18.2.20 Diabetic Supplies and Equipment

Items including glucometers, insulin pumps, and supplies for insulin pumps other than the insulin itself, are covered through the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) program.

Glucometer

Glucose monitors are provided to Medicaid eligible beneficiaries who are insulin-dependent or insulin-requiring, ***or have a diagnosis of gestational diabetes***.

The prescription or letter for the blood glucose monitor must state that:

1. The beneficiary is an insulin-dependent or insulin-requiring diabetic, ***or the beneficiary's diagnosis is gestational diabetes****;* and

2. The beneficiary or someone on his/her behalf can be trained to use the monitor correctly.

Diabetic supplies for beneficiaries who are insulin-dependent, insulin-requiring ***or who have gestational diabetes*** must present a physician's prescription and current Medicaid card to pharmacies which accept Medicaid for the following diabetic supplies: disposable insulin syringes, blood glucose monitoring strips, urine ketone monitoring strips, auto-lancet devices and auto-lancets.

The prescription for disposable syringes must contain the prescribing physician's written statement that the beneficiary is insulin-dependent or insulin-requiring.

For Medicaid beneficiaries in long term care facilities, glucose monitors are not reimbursable through the PAU. These monitors are covered in the per diem nursing facility rate.

Continuous Subcutaneous Insulin External Infusion Pumps

A continuous subcutaneous insulin external infusion pump is a portable insulin pump. It is about the size and weight of a small pager. The pump delivers a continuous basal infusion of insulin. Insulin pumps can be automatically programmed for multiple basal rates over a 24-hour time

period. This can be useful for such situations as nocturnal hypoglycemia, the dawn phenomenon, and to assist with tight glycemic control.

Before meals or at other times (e.g., hyperglycemia after unanticipated caloric intake), the pump can be set to deliver a bolus of insulin, similar to taking an injection of pre-meal regular insulin for someone using multiple daily injections.

Payment for a continuous subcutaneous insulin external infusion pump and related supplies will be authorized for treatment of Type I diabetes. **Beneficiaries must meet either Criterion A or B as follows**:

Criterion A: The beneficiary has completed a comprehensive diabetes education program and has been on a program of multiple daily injections of insulin (at least three injections per day) with frequent self-adjustments of insulin dose for at least six months prior to initiation of the insulin pump; and has documented frequency of glucose self-testing an average of at least four times per day during the two months prior to initiation of the insulin pump; and meets two or more of the following criteria while on the multiple daily injection regimen:

1. Glycosylated hemoglobin level (HbAlc) greater than 7.0 percent;
2. History of recurring hypoglycemia;
3. Wide fluctuations in blood glucose levels (regardless of A1C);
4. Demonstrated microvascular complications;
5. Recurrent severe hypoglycemia;
6. Suboptimal diabetes control (A1C exceeds target range for age);
7. Adolescents with eating disorders;
8. Pregnant adolescents;
9. Ketosis-prone individual
10. Competitive athletes; and

11. Extreme sensitivity to insulin in younger children.

OR

Criterion B: The beneficiary with Type I diabetes has been on a pump prior to enrollment in Medicaid and has documented frequency of glucose self-testing an average of at least four times per day during the month prior to Medicaid enrollment.

In addition to meeting Criterion A or B above, the beneficiary with diabetes must be insulinopenic per the updated fasting C-peptide testing requirement, ***or*** must be autoantibody positive (e.g. islet cell autoantibodies (ICA), glutamic acid decarboxylase (GAD65), the 40K fragment of tyrosine phosphatase (IA2), insulin autoantibodies (IAA), or zinc transporter 8 autoantibodies (ZnT8)).

Updated fasting C-peptide testing requirement:

1. Insulinopenia (defined as fasting C-peptide level less than or equal to 110 percent of the lower limit of normal of the laboratory's measurement method); and

2. Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose less than 225 mg/dl.

   NOTE: Levels only need to be documented once in the medical record.

The pump must be ordered by and follow-up care of the beneficiary must be managed by a physician who has familiarity with continuous subcutaneous insulin infusion (CSII) and who works closely with a team of nurses, diabetes educators and dietitians who are knowledgeable in the use of CSII.

Continuous Glucose Monitoring Device

A continuous glucose-monitoring (CGM) device uses a sensor that is attached to the patient. The CGM is programmed to measure the glucose at timed intervals, and the glucose readings are sent via a transmitter to the receiver. The patient receives alerts with the results of the readings, and readings are recorded for later reference. CGM can be done short term (3-7 days) for diagnostic purposes, and long term to maintain tighter control of diabetes.

Louisiana Medicaid considers long term CGM devices and supplies a covered benefit for beneficiaries with prior authorization who meet one of the following criteria:

1. Diagnosis of type I diabetes with recurrent, unexplained, severe hypoglycemia (glucose levels <50 mg/dl), or impaired hypoglycemia awareness that puts the beneficiary at risk; or

2. Pregnant beneficiary with poorly controlled type 1 diabetes evident by recurrent unexplained hypoglycemic episodes, hypoglycemic unawareness, or postprandial hyperglycemia, or recurrent diabetic ketoacidosis.

Louisiana Medicaid will not consider short term CGMs as a covered device.

CGM devices require a prescription and documentation of medical necessity.

CGM sensors are covered, as well. The lifespan of a CGM sensor vary. The sensor may last 7, 10, or 14 days. The rate on file for CGM sensors incorporates these varying lifespans and therefore represent a monthly rate rather than per unit rate.

Testing strips are covered under the Medicaid Pharmacy program.

Non-Covered Items DMEPOS

Continuous subcutaneous insulin external infusion pumps shall be denied as not medically necessary for all Type II diabetics, including insulin requiring Type II diabetics.

Insulin for the continuous subcutaneous insulin external infusion pumps must be obtained through the Pharmacy Program and is not covered in the DMEPOS Program.

The Medicaid Program will not cover the replacement of a currently functioning insulin pump for the sole purpose of receiving the most recent insulin pump technology as this would not be medically necessary.

The Medicaid Program will not cover additional software or hardware required for downloading data to a device such as a personal computer, smart phone, or tablet to aid in self-management of diabetes mellitus.