



Effective Date..... 3/15/2024
 Next Review Date... 3/15/2025
 Coverage Policy Number IP0272

Glucose Test Strips

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for glucose test strip products.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products in below table:

Non-Covered Product	Criteria
AccuChek[®], Accutrend[®], Advocate[®], Agamatrix[®], Assure[®], Careone[®], CareSens[™], CareTouch[®], Clever Choice[™], Contour[®],	<u>Standard/Performance/Value/Advantage/Cigna Total Savings:</u> Non-covered glucose test strips are medically necessary when there is documentation of inability to use BOTH One Touch Ultra [®] AND One Touch Verio [®] due to a physical limitation that makes utilization of the One Touch

Non-Covered Product	Criteria
<p> Cool™, Diatrue Plus®, Easy Plus®, Easy Touch®, Easy Talk®, Easy Trak®, EasyGluco®, EasyMax®, Element™, Embrace®, EQ®, EvenCare®, Evolution®, EZ Smart, Fifty50®, FORA®, FortisCare®, Freestyle®, GE100, GE333, Genstrip™, GlucoNavii™, Glucocard®, GlucoCom™, GNP Easy Touch®, Gojji®, Harmony™, HealthPro™, IGlucose®, Infinity®, Microdot®, MyGlucoHealth™, Neutek, NovaMax®, On Call®, Optium®, OptumRx, Pharmacist Choice™, Pip®, Precision™, Premium, Pro Voice®, Prodigy®, Quintet®, Refuah Plus, Relion™, Reveal, Rexall™, Righttest™, Smart Sense, SmartTest, Solus V2™, Sure-Test, Telcare™, Test N’Go®, True Metrix®, Truetest™, TRUEtrack®, UltraTRAK™, UniStrip™, Up & Up™, V-R, VeraSens™, VivaGuard® Ino, WaveSense™ </p> <p><i>This list may not be all-inclusive</i></p>	<p>product not accurate, safe or for other reason not medically appropriate (for example, manual dexterity, visual impairment, or use of an insulin pump with a dedicated meter)</p>

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of glucose test strip products is considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
 Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven.

Background

OVERVIEW

There are a variety of blood glucose meters available on the market with varying features. However, most meters generally offer a small sample size, the ability to test at alternate sites (besides the fingertips) and have easily readable screens. For visually impaired patients, speaking meters are available from select manufacturers. There are a small number of blood glucose meters that interact wirelessly with a specific insulin pump providing data for basal and bolus insulin needs based on the blood glucose measurement. Various sources, including device manufacturers and the American Diabetes Association (ADA), maintain updated lists of available products, including their features and compatibility.¹⁻⁷

Diabetic test strips are measured for accuracy using standards set forth by the International Organization for Standardization and/or FDA.⁸⁻¹⁰ Currently marketed monitors must meet the standard under which they were approved.¹ The ADA Standards of Care (2023) acknowledge that monitoring of accuracy is left to the manufacturer and is not routinely checked by an independent source; there may be variation in accuracy of blood glucose monitoring systems. However, a preference is not made in the ADA Standards for any particular brand of test strip over others.

References

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