

# Diabetic Supplies and Equipment Coverage

Blue Cross and Blue Shield of Nebraska (BCBSNE) covers some diabetic equipment and supplies as medical services and others as pharmacy benefits administered through Prime Therapeutics, depending on the health plan design and prescription drug list (PDL).

If Pharmacy Coverage and Medical Coverage are both checked, the member can choose to have the claims filed under either medical or pharmacy benefits, but they will not be covered under both. If a self-funded group uses a pharmacy benefit manager other than Prime Therapeutics, Medical Coverage could differ.

\*Supplies or services administered in the doctor’s office or inpatient facility will be covered by the Medical plan.

NetResults PDL		PDL 10		Code	Description
Pharmacy Coverage	Medical Coverage	Pharmacy Coverage	Medical Coverage		
	✓	✓	●	A4206	Syringe with needle, sterile 1 cc or less, each
	✓	✓	●	A4207	Syringe with needle, sterile 2 cc, each
	✓	✓	●	A4208	Syringe with needle, sterile 3 cc, each
	✓	✓	●	A4209	Syringe with needle, sterile 5 cc or greater, each
	✓	✓	●	A4210	For self-administered injections
	✓	✓	●	A4211	Supplies For Self-Administered Injections
	✓	✓	●	A4213	Syringe, sterile, 20 cc or greater
	✓	✓		A4215	Needles, sterile, any size
	✓		✓	A4221	Soft-set ultimate infusion set
	✓		✓	A4222	Supplies for pump adapters
	✓		✓	A4224	Supplies for maintenance of insulin infusion catheter, per week
	✓		✓	A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
	✓	✓	●	A4230	Infusion set for external insulin pump, non-needle cannula type

## Diabetic Coverage

NetResults PDL		PDL 10		Code	Description
Pharmacy Coverage	Medical Coverage	Pharmacy Coverage	Medical Coverage		
	✓	✓	●	A4231	Infusion set for external insulin pump, needle type
	✓	✓	●	A4232	Syringe with needle for external insulin pump, sterile, 3 cc
	✓		✓	A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
	✓		✓	A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
	✓		✓	A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
	✓		✓	A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
	✓	✓	●	A4244	Alcohol or peroxide, per pint
	✓	✓	●	A4245	Alcohol wipes, per box
	✓	✓	●	A4246	Betadine or pHisoHex solution, per pint
	✓	✓	●	A4247	Betadine or iodine swabs/wipes, per box
	✓	✓	●	A4250	Urine test or reagent strips or tablets (100 strips or tablets)
✓		✓	●	A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
✓		✓	●	A4256	Normal, low and high calibrator solution/chips
✓		✓	●	A4258	Spring-powered device for lancet, each
✓		✓	●	A4259	Lancets, per box
	✓	✓	●	A4649	Surgical supply; miscellaneous supplies, glucose tabs
	✓	✓	●	A4772	Dextrostick or glucose test strips, per box for dialysis
✓	✓	✓	✓	A9274	External ambulatory insulin delivery system, disposable, each includes all supplies and accessories
	✓		✓	A9275	Home glucose disposable monitor, includes test strips
✓		✓		A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
✓		✓		A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
✓		✓		A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
	✓	✓		E0607	Home blood glucose monitor

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NetResults PDL		PDL 10		Code	Description
Pharmacy Coverage	Medical Coverage	Pharmacy Coverage	Medical Coverage		
	✓	✓	✓	E0784	External ambulatory infusion pump, insulin
	✓		✓	E2100	Blood glucose monitor with integrated voice synthesizer
	✓		✓	E2101	Blood glucose monitor with integrated lancing/blood sample
	✓	✓		K0552	Supplies for external infusion pump
✓	✓	✓		K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
✓	✓	✓		K0554	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system
	✓		✓	S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
	✓		✓	S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement and download to monitor (for physician interpretation of data, use CPT code)
	✓		✓	S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
	✓		✓	S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
	✓		✓	S1036	Transmitter; external, for use with artificial pancreas device system
	✓		✓	S1037	Receiver (monitor); external, for use with artificial pancreas device system
	✓	✓	✓	S5560	Insulin delivery device, reusable pen; 1.5 ml size
	✓	✓	✓	S5561	Insulin delivery device, reusable pen; 3 ml size
	✓	✓	✓	S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units
✓		✓		S8490	Insulin syringes (100 syringes, any size)
✓		✓		J1817	Insulin