous config of codes S1034, S1035, S1036 and S1037 as non-covered for outpatient setting for ALOB.
5. Closed Loop Blood Glucose Control Device (Inpatient CBGCD)
 - No change. Continue to follow NCD 40.3 for ALOB. CBGCD is a hospital bedside device only.
 - Codes S1034, S1035, S1036, S1037 covered benefit for inpatient setting for ALOB.
6. Implantable Infusion Pump for Diabetes
 - No change. Continue to follow NCD 280.14 as non-covered for ALOB.
 - Continue previous config of codes E0782 & E0783 as investigational for ALOB.
7. Implantable Continuous Glucose Monitors (I-CGM)
 - No change. Continue to follow LCD (L38617) and LCA (A58110) for ALOB
 - Continue no PA requirement for 0446T, 0447T and 0448T.
 - Continue CY 2021 config to only pay for those ICD-10 codes listed in A58118
8. Therapeutic Shoes and Inserts for individual with Diabetes.
 - No change. Continue to follow L33369/A52501 with no PA requirement for ALOB.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.