

Policy Number: CP-IFP20-015A

Original Effective Date: December 1, 2021  
 Last Review Date: October 1, 2025

## Diabetes Coverage

The purpose of this policy is to provide clarity and specificity for Diabetes Coverage under UCare Individual & Family Plans.

\* **Note: Some components of this coverage policy reference insulin and pharmacy coverage. Refer to the formulary section of the UCare website for the most up-to-date formulary coverage.**

### DISCLAIMER

*Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.*

*These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.*

*Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.*

*Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.*

*Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.*

### Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

**Multiple-Durable Medical Equipment (DME), Office Visits, Pharmacy**

## Definitions or summary

### Type 1 Diabetes

- Caused by failure of the pancreatic beta cells to produce insulin
- Usually begins in childhood or adolescence
- Requires treatment with insulin; may be referred to as insulin dependent diabetes
- Formerly known as juvenile diabetes

### Type 2 Diabetes

- Combination of insulin resistance, incretin dysfunction and abnormal hepatic gluconeogenesis
- Typically develops in adults, but may be seen in adolescence
- Some insulin production is present

### Depth Shoes

- Off-the-shelf or custom molded shoe/s with extra depth to accommodate orthotics or shoe inserts.

### Diabetes Education

- Preventive counseling and self-training to help manage diabetes and reduce risks of diabetes
- Group or individual sessions with Diabetes Educator, Dietician
- Includes medical nutrition therapy (*see below*)

### Diabetic Foot Care

- Daily inspection by patient or caregiver for cracks, calluses, abrasions, lacerations, blisters, ulcers, in growing toenails, changes in color or temperature or loss of capillary refill
- Professional examination of the feet for diminished pulse or other circulatory problems and examination for sensation to evaluate neuropathy

### Diabetic Retinopathy

- Changes in the eyes, including bleeding, macular edema, or macular ischemia
- Common complication of long-standing diabetes that can result in blindness
- Regular ophthalmologic screening helps detect the disease before it causes irreversible damage
- Strict control of blood sugar levels and high blood pressure reduces the incidence of the disease

### Continuous Glucose Monitors (CGM)

- A subcutaneous sensor for frequent sampling of blood glucose values. The results are displayed on a device typically worn on an article of clothing (e.g., a belt) or with a Smartphone app programmed to display the blood glucose level. *Requires a physician prescription.*

### Insulin Pumps

- Insulin pumps can be implanted (internal) or external (worn outside the body) with the purpose of delivering insulin.
  - An Implanted pump is surgically placed in the abdominal wall with the catheter inserted in the peritoneal cavity. Insulin is delivered directly into the peritoneum. Insulin delivery is programmable via a wireless transmitter. An external pump (size of a smartphone) is attached using an infusion set with a thin plastic tubing and either a needle or a small, tapered tube or cannula put under the skin.

### Medical Nutrition Therapy

- An evidence-based, individualized nutrition process meant to help treat certain medical conditions.

## Coverage policy

### Covered as preventive (no cost share)

- Screening for abnormal blood glucose and Type 2 diabetes mellitus in adults aged 35 to 70 years who are overweight or obese.
- Diabetes and pre-diabetes education and self-training to help manage diabetes.
  - preventive counseling and/or risk factor reduction intervention
    - Includes medical nutrition therapy
- Gestational diabetes screening in pregnant women with no symptoms after 24 weeks gestation
  - Screenings for diabetes mellitus after pregnancy

### Covered under Durable Medical Benefit (DME)

- Off-the-shelf or custom molded orthotics and/or depth shoes
  - one pair of depth shoes per calendar year with up to two pairs of orthotic inserts.
    - Includes fitting by orthotist.
- Diabetic supplies and equipment for members with gestational, Type I or Type II diabetes:
  - Glucose monitors, insulin pumps, syringes, blood and urine test strips and other diabetic supplies
    - **Some items such as test strips, lancets, Continuous Glucose Monitors, and syringes can be obtained at a Pharmacy**
    - **Cost share for diabetes supplies purchased at a Pharmacy follows the DME benefit, not the Pharmacy benefit.**

### Covered under Pharmacy Benefit

- Diabetes medications
  - Select Insulin, oral and injectable diabetes medications on the formulary, including insulin administered via insulin pump.
- **Refer to the Formulary Section of the UCare website for the most up-to-date information on covered insulin, oral and injectable medications for diabetes.**

### Covered with Office Visit cost share

- Diabetic eye exams
  - Office visit cost share applies as purpose is to detect changes related to an illness
- Diabetic Foot Care
  - Office visit cost share applies as services are related to treatment for an illness
  - Routine foot care is not covered

Prescription drugs prescribed to treat diabetes (as a chronic disease): cost share no more than: (1) \$25 per one-month supply for each diabetes drug, and (2) \$50 per month in total for all related medical supplies. (HSA and catastrophic plans must meet deductible).

<b>Prior authorization</b>	
<b>Prior Authorization may be required for some items. Check IFP Prior Authorization list.</b>	

<b>Related policies and documentation</b>	
<i>References to other policies or documentation that may be relevant to this policy</i>	
<b>Policy Number</b>	<b>Policy Description</b>
CP-IFP21-006A	Durable Medical Equipment

<b>References and source documents</b>	
<i>Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy</i>	
<a href="#">Member Contract</a>	
<a href="#">Pharmacy Formulary</a>	
<a href="#">U.S. Preventive Services Task Force (USPSTF)</a>	
<a href="#">Minnesota Statutes 62A.3093 COVERAGE FOR DIABETES</a>	
<a href="#">Minnesota Statutes 62Q.48 COST SHARING IN PRESCRIPTION INSULIN&gt;DRUGS</a>	
<a href="#">Minnesota Statutes 151.74 INSULIN&gt;SAFETY NET PROGRAM</a>	
Cost-sharing for Prescription Drugs and related medical supplies to treat chronic disease <a href="https://www.revisor.mn.gov/statutes/cite/62Q.481">https://www.revisor.mn.gov/statutes/cite/62Q.481</a>	

<b>Coverage policy development and revision history</b>		
<b>Version</b>	<b>Date</b>	<b>Note(s)</b>
V1	Dec.01, 2021	New policy
	Dec 14, 2021	Annual review; no changes
	Nov. 30, 2022	Annual review; no changes
	Oct.29, 2023	Annual review; minor edits.
	Oct. 7, 2024	Annual review: reference to cost-sharing limit for prescription drugs and medical supplies added to Benefit Category section.
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review; aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract