



Non-Preferred Durable Medical Equipment And Supplies Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Non-Preferred Durable Medical Equipment and Supplies		
MNG #: 013	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 5/02/2019;	Effective Date: 09/15/2019; 2/8/2024;1/9/25
Last Revised Date: 2/27/2020; 9/25/2021; 6/10/2022; 9/1/2022; 2/8/2024; 1/9/2025	Next Annual Review Date: 05/02/2020; 2/27/2021; 9/25/2022; 6/10/2023; 9/1/2023; 2/8/2025; 1/9/2026	Retire Date:

OVERVIEW:

Commonwealth Care Alliance (CCA) may choose specific preferred brands, manufacturers, or vendors for specific durable medical equipment (DME)) and/or supplies for members who require such DME/supplies. It is CCA's expectation that the brand, manufacturer, or vendor selected will provide the maximal benefit to CCA members at a reasonable cost, and that the type of DME/supplies available will meet the needs of CCA members. Occasionally, a member may not achieve an acceptable result with the preferred DME/supplies received.

CCA has chosen preferred manufacturers for diabetic blood glucose meters (glucometers) and supplies (e.g., test strips).

DECISION GUIDELINES:

- Prior authorization is **not** required for **preferred** diabetic testing DME and supplies (See preferred list below). Preferred diabetic testing supplies can be obtained with a new prescription and can be filled at a local pharmacy or, by contacting a preferred DME vendor.
- Prior authorization **is** required for all DME items and/or supplies from **non-preferred suppliers, manufacturers, or vendors**.

Covered diabetic DME and supplies used to monitor blood glucose include:

- Blood glucose meter
- Blood glucose test strips
- Lancet devices and lancets
- Glucose-control solutions for checking the accuracy of test strips and glucometers



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Clinical Coverage Criteria:

CCA may authorize requests for non-preferred durable medical equipment and /or supplies when ONE of the following criteria are met:

- 1) The member has used the preferred DME/supply and has been unable to obtain expected therapeutic result (EXAMPLE: The member receives incorrect glucose readings after using preferred blood glucose meter).

Documentation is required, usually in the form of a letter of medical necessity from member's Primary Care Physician, Physician, Nurse Practitioner, or Physician Assistant (hereafter "provider") who is treating the condition for which the supply or DME is needed. Documentation must include the following:

- a. The member has tried the preferred DME or supply per manufacturer's instructions; and
- b. Describe why the preferred item does not meet the member's needs; and
- c. If applicable, indicate how requested non-preferred item has been tried and shown to meet the member's needs;

OR

- 2) Member has a medical, cognitive or behavioral condition which inhibits member's ability to properly use the preferred DME or supply and the requested non-preferred DME/supply has feature(s) which will allow member to use DME/supply effectively. (EXAMPLE: The member is vision impaired and requires a device such as a glucometer with voice output that provides verbal prompts or information). A letter of medical necessity (LMN) is required from the PCP or requesting provider who is treating the condition for which the DME or supply is requested. The LMN should include must include the following:
 - a. Why the preferred item will not meet the member's needs; and
 - b. How the requested item will meet the member's needs.

CCA preferred diabetic products:

Abbott Diabetes Care products:	LifeScan products:
<ul style="list-style-type: none"> FreeStyle Precision Neo® Meter FreeStyle Precision Neo® Test Strips FreeStyle Lite® Meter FreeStyle Freedom Lite® Meter FreeStyle Lite® Test Strips FreeStyle® Lancets Freestyle® Test Strips Freestyle InsuLinx® Test Strips Precision Xtra® Meter Precision Xtra® Test Strips Precision Xtra Beta Ketone® Test Strips 	<ul style="list-style-type: none"> OneTouch Ultra 2® Meter OneTouch Ultra Mini® Meter OneTouch Ultra® Test Strips OneTouch Verio® Meter OneTouch Verio® Reflect Meter OneTouch Verio® Flex Meter OneTouch Verio® Test Strips OneTouch Delica® Lancets OneTouch Delica® Plus Lancets OneTouch Delica® Ultrasoft Lancets



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Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

N/A

REVISION LOG:

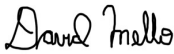

REVISION DATE	DESCRIPTION
05/02/2019	Reviewed and approved by CCA's Medical Policy Committee
6/10/2022	Template changed to include PA requirements and benefit type. Regulatory notes updated
8/22/2022	Revision made to reflect changes in preferred diabetic products beginning in 2023.



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12/31/23	Approved by Utilization Management Committee
02/08/2024	Revision made to show updated preferred diabetic products, Abbott and LifeScan for 2024
01/09/2025	Language updates for clarification. Consistent use of DME/supplies and vendor/supplier throughout

Approvals:

David Mello	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	Title
	1/9/25
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date
Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	Title
	1/9/25
Signature	Date