

Policy Name:	Medical Exception for Non-Covered Glucose Test Strips	Policy #:	2030P
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Purpose of the Policy

The purpose of this policy is to establish medical exception criteria for coverage of a non-covered glucose test strip.

Statement of the Policy

The following Abbott brand test strips are the sole preferred products: FreeStyle InsuLinx, FreeStyle Lite, Freestyle Freedom Lite, Precision Xtra. All other test strips require prior authorization for medical necessity indicating why the preferred products are unable to be used.

Criteria

- 1. Medical Exception for Coverage of a Non-Preferred Test Strip**
 - 1.1 Member has a visual impairment which prevents the use of one of the covered Abbott products, OR
 - 1.2 Member has a physical or mental disability that prevents the use of one of the covered Abbott products, OR
 - 1.3 Member uses an insulin pump that is supplied and supported by Health Alliance/Health Alliance Northwest Medical Plans and is requesting a test strip with linking technology to the covered pump
- 2. Approval Period**
 - 2.1 12 months

CPT Codes

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HCPCS Codes

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Created Date: 08/07/13
Effective Date: 08/07/13
Posted to Website: 01/01/22
Revision Date: 06/05/24

DISCLAIMER
 This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.