



Payment Policy

Diabetic Care

Purpose

The purpose of this payment policy is to define how Health New England (HNE) reimburses for diabetic treatment and services.

Applicable Plans

- Commercial Self Funded
- Commercial Fully Funded
- Medicare Advantage
- Be Healthy

Definitions

Diabetic care involves equipment, education and management, supplies, and services medically necessary for diabetes.

Requirements

Commercial

HNE reimburses the treatments and services for diabetic care listed below for commercial fully and self funded lines of business.

Authorization is required for certain DME items. See *Authorization Requirements* for further information.

DME

- Blood glucose monitors (glucometer)
- Insulin pumps
- Test strips and lancets. Automatic refills are not permitted and a new script must be obtained for additional test strips.

Education

- Self-monitoring, training, and supplies
- Diabetic Pediatric Management

Laboratory Testing

- Glycosylated hemoglobin
- HbA1c tests
- Urinary protein/microalbumin
- Lipid profiles

Prosthetic and Orthotic Devices

- Prosthetic shoes as an integral part of the prosthesis for patients with a partial foot amputation.
- Diabetic shoe/inserts are allowed one pair per calendar year of therapeutic custom-molded shoes(including inserts provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes). Coverage includes fitting.

Routine Foot Care

- Trimming of corns and/or calluses.
- Trimming of nails (debridement of nails).

Medicare Advantage

HNE will follow Medicare reimbursement guidelines.

Be Healthy

HNE will follow Medicaid reimbursement guidelines.

Authorization Requirements

The following items require prior authorization:

- Diabetic Pediatric Management
- Insulin pumps
- Non-formulary glucometers and continuous glucose monitors, test strips, and lancets.
- Prosthetic/orthotic devices

Attachments

None

Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. HNE's reimbursement policy includes the use of Current Procedural Terminology (CPT^{®1}), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

¹ CPT[®] is a registered trademark of the American Medical Association.

HNE may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to HNE enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the HNE Provider Manual, and/or the enrollee's benefit coverage documents.

HNE reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

HNE Provider Manual

History

Reviewed 11/5/2015