



Evidence Based Guideline

Blood Glucose Monitors for Use in the Home

File Name: blood_glucose_monitor_for_use_in_the_home
Origination: 4/1981
Last Review: 9/2003

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

A home blood glucose monitor is a portable battery-operated meter used to determine the patient's blood glucose level. It produces a reading by exposing a reagent strip to a small blood sample, and "reading" the strip's colorimetric reaction to glucose concentrations. This provides the patient with a direct readout of the blood glucose level.

Evidence Based Guideline for Blood Glucose Monitors for Use in the Home

Home blood glucose monitoring devices may be appropriate for patients with both type I and Type II diabetes, including gestational-onset diabetes.

Medical Evidence regarding Blood Glucose Monitors for Use in the Home indicates it is not recommended in the following situations:

Blood glucose monitors for use in the home is not recommended for patients without documented diagnosis of Type I or Type II diabetes.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it

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will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: A4253, A4259, A4244, A4245, A4246, A4247, A4250, E0607, E2100, E2101

E0607, E2100, E2101 Home Blood Glucose Monitor codes

A4253, A4259, A4244, A4245, A4246, A4247, A4250 Supply codes

Medical Term Definitions

Scientific Background and Reference Sources

Local Technology Review - 2/96

General Statute: 58-50-50 and 58-50-55.

BCBSA Medical Policy Reference Manual, 3/15/99; 1.01.03

Medical Policy Advisory Group - 10/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 7/2002

BCBSA Medical Policy Reference Manual, 4/15/02; 1.01.03

Policy Implementation/Update Information

/81	Original Policy
6/83	Reaffirmed
2/96	Re-evaluated: Updated criteria considered medically necessary
2/97	Reaffirmed
8/97	Revised. Added more specific guidelines to include reimbursement for Type I and Type II diabetes.
2/98	Revisions of 8/97 approved and implemented to comply with legislative mandate of 10/1/97.
9/99	Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
10/99	Medical Policy Advisory Group
8/00	System coding changes.
10/00	Specialty Matched Consultant Advisory Panel review. No change recommended in criteria. Additional key words added. Medical Policy Advisory Group. No change in criteria. Approve.
7/01	Policy name changed from Home Blood Glucose Monitor to Blood Glucose Monitor for Use in the Home.
7/02	Added the BCBSA Medical Policy Reference Manual to the Scientific Reference Sources section.
9/02	Specialty Matched Consultant Advisory Panel review 7/2002. Revised the statement under when it is covered that said, "More than one bottle/box each of strips (A4253) and lancets (A4259) per

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month is rarely medically necessary." Code E0609 deleted and code E2100 and E2101 added to Billing/Coding section. System coding changes.

- 9/03 Policy reviewed. Policy status changed to: "Active policy, no longer scheduled for routine literature review".
- 1/04 Benefits Application and Billing/Coding sections updated for consistency.
- 2/04 Individual CPT codes listed for CPT code ranges A4244-A4247 under Billing/Coding section.
- 2/04 Individual CPT codes listed for CPT code ranges A4244-A4247 under Billing/Coding section.
- 8/21/06 Medical Policy changed to Evidence Based Guideline. (btw)
- 6/22/10 Policy Guideline Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.