



# MEDICAL POLICY STATEMENT OHIO MARKETPLACE

Policy Name	Policy Number	Date Effective
<del>000000</del> nsui		
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

## Table of Contents

A.	Subject.....	2
B.	Background.....	2
C.	Definitions.....	3
D.	Policy.....	4
E.	Conditions of Coverage.....	4
F.	Related Polices/Rules.....	4
G.	Review/Revision History.....	5
H.	References.....	5





**Professional Society Recommendations:**



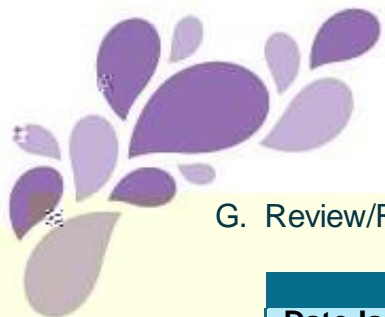
- b. Persistent difficulty in controlling blood sugar levels despite good compliance with an intensive multiple-injection regimen, as indicated in documented member log.

AND

- 6. The member has at least ONE of the following symptoms or conditions:
  - a. Glycated hemoglobin level (A1c) is greater than 7%;
  - b. A history of recurring hypoglycemia;
  - c. Wide fluctuations in blood glucose before mealtime;
  - d. Dawn phenomenon frequently exceeding 200 mg/dl; or
  - e. A history of severe glycemic excursions.

## II. Exclusions

- A. Member has end-stage complications such as renal failure;
- B. Neither the member or anyone assisting the member is able to operate a pump or to perform frequent blood glucose monitoring;
- C. Portable external insulin infusion pumps that are requested for purely convenience



G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	05/17/2016	
<b>Date Revised</b>	05/13/2020	Annual Update: Addition of coverage for Type 2