

Glucose Test Strips

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Glucose Test Strips prior authorization (PA) policy is to ensure that patients follow selection elements noted in labeling and/or practice guidelines in order to decrease the potential for inappropriate utilization. The health plan's preferred glucose test strips are OneTouch and Contour. Requests for non-preferred glucose test strips may be approved when a patient utilizes an insulin pump or continuous glucose monitor that requires a specific blood glucose testing meter for communication between devices or if the patient has a visual impairment or another mental or physical disability that requires the use of a non-preferred meter and glucose test strip. Requests for additional quantities (up to 10 per day) of glucose test strips and lancets may be approved only when the patient's medical condition justifies more frequent testing.

POLICY

Criteria for Initial Approval

- I. Non-preferred glucose test strips may be considered **medically necessary** when at least ONE of the following criteria is met:
 - The patient is using an insulin pump that requires a specific non-preferred meter and glucose test strip (Accu-Chek Aviva Plus test strips if used with an Accu-Chek Combo System insulin pump, Freestyle Test Strips if used with an Omnipod insulin pump, or Accu-Chek Guide test strips used with a Medtronic Minimed 770G System insulin pump)
 - The patient has a visual impairment or another mental or physical disability that requires the use of a non-preferred meter and glucose test strip
 - The patient is using a continuous glucose monitor (CGM) that requires a specific non-preferred glucose test strip (FreeStyle Precision Neo test strips if used with the Freestyle Libre CGM system)

Approval will be for 12 months

- II. Non-preferred glucose test strips are considered **not medically necessary** for patients who do not meet the criteria set forth above.
- III. Additional quantities of glucose test strips and lancets may be considered **medically necessary** when ALL of the following criteria are met:
 - The patient's medical condition requires more frequent testing due to at least ONE of the following:
 - Patient is newly diagnosed (in the last 6 months) with type 1 diabetes
 - Patient has a diagnosis of gestational diabetes
 - Patient is less than 18 years of age with type 1 diabetes
 - Patient is on an insulin pump
 - Patient is on a high intensive insulin regimen with documentation of need to routinely test more than 4-5 times per day
 - Patient has been diagnosed with an impaired awareness of hypoglycemia or is taking a medication that may mask the symptoms of hypoglycemia
 - The need for and frequency of self-monitoring of blood glucose must be reevaluated at each routine visit to avoid overuse

Approval will be for 12 months for quantities up to 300 per 30 days. Requests for quantities above 300 per 30 days is considered **not medically necessary**.

Quantity Limits Apply:

150 test strips per 30 days. 150 lancets per 30 days. Quantities up to 300 per 30 days are allowed when post-limit PA criteria for approval is met

CLINICAL RATIONALE

Self-monitoring of blood glucose in insulin-treated patients is an integral component of effective therapy to maintain glycemic control and minimize diabetes complications. Self-monitoring of blood glucose allows patients to evaluate their individual response to therapy and assess whether glycemic targets are being achieved. Integrating self-monitoring of blood glucose results into diabetes management can be a useful tool for guiding medical nutrition therapy and physical activity, preventing hypoglycemia, and adjusting medications (particularly prandial insulin doses). Among patients with type 1 diabetes, there is a correlation between greater self-monitoring of blood glucose frequency and lower A1C. The patient's specific needs and goals should dictate self-monitoring of blood glucose frequency and timing.

Self-monitoring of blood glucose is especially important for insulin-treated patients to monitor for and prevent asymptomatic hypoglycemia and hyperglycemia. According to the American Diabetes Association, patients on intensive insulin regimens (multiple-dose insulin or insulin pump therapy) should consider self-monitoring of blood glucose prior to meals and snacks, occasionally post-prandially, at bedtime, prior to exercise, when they suspect low blood glucose, after treating low blood glucose until they are normoglycemic, and prior to critical tasks such as driving. This may require testing around 6-10 times daily.

The evidence for when to prescribe and how often to self-monitor blood glucose in patients with type 2 diabetes using oral agents or on a less intensive insulin regimen of just basal insulin is insufficient. There are situations when occasional testing or scheduled testing may be justified (i.e. acute illness, new diagnosis, hypoglycemia risk).

The American College of Obstetricians and Gynecologists (ACOG) recommend preprandial and postprandial monitoring of blood glucose in women diagnosed with gestational diabetes to achieve metabolic control. Postprandial monitoring is associated with better glycemic control and lower risk of preeclampsia. Those who need insulin to adequately manage their diabetes will require frequent blood glucose monitoring and titration of their insulin to match changing requirements caused by the physiology of pregnancy.

A 2016 Canadian population-based study in adults found no significant change in Emergency Department visits for hypoglycemia or hyperglycemia after imposing quantity limits nor did they find any evidence of policy-related changes in A1c values. Overall, test strip reimbursement expenditures dropped by >20% while maintaining good clinical outcomes including in a subgroup of high-volume utilizers.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD-CM diagnostic codes.

- Code(s), if applicable

REFERENCES

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POLICY HISTORY

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