



Covered Diabetes Meters and Testing Supplies

Pharmacy-Covered Diabetic Testing Supplies Available from an In-Network Pharmacy

Blood Glucose Monitors	Authorization	Restrictions: Quantity Limit
Accu-Chek® Avia Plus, Guide Me and Guide Kit Meter	No Prior Authorization Required	1 Meter kit per 365 days
Test Strips	Authorization	Restrictions
Accu-Chek®, Avia Plus, Guide, Smartview, Insulinix and Precision Xtra® Test Strips	No Prior Authorization Required	200 Test Strips per month
FreeStyle®, Freedom Lite, Precision Neo and Insulinix Test Strips		
CGM	Authorization	Restrictions
FreeStyle® Freedom Lite, Libre 2, 3 and 14 day,	Prior Authorization Required	1 Reader/Monitor per 365 days; 2 Sensors per 28 days
Guardian Real-Time Replace PED		1 Receiver per 365 days; 3 Sensors per 28 days
Dexcom G7 Dexcom G6		G7 - 1 Reader/Monitor per 365 days; 3 Sensors per 28 days G6 - 1 Reader/Monitor per 365 days; 1 Transmitter every 90 days & 1 Sensor per 28 days
Insulin Delivery System	Authorization	Restrictions
Omnipod® 5, Classic, Dash and Libre2	Prior Authorization Required	1 per 365 days
Omnipod® 5, Classic, Dash, Libre 2 Plus and Pod Pals		30 Devices per 30 days at Retail; 90 Devices per 90 days at Mail Order

Non-Preferred manufactures may be covered at the preferred copay with approved prior authorization.

Information updated as of May 2026



DME-Covered Testing Supplies

Continuous Glucose Monitors	Authorization	Restrictions
E2102 – Adjunctive, non-implanted continuous glucose monitor or receiver	Prior authorization required. Preferred DME vendors are Norco, Apria and Byram Healthcare	Eligibility, standard coverage, authorization, diagnosis, place of service, and medical policy/necessity guidelines could apply that may impact whether the service is ultimately covered or not.
E2103- Non-adjunctive, non-implanted continuous glucose monitor or receiver	Prior authorization required. Preferred DME vendors are Norco, Apria and Byram Healthcare	Eligibility, standard coverage, authorization, diagnosis, place of service, and medical policy/necessity guidelines could apply that may impact whether the service is ultimately covered or not.

HCPC Codes for glucose monitor

A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor = 1 unit of service
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge
E0607	Home blood glucose monitor
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
GGMs:	E2100, E2101, E2102, E2103, A4238, A4239
Lancets	A4259 - and test strips A4253
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment Interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system

Information updated as of February 2026

