

## COVERAGE RELATED TO DIABETES

Policy Number: CP-IFP21-015A

Effective Date: December 1, 2021

**Note that some components of this coverage policy reference insulin and pharmacy coverage. Refer to the formulary section of the UCare website for the most up-to-date formulary coverage.**

### DISCLAIMER

*Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.*

*These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.*

*Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.*

### PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

### Benefit Category:

Multiple-Durable Medical Equipment (DME), Office Visits, Pharmacy

## Definitions

### TYPE 1 DIABETES

- Caused by failure of the pancreatic beta cells to produce insulin
- Usually begins in childhood or adolescence
- Requires treatment with insulin; may be referred to as insulin dependent diabetes
- Formerly known as juvenile diabetes

### TYPE 2 DIABETES

- Combination of insulin resistance, incretin dysfunction and abnormal hepatic gluconeogenesis
- Typically develops in adults, but may be seen in adolescence
- Some insulin production is present

### DEPTH SHOES

- Off-the-shelf or custom molded shoe/s with extra depth to accommodate orthotics or shoe inserts.

### DIABETES EDUCATION

- Preventive counseling and self-training to help manage diabetes and reduce risks of diabetes
- Group or individual sessions with Diabetes Educator, Dietician
- Includes medical nutrition therapy (*see below*)

### DIABETIC FOOT CARE

- Daily inspection by patient or caregiver for cracks, calluses, abrasions, lacerations, blisters, ulcers, ingrowing toenails, changes in color or temperature or loss of capillary refill
- Professional examination of the feet for diminished pulse or other circulatory problems and examination for sensation to evaluate neuropathy

### DIABETIC RETINOPATHY

- Changes in the eyes, including bleeding, macular edema, or macular ischemia
- Common complication of long-standing diabetes that can result in blindness
- Regular ophthalmologic screening helps detect the disease before it causes irreversible damage
- Strict control of blood sugar levels and high blood pressure reduces the incidence of the disease

### CONTINUOUS GLUCOSE MONITORS (CGM)

- A subcutaneous sensor for frequent sampling of blood glucose values. The results are displayed on a device typically worn on an article of clothing (e.g., a belt) or with a Smartphone app programmed to display the blood glucose level. *Requires a physician prescription.*

**INSULIN PUMPS**

- Insulin pumps can be implanted (internal) or external (worn outside the body) with the purpose of delivering insulin.
  - An Implanted pump is surgically placed in the abdominal wall with the catheter inserted in the peritoneal cavity. Insulin is delivered directly into the peritoneum. Insulin delivery is programmable via a wireless transmitter.
  - An external pump (size of a smartphone) is attached using an infusion set with a thin plastic tubing and either a needle or a small, tapered tube or cannula put under the skin.

**MEDICAL NUTRITION THERAPY**

- An evidence-based, individualized nutrition process meant to help treat certain medical conditions.

**Coverage Policy****COVERED AS PREVENTIVE SERVICES (NO COST SHARE)**

- Screening for abnormal blood glucose and Type 2 diabetes mellitus in adults aged 35 to 70 years who are overweight or obese.
- Diabetes and pre-diabetes education and self-training to help manage diabetes.
  - preventive counseling and/or risk factor reduction intervention
    - Includes medical nutrition therapy
- Gestational diabetes screening in pregnant women with no symptoms after 24 weeks gestation
  - Screenings for diabetes mellitus after pregnancy

**COVERED UNDER DURABLE MEDICAL EQUIPMENT (DME) BENEFIT**

- Off-the-shelf or custom molded orthotics and/or depth shoes
  - one pair of depth shoes per calendar year with up to two pairs of orthotic inserts.
    - Includes fitting by orthotist.
- Diabetic supplies and equipment for members with gestational, Type I or Type II diabetes:
  - Glucose monitors, insulin pumps, syringes, blood and urine test strips and other diabetic supplies
    - ***Some items such as test strips, lancets, Continuous Glucose Monitors and syringes can be obtained at a Pharmacy***
    - ***Cost share for diabetes supplies purchased at a Pharmacy follows the DME benefit, not the Pharmacy benefit.***

**COVERED UNDER PHARMACY BENEFITS**

- Diabetes medications
  - Select Insulin, oral and injectable diabetes medications on the formulary, including insulin administered via insulin pump.
  - Insulin, oral or injectable medications **not** on the formulary require prior authorization
- **Refer to the Formulary Section of the UCare website for the most up-to-date information on covered insulin, oral and injectable medications for diabetes.**

**COVERED WITH OFFICE VISIT COST SHARE**

- Diabetic eye exams
  - Office visit cost share applies as purpose is to detect changes related to an illness
- Diabetic Foot Care
  - Office visit cost share applies as services are related to treatment for an illness
  - Routine foot care is not covered

**Prior Authorization**

Prior Authorization may be required for some DME items. Consult the 2021 Authorization and Notification Requirements-Medical Services for information on the medical services that require authorization or notification.

[https://docs.ucare.org/filer\\_public/files/medauth\\_ifp\\_2021\\_medicalservices.pdf](https://docs.ucare.org/filer_public/files/medauth_ifp_2021_medicalservices.pdf)

Non-preferred or non-formulary insulin, oral and injectable medications for diabetes require PA thru Pharmacy

Online (ePA) via the <https://www.express-path.com/>

Or Fax the authorization request form [https://media.ucare.org/-/media/documents/provider/general/paform\\_carecontinuum](https://media.ucare.org/-/media/documents/provider/general/paform_carecontinuum) to Care Continuum at: 1-877-266- 1871.

**Related Policies and Documentation**

POLICY NUMBER	POLICY DESCRIPTION
CP-IFP21-006A	Durable Medical Equipment

**References and Source Documents**

**LINKS TO UCARE CONTRACT, CMS, MHCP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.**

2021 Individual & Family Plans Member Contract

<https://home.ucare.org/en-us/health-plans/ifp/benefit-documents/>

2021 Individual & Family Plans Formulary

<https://home.ucare.org/en-us/health-plans/ifp/formulary/>

U.S. Preventive Services Task Force (USPSTF)

[https://www.uspreventiveservicestaskforce.org/uspstf/search\\_results?searchterm=Diabetes](https://www.uspreventiveservicestaskforce.org/uspstf/search_results?searchterm=Diabetes)

Minnesota Statutes 62A.3093 COVERAGE FOR DIABETES

[https://www.revisor.mn.gov/statutes/2020/cite/62A.3093?keyword\\_type=all&keyword=diabetes](https://www.revisor.mn.gov/statutes/2020/cite/62A.3093?keyword_type=all&keyword=diabetes)

Minnesota Statutes 62Q.48 COST SHARING IN PRESCRIPTION INSULIN>DRUGS

[https://www.revisor.mn.gov/statutes/2020/cite/62Q.48?keyword\\_type=all&keyword=insulin](https://www.revisor.mn.gov/statutes/2020/cite/62Q.48?keyword_type=all&keyword=insulin)

Minnesota Statutes 151.74 INSULIN>SAFETY NET PROGRAM

[https://www.revisor.mn.gov/statutes/2020/cite/151.74?keyword\\_type=all&keyword=insulin](https://www.revisor.mn.gov/statutes/2020/cite/151.74?keyword_type=all&keyword=insulin)

Coverage Policy Development and Revision History		
VERSION	DATE	NOTE
V1	12/01/2021	New policy