

Diabetes Equipment and Supplies

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Diabetes Equipment and Supplies	1
Summary	1
Definitions	2
Clinical Indications	4
Medical Necessity Criteria for Clinical Review	4
General Medical Necessity Criteria	4
Medical Necessity Criteria for Initial Clinical Review	5
Initial Indication-Specific Criteria	5
Standard Home Blood Glucose Monitors	5
Specialized Home Blood Glucose Monitors	5
Alternate Site Blood Glucose Monitors	6
Replacement Blood Glucose Monitors	6
Diabetic Supply Quantities	7
Experimental or Investigational / Not Medically Necessary	8
Applicable Billing Codes	9
References	42
Clinical Guideline Revision / History Information	46

Summary

Diabetes mellitus (commonly referred to as diabetes) is a chronic (long-term) medical condition characterized by high blood glucose (sugar). This may be because the pancreas (an organ in the belly)

does not make enough insulin (a hormone), or because the body is not responding to insulin the way it should (insulin insensitivity). Insulin helps glucose get into cells in the body, giving it energy. With diabetes, sugar builds up in the blood because the body stops responding to insulin, or because there is not enough of it. Inadequate glycemic control can lead to serious complications including cardiovascular disease, nephropathy, retinopathy, and neuropathy. The goal of diabetes management is to maintain blood glucose levels as close to the normal range as possible to prevent or delay complications. Diabetes is broadly grouped into two major types:

- Type 1 diabetes - The pancreas makes little or no insulin.
- Type 2 diabetes - The body's cells do not respond to insulin the way they should; sometimes, the pancreas does not make enough insulin.

Managing diabetes necessitates regular monitoring and treatment, which often includes lifestyle adjustments, self-care, and medication to regulate blood glucose levels and reduce the risk of complications. Plan members diagnosed with Type 1 or Type 2 diabetes who meet specific medical necessity criteria and adhere to the American Diabetes Association (ADA) Standards of Care may be eligible for certain supplies and equipment covered by the plan, such as blood sugar monitoring tools and insulin injection devices. Those with advanced disease or requiring more frequent insulin administration may qualify for continuous glucose monitoring (CGM) and specialized insulin delivery systems.

- For information on medical necessity criteria of medical nutrition counseling, please refer to the Plan Clinical Guideline: Medical Nutrition Therapy (CG010).
- For information on clinical criteria of continuous glucose monitoring, implantable continuous glucose monitoring, and insulin infusion pumps, please refer to the Plan Clinical Guideline: Insulin Delivery Systems and Continuous Glucose Monitoring (CG029).
- The Plan also covers home glucose monitors and products for self-monitoring of blood sugar as an alternative to CGMs. Please contact CVS/Caremark, the Plan's Prescription Benefit Manager, to obtain a standard blood glucose meter from the preferred brand.

Definitions

"Blood Glucose" is the main sugar found in the blood and the body's main source of energy. It is also called glucose or blood sugar. The blood level of glucose is noted in milligrams per deciliter (mg/dL). When blood sugar is too high for long periods of time, complications can occur as a result of blood vessel damage.

"Blood Glucose Monitors" are small, portable machines used to check blood glucose levels in the ambulatory setting. A member will prick his/her fingertip and place a small sample of blood into the device for a glucose reading. There are a number of different types of blood glucose monitors, including but not limited to the following:

- **Standard home blood glucose monitors:** these are defined as standard blood glucose monitors, where the patient uses a separate lancing device to prick the skin and places the blood on a test strip, which is then placed onto or into the glucose monitor for a reading of the blood sugar.
- **Blood glucose monitor with integrated lancing device:** similar to the standard monitor except that the lancing device is integrated into the monitor
- **Hypoglycemia alarm based monitors:** these devices are typically non-invasive, meaning they do not require blood, and do not monitor glucose but measure other bodily functions to alert the patient to possible hypoglycemia.
- **Blood glucose monitor with integrated voice synthesizer:** similar to standard monitor except that the blood sugar reading is verbally read out by the monitor for patients with visual impairments.
- **Personal digital assistant-based blood glucose monitors:** These are similar to home blood glucose monitors except the data is stored and transmitted or linked to a personal computer for further monitoring and tracking of blood sugars and lifestyle modifications.

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“Gestational Diabetes Mellitus (GDM)” is a type of diabetes mellitus that develops only during pregnancy and may disappear upon delivery. GDM increases the risk that the mother will develop diabetes later. GDM is managed with meal planning, activity, oral agents, or insulin.

