

**Criteria Checklist**  
**Alabama Medicaid Agency**  
**Home Blood Glucose Monitor and Related Supplies**

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**PREREQUISITE CRITERIA** *All of the following **must** be met:*

- Patient is Medicaid eligible
- Patient has a diagnosis of type I, type II or gestational diabetes
- Patient's physician has prescribed use of the home blood glucose monitor with voice synthesizer as medically necessary
- Documentation\* is submitted that the patient or caregiver is receiving, or has received, training in the use of the glucose monitor with integrated voice synthesizer
- The patient's physician must certify that the patient has a visual impairment greater than 20/200 to require the use of this special monitoring system
- The patient's optometrist/ophthalmologist must specify the degree and type of visual impairment.

**LIMITATIONS**

For insulin dependent patients, blood glucose test or reagent strips for the glucose monitor are limited to three boxes (50 per box) each month. Lancets are limited to one box (100 per box) every two months. Any additional strips or lancets should be requested by the primary physician with medical justification.

For non-insulin dependent patients, blood glucose test strips for the glucose monitor are limited to one box (50 per box) each month. Lancets are limited to one box (100 per box) every two months. Any additional strips or lancets should be requested by the primary physician with medical justification.

**CRITERIA FOR PATIENT'S RECEIVING TPN THERAPY** *The following criteria **must** be met:*

- Patient is Medicaid eligible
  - Patient's physician has prescribed use of the home blood glucose monitor, blood glucose test or reagent strips and lancets as medically necessary
  - Patient must use home blood glucose monitor two or more times daily
  - Documentation\* must include a plan of care defining the length of TPN therapy
  - Patient has documentation\* that at least two episodes of hypoglycemia (blood sugar  $\leq$  60mg/dl) has occurred
- AND/OR**
- Patient has documentation\* that at least two episodes of hyperglycemia (blood sugar  $\geq$  240mg/dl) has occurred

**LIMITATIONS**

Blood glucose test or reagent strips for the glucose monitor are limited to two boxes (50 per box) each month. Lancets are limited to one box (100 per box) every two months. Any additional strips or lancets should be requested by the primary physician with medical justification.

**DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

**PROCEDURE CODES**

E2100

Maximum yearly limits apply to each of the procedure codes indicated above. Requests for replacement of E2100 will be limited to one every five years based on a review of submitted documentation\* requested.

*\*Documentation may include notes from the patient chart.*