CLINICAL MEDICAL POLICY	
Policy Name:	Blood Glucose Monitors with Voice Synthesizer & Integrated Lancing/Blood Sample
Policy Number:	MP-157-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	08/31/2026
Effective Date:	11/01/2026
Next Annual Review:	11/2027
Implementation Date:	04/15/2026
Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Policy History

Date	Action
11/01/2026	Provider Effective date
07/21/2026	PARP Approval
04/15/2026	QI/UM Committee review
04/15/2026	Policy initially developed. Created from PA DHS Bulletin Prior Authorization Guidelines for Blood Glucose Meters with Voice Synthesizer or Integrated Lancing Blood Sample

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the DME benefits of the Company's Medicaid products for medically necessary blood glucose monitors with voice synthesizer & integrated lancing/blood sample.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Diabetes Mellitus (DM) - a group of diseases characterized by a consistently elevated blood sugar level. The most common types of diabetes are known as Type 1 and Type 2:

- Type 1 diabetes is an autoimmune disease that has to do with the body's inability to produce insulin, the hormone responsible for controlling blood sugars.
- Type 2 diabetes, which accounts for up to 95 percent of cases, can be genetically passed or acquired and involves the body's resistance to insulin.

Blood Glucose Monitor (BGM) - also referred to as a blood glucose meter, is a device that may be used in the home and health care settings to measure the amount of sugar (glucose) in an individual's blood. The test system includes a handheld meter and test strips that help the individual measure how much glucose is in a small sample of blood.

Procedures

1. Blood glucose monitors (BGMs) with integrated voice synthesizers are devices that measure capillary whole blood for determination of blood glucose levels. Results are digitized and converted to sound output. BGMs with integrated voice synthesizers may be considered medically necessary when ALL of the following criteria are met:
    A. The individual has a medical condition that requires monitoring of blood glucose levels for the proper management of their condition; AND
    B. The individual has a condition such as severe visual impairment that necessitates the use of a voice synthesizer on their BGM.

2. BGMs with integrated lancing and/or blood sampling are devices that measure capillary whole blood for determination of blood glucose levels. The lancing device for obtaining the capillary blood sample is integrated into the glucose monitor rather than a separate accessory. BGMs with integrated lancing and/or blood sampling may be considered medically necessary when ALL of the following criteria are met:
    A. The individual has a medical condition that requires monitoring of blood glucose levels for the proper management of their condition; AND
    B. The individual has an impairment of manual dexterity, vision, or other condition that prevents them from using a BGM without an integrated lancing blood sample system.

    Note: All other approvals for blood glucose monitors and supplies are processed according to InterQual guidelines.

    Please also note that any glucometers included on the SWPDL will be reviewed using the SWPDL prior authorization guidelines and the SWPDL status will be applied. SWPDL guidelines must be applied to any products listed on the SWPDL.

3. Documentation Requirements
    The following information should be submitted for a prior authorization request for a BGM with voice synthesizer or integrated lancing/blood sample:
    - Diagnoses relevant to the requested BGM
    - Recent Hemoglobin A1c
    - Current medications related to diagnoses
    - Documentation of any other BGMs used and why they do not meet the needs of the patient, if applicable.

4. Replacements
    BGMs will be eligible for replacement if the device warranty has expired, or if the BGM is considered damaged beyond repair. Replacement of a functioning BGM for any other purpose, including upgrades due to changes in technology, are considered not medically necessary.

5. Post-payment Audit Statement
    The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

Governing Bodies Approval

CMS
The Centers for Medicare & Medicaid Services (CMS) has published the following guidelines:
- Local Coverage Determination (LCD) Glucose Monitors (L33822)
- Local Coverage Article (LCA) Glucose Monitor - Policy Article (A52464)

Coding Requirements

Procedure Codes

HCPCS Code	Description
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE
E2104	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING CARTRIDGE

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

Reference Sources

Pennsylvania Department of Human Services. Medical Assistance Bulletin MAB2026022701. Issue date February 27, 2026. Effective date February 27, 2026. Accessed on March 18, 2026.

Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) Glucose Monitors (L33822). Original Effective date October 1, 2015. Revision Effective date October 1, 2024. Accessed on March 18, 2026.

Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA) Glucose Monitor – Policy Article (A52464). Original Effective date October 1, 2015. Revision Effective date February 18, 2025. Accessed on March 18, 2026.

Andreozzi N, Hawkins A, Kestler S Leso N. Brown University. What is Diabetes Mellitus? November 1, 2024. Accessed on March 18, 2026.

U.S. Food & Drug Administration (FDA). Blood Glucose Monitoring Devices. November 14, 2024. Accessed on March 18, 2026.