“Hemoglobin A1c (HbA1c)” is a test that measures a person's average blood glucose level over the past 2 to 3 months. It is also known as “A1C” or “glycosylated hemoglobin”. A1C should be measured at least twice annually for stable glycemic control and at least quarterly for unstable glycemic control. A1C test results may be affected by age, certain conditions, ethnicity, genetic traits, and pregnancy; the ADA recommends that treating providers review for discrepancies between A1c results and blood glucose results.

“Hyperglycemia” is excessive blood glucose. Fasting hyperglycemia is blood glucose above a desirable level after a person has fasted for at least 8 hours. Postprandial hyperglycemia is blood glucose above a desirable level 1 to 2 hours after a person has eaten.

“Hypoglycemia” is a condition that occurs when one's blood glucose is lower than normal, usually less than 70 mg/dL. Signs include hunger, nervousness, shakiness, perspiration, dizziness or lightheadedness, sleepiness, and confusion. If left untreated, hypoglycemia may lead to unconsciousness. Hypoglycemia is treated by consuming a carbohydrate-rich food such as a glucose tablet or juice. It may also be treated with an injection of glucagon if the person is unconscious or unable to swallow.

"Hypoglycemia Unawareness" is a state in which a person does not feel or recognize the symptoms of hypoglycemia. People who have frequent episodes of hypoglycemia may no longer experience the warning signs of it.

"Insulin" is a hormone made by the beta cells of the pancreas. Insulin allows glucose to enter the cells in the body for use in energy production, and when it is inadequate, the sugar remains in the blood leading to diabetes. There are a variety of oral and parenteral medications that can increase insulin production, increase the body's sensitivity to existing insulin and reduce blood sugar. Insulin can also be injected or infused when lifestyle changes and non-insulin medications are inadequate.

"[s]" indicates state mandates may apply.

"Type 1 Diabetes" is an autoimmune condition that occurs when the beta cells of the pancreas are unable to produce enough insulin and therefore blood glucose cannot enter cells to be used for energy. Type 1 diabetes is often referred to as "insulin-dependent" because these patients require insulin daily to maintain their blood glucose at acceptable levels.

"Type 2 Diabetes" is a condition that occurs when either the pancreas doesn't produce enough insulin or the body cells become resistant to insulin. Type 2 diabetes is much more common than Type 1, and is often treated with combinations of lifestyle changes and non-insulin medications, although insulin can be required later in the disease course. Many individuals with Type 2 Diabetes are "insulin-requiring".

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers diabetes equipment and supplies medically necessary when ALL of the following criteria are met:

1. The member has a documented diagnosis of diabetes mellitus; *AND*
2. A prescription for the requested product with ALL of the following:
 - a. Product to be dispensed; *and*
 - b. Quantity to be dispensed (or frequency of testing); *and*
 - c. Prescriber's signature and date; *AND*
3. Additional criteria, as outlined below, must also be met depending on the specific equipment and supplies requested:

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Standard Home Blood Glucose Monitors

The Plan considers standard home blood glucose monitors once annually when ALL of the following criteria are met:

- A. The General Medical Necessity Criteria for diabetes equipment and supplies above are met; *AND*
- B. The member or member's guardian is capable of being trained to use the particular device in an appropriate manner; *AND*
- C. The blood glucose monitor is designed for home use, and not the clinical office setting.

NOTE: Disposable blood glucose monitors are an acceptable alternative to a standard home blood glucose monitor when all criteria are met.

If the above prior authorization criteria are met, the requested product will be authorized for up to 12 months^[a]

Specialized Home Blood Glucose Monitors

The Plan considers specialized home blood glucose monitors medically necessary for the visually impaired once annually when ALL of the following general criteria are met:

1. The criteria (A-C) for Standard Home Blood Glucose Monitors above are met; *AND*
2. The member's physician certifies that the member's visual impairment is of a severity that requires specific supplies, which include, but are not limited to:
 - a. Voice synthesizers; *and/or*
 - b. Automatic timers; *and/or*
 - c. Specially designed supplies to promote self-management; *and/or*
 - d. Integrated lancet/monitoring devices.

If the above prior authorization criteria are met, the requested product will be authorized for up to 12 months^[a]

Alternate Site Blood Glucose Monitors

The Plan considers alternate site blood glucose monitors medically necessary once annually when ALL of the following general criteria are met:

1. The criteria (A-C) for Standard Home Blood Glucose Monitors above are met; *AND*
2. The member meets ONE (1) or more of the following:
 - a. Is a child age 12 or younger; *or*
 - b. Have been using a conventional finger-stick blood glucose monitor for at least 30 days and have been non-compliant with testing because of pain or heavily calloused fingertips.

