



## Payment Policy

### Diabetic Care

#### Purpose

The purpose of this payment policy is to define how Minuteman Health Inc.'s (MHI) reimburses for diabetic Treatment and services.

#### Applicable Plans

- MHI MA Plans
- MHI NH Plans

#### Definitions

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

#### Requirements

MHI reimburses the treatments and services for diabetic care listed below.

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

##### DME

- Blood glucose monitors (glucometer)
- Continuous glucose monitoring devices (Prior Approval is required.)
- Voice synthesizers for blood glucose monitors for use by the legally blind (You must receive Prior Approval. If approved, these items are not subject to Copay amount.)
- Visual magnifying aids for use by the legally blind
- Insulin pumps (You must receive Prior Approval for insulin pumps. If approved, insulin pumps and insulin pump supplies are not subject to Copay amount.)
- Test strips and lancets. Automatic refills are not permitted and a new script must be obtained for additional test strips.

##### Education

- Outpatient Services. MHI covers outpatient diabetes training and education. This includes medical nutrition therapy and nutritional counseling.
- Group Diabetic Education Services. MHI covers Group Diabetic Education Services. This is a specific program for people newly diagnosed with diabetes or who have

uncontrolled diabetes. An In-Plan certified diabetic educator and an In-Plan Registered Dietician must teach these classes. Those in the class learn about:

- Self-management techniques
- Medical testing
- Prescription medication and insulin

### Prescription Drugs

Blood glucose monitoring strips, urine glucose strips, ketone strips, lancets, insulin syringes, insulin pens, and insulin and oral medications. (Prescribed oral diabetes drugs are covered only if your plan has prescription drug coverage.)

### Lab/Radiological Services

MHI covers lab tests from In-Plan laboratories, including:

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

### Prosthetics *(Requires Prior Authorization)*

Therapeutic/molded shoes and shoe inserts. Coverage for footwear and inserts is limited to one of the following per Calendar Year:

- One pair of custom-molded shoes (including inserts provided with those 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 those shoes)

To be covered:

- The treating doctor must certify the need for these shoes and inserts
- They must be prescribed by an In-Plan podiatrist or other qualified doctor
- You must get them from an In-Plan podiatrist, orthotist, prosthetist, or pedorthist

### Routine Foot Care

MHI covers routine foot care if you are diabetic. This includes but is not limited to:

- Cutting or removal of corns and calluses, plantar keratosis
- Trimming, cutting, and clipping of nails
- Treatment of weak, strained, flat, unstable, or unbalanced feet
- Other hygienic and preventive maintenance care considered self-care (i.e. cleaning and soaking the feet, and the use of skin creams to maintain skin tone)
- Any service performed in the absence of localized illness, injury, or symptoms involving the foot

## Authorization Requirements

The following items require prior authorization:

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

## Attachments

None

## Important Note About This Reimbursement Policy

MHI 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.

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. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT<sup>®1</sup>), 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.

MHI 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 MHI 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 MHI Provider Manual, and/or the enrollee's benefit coverage documents.

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## Resources

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

MHI Provider Manual

## History

Reviewed 11/01/2016