

Diabetes Care

Benefit Coverage

The following medically necessary services for the treatment and management of diabetes and diabetes-related complications are covered when authorized:

- Diabetic equipment and devices, including glucometers (See list of covered items in Examples of Covered Services.)
- Professional office visits for examination and diagnosis, including specialist office visits, consultations, and office surgery
- Diabetic outpatient self-management training, education, and medical nutrition therapy necessary to enable the member to properly use covered equipment, supplies, and medications
- Hospital outpatient care for services and supplies for treatments, diagnostic tests, emergency care, surgeries, and procedures performed in a hospital outpatient setting when appropriately authorized
- Inpatient care for services customarily furnished by a hospital when appropriately authorized
- Drugs and supplies (insulin, glucagon, disposable insulin needles and syringes, pen delivery systems, diabetic testing supplies including lancets, lancet puncture devices, and blood and urine testing strips and test tablets). For glucometers obtained at the pharmacy, coverage is limited to specific manufacturer brands. Preferred blood glucose test strips do not require prior authorization.

Note: These drugs and supplies are covered by the Outpatient Prescription Drug benefit. No prescription is required by law for pen delivery systems (prior authorization required) or diabetic supplies; however, in order to be covered by the Outpatient Prescription Drug benefit, the member's physician must order them. For plans without an Outpatient Prescription Drug benefit, diabetic supplies and equipment are covered as basic plan benefits. However, insulin, prescription medications for treatment of diabetes, and glucagon are not covered unless the plan has Outpatient Prescription Drug coverage.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

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Benefit Exclusion

- Eyewear (even if it is designed to assist the visually impaired diabetic with proper dosing of insulin)
- Video-assisted visual aid devices
- Routine foot care

Examples of Covered Services

- Diabetic outpatient self-management training, education, and medical nutrition therapy necessary to enable the member to properly use covered equipment, supplies, and medications
- Podiatric devices to prevent or treat diabetes-related complications, including extra-depth orthopedic shoes
- Visual aids (excluding eyewear) needed to assist the visually impaired when measuring (or dosing) their own insulin (excluding video-assisted devices)
- When authorized, blood glucose monitors for self-management of diabetes
- Insulin pens, syringes, pumps, and all related necessary supplies (including needles and tubing) per Blue Shield Medical Policy
- Dosing devices such as dosing devices for syringes, insulin gauges, measuring devices, insulin-measuring devices, needle guides and syringe/vial holders, syringe loading devices with magnifier
- Magnifiers such as aspherical magnifiers with stand, dome magnifiers, fixed stand magnifiers, folding pocket magnifiers, hand-held magnifiers, illuminated magnifiers, insulin syringe magnifiers, magnifying lamps or rules, visor magnifiers

Examples of Non-Covered Services

- Eyewear (even if it is designed to assist the visually impaired diabetic with proper dosing of insulin)
- Binoculars and other visual aid devices that only assist with distance vision
- Video-assisted visual aid devices
- Alcohol swabs

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References

Evidence of Coverage

HMO Benefit Guidelines for:

Durable Medical Equipment (DME)

Orthoses

Blue Shield HMO IPA/Medical Group Procedures Manual

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Blue Shield of California
HMO Benefit Guidelines

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