

## 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, supplies, 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, and they must be processed by a pharmacy. 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 (see exceptions under covered services).

### 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 footwear and devices to prevent or treat diabetes-related complications, including extra-depth orthopedic shoes-including medically necessary foot care, with the exception of items listed under exclusion and limitations (such as, corn paring or excision, callus treatment, toenail trimming, etc. that is not medically necessary).
- 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, including continuous blood glucose monitors and those designed to help the visually impaired, and all related necessary supplies 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.

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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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