Diabetic Testing Supplies Prior Authorization Criteria - Medicare Part B

This program applies to Capital Blue Cross

For 2026:
The preferred test strips are:

Ascensia – Ascensia/Bayer/Contour

Capital Blue Cross has not implemented a preferred strategy on lancets

PA applies to nonpreferred products only

One Touch products will be covered at 20% coinsurance and will not require a PA

Requirement of ONE preferred Ascensia product before a nonpreferred product

INDICATIONS AND DOSAGE[1]
Glucose Test Strips/Lancets and appropriate meters are indicated to be used for quantitatively measuring glucose in indicated blood samples. Strips/lancets and associated meters are intended for use outside the body by people with diabetes for self-monitoring of blood glucose (SMBG) at home and healthcare professionals in the clinical setting, as an aid to monitor the effectiveness of diabetes control.

NOTE: This table is not inclusive of all available diabetic testing supplies.

Available Brand Products	Generic	Dosage
Accu-Chek® products Advocate® products CareSens® Products Contour® products CVS® products Diathrive® products Easymax® products Embrace® products EasyGluco® products Fifty50® products Fora® products FortisCare® products Freestyle® products GHT® products Glucocard® products iGlucose® products Infinity® products Livongo® products MyGlucoHealth® products Nova Max® products One Drop® products OneTouch® products POGO Automatic® products	Blood glucose test strip, Blood glucose test meter, Blood glucose lancet	Cartridge Test strip All-In-One Glucose Meter System Lancet

Precision® products Prodigy® products ReliOn® products Sidekick® products Smarttest® products Telcare® products True Metrix® products Verasens® products		

CLINICAL RATIONALE

Glucose Test Strips and appropriate meters are indicated to be used for quantitatively measuring glucose in indicated blood samples. Strips and associated meters are intended for use outside the body by people with diabetes for self-monitoring of blood glucose at home and healthcare professionals in the clinical setting, as an aid to monitor the effectiveness of diabetes control.[1] There are many choices of meters and test strips to choose from. Individuals should choose the device based on ease of use, cost and insurance coverage, information retrieval, and flexibility.[1]

The evidence is insufficient regarding when to prescribe blood glucose monitors (BGM) and how often testing is needed for insulin-treated people with diabetes who do not use intensive insulin regimens, such as those with type 2 diabetes using basal insulin with or without oral agents and/or non-insulin injectables. In people with type 2 diabetes not using insulin, routine glucose monitoring may be of limited additional clinical benefit. For some individuals, glucose monitoring can provide insight into the impact of nutrition, physical activity, and medication management on glucose levels. Glucose monitoring may also be useful in assessing hypoglycemia, glucose levels during intercurrent illness, or discrepancies between measured A1C and glucose levels when there is concern an A1C result may not be reliable in specific individuals. For patients using basal insulin, assessing fasting glucose with blood glucose monitoring to inform dose adjustments to achieve blood glucose targets results in lower A1C. For many individuals on intensive insulin regimens using BGM, this requires checking up to 6-10 times daily.[2]

REFERENCES

1. American Diabetes Association Consumer Guide. Meters. https://consumerguide.diabetes.org/collections/meters.
2. ElSayed NA, McCoy RG, Aleppo G, et al. 7. Diabetes Technology: Standards of Care in Diabetes—2025. Diabetes Care. 2024;48(Supplement_1):S146-S166. doi:10.2337/dc25-s007.

Document History

Original Medicare Part B criteria, approved by P&T UM Committee 06/2020
Annual Review Medicare Part B criteria, with changes to criteria, approved by P&T UM Committee 03/2021
Administrative Action (Addition of Pogo Automatic products) 03/2021
Mid-Year Review Medicare Part B criteria, maintained (2021), with changes (2022) approved by P&T UM Committee 09/2021
Annual Review Medicare Part B criteria, criteria maintained, approved by P&T UM Committee 02/2022
Annual Review Medicare Part B criteria, criteria maintained, approved by P&T UM Committee 02/2023
Administrative Action (updated length of therapy to align with CMS guidance) 10/2023
Annual Review Medicare Part B criteria, criteria maintained, approved by P&T UM Committee 02/2024
Annual Review Medicare Part B criteria, criteria maintained, approved by P&T UM Committee 02/2025
Administrative Action (Red text box updated with 2026 Capital Blue Cross preferred strategy) 09/2025

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TARGET AGENT(S)
All diabetic testing supplies (continuous blood glucose monitors are not included in this program)

Preferred Diabetic Testing Supply GPIs

Product(s)	GPI	Multisource Code
Contour/Contour Next Test Strips	94100030006100	M, N, O, or Y
Contour Blood Glucose Monitoring System	97202010006200	M, N, O, or Y
Contour Next One Blood Glucose Monitoring System	97202010006400	M, N, O, or Y
Contour/Contour Next Blood Glucose Monitoring Systems	97202010006410	M, N, O, or Y

Nonpreferred Diabetic Testing Supply GPIs

Product(s)	GPI	Multisource Code
Blood Glucose Test Strips	94100030006100	M, N, O, or Y
Test cartridges	94100030006020	M, N, O, or Y
Blood Glucose Monitoring Device	97202010006200	M, N, O, or Y
Blood Glucose Monitoring Kit	97202010006400	M, N, O, or Y
Blood Glucose Monitoring Kit	97202010006410	M, N, O, or Y

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Evaluation
Diabetic testing supply target(s) will be approved when BOTH of the following are met:

1. ONE of the following:
    a. Information has been provided that the patient has been treated with a diabetes medication within the past 90 days
    OR
    b. Information has been provided that the patient has been treated with a concomitant drug that may affect blood sugar levels within the past 90 days
    OR
    c. The patient has gestational diabetes
    OR
    d. The patient is prediabetic or diabetic

    AND
2. The prescriber has provided information indicating the patient has failed or has limitations precluding use of the preferred diabetic testing supply product(s) (as determined by client)

Length of approval: 12 months