If the above prior authorization criteria are met, the requested product will be authorized for up to 12 months^[a]

Replacement Blood Glucose Monitors

The Plan considers replacement of a blood glucose monitor medically necessary when BOTH of the following criteria are met:

1. Approval for replacement glucometer models will not exceed more than once (1) per calendar year; *AND*
2. Documentation is provided showing ONE (1) of the following:
 - a. The current glucometer is unsafe, inaccurate, or no longer applicable to the member's level of monitoring required; *or*
 - b. The current glucometer is not functioning properly or has been irreparably damaged, lost, or stolen, requiring replacement.

***NOTE:** Replacement is limited to one glucometer per calendar year. Exceptions may be considered with documentation for special populations (e.g., children who may accidentally damage monitors) where monitoring needs cannot be met with the approved replacement limit.*

If the above prior authorization criteria are met, the requested product will be authorized for up to 12 months^[a]

Needle-Free Insulin Injection Systems (e.g., Jet Injectors)

The Plan considers needle-free insulin injection systems medically necessary when ALL of the following criteria are met:

1. The member meets the [General Medical Necessity Criteria](#) above; *AND*
2. The member meets at least ONE (1) of the following:
 - a. Member has needle-phobia; *or*
 - b. Member and/or caregiver is unable to use standard syringes.

If the above prior authorization criteria are met, the requested product will be authorized for up to 12 months^[a]

Diabetic Supply Quantities

When the [General Medical Necessity Criteria](#) are met, the Plan considers the following quantities medically necessary:

Diabetes Supply	Suggested Quantity Limits * Per 3 Months	Suggested Quantity Limits * Per 1 Year
Blood test strips (glucose, ketone) (A4252, A4253)	100 strips (not on insulin) 400 strips (on insulin)	400 strips (not on insulin) 1600 strips (on insulin)

Automatic and manual lancets (A4259)	100 lancets (not on insulin) 400 lancets (on insulin)	400 lancets (not on insulin) 1600 lancets (on insulin)
Needle-free injectors (Jet-injectors) (A4210)	- Not applicable	2 injectors
Urine test tablets or strips (A4250)	300 tablets/strips (6 boxes)	1200 (24 boxes)

*The *Suggested Quantity Limits* are intended to provide guidance and are subject to review of the medical record and prescription. Requests that exceed the suggested quantity must be submitted with clinical documentation of medical necessity.

Exceptions to the *Suggested Quantity Limits* may be authorized on a case-by-case basis for high-utilization members when ALL of the following criteria are met:

1. All [General Medical Necessity Criteria](#) above for diabetic supplies and/or equipment are met; *AND*
2. The member's provider has evaluated the member within the past six (6) months and has documented the medical necessity for quantities exceeding the utilization guidelines; *AND*
3. There must be documentation of how often the member is testing their blood sugar or administering insulin that corresponds with the request; *AND*
4. The member meets ONE (1) of the following:
 - a. Member is 12 years of age or younger; *or*
 - b. Member has newly diagnosed diabetes or gestational diabetes; *or*
 - c. Member is on an insulin pump; *or*
 - d. Member is on an insulin regimen such that blood glucose testing greater than (>) three (3) times per day is indicated.

[Experimental or Investigational / Not Medically Necessary](#)

The following products, supplies, or indications are considered experimental, investigational, or convenience features and are therefore **NOT** considered medically necessary:

1. Devices to measure glycated serum proteins (fructosamine assay) (e.g., Duet™ Glucose Control System by LXX Corporation) [82985]
 - a. *Rationale:* The literature has not demonstrated the clinical benefit of GSP measuring devices. Goldstein et al (2004) concluded, "GSP is not equivalent to A1C and has not been shown to be related to the risk of development or progression of chronic complications of diabetes." The American Diabetes Association (ADA) consensus guidelines reflect this view. The 2025 ADA Standards of Care for Diabetes state that fructosamine and glycated albumin can be used in the clinical setting when there is discordance between glucose values and HbA1c; they do comment on use in the home

setting. Lindsey et al (2004) and Petitti et al (2001) are two randomized trials demonstrating lack of efficacy for GSP. The Lindsey study compared weekly fructosamine + daily glucose tests vs. daily glucose tests alone. They found that quality of life and the meeting of A1C goals were similar in both groups. At the 1 year time point, blood glucose alone was superior to the combined testing. These findings are reflected in the Petitti study as well.

2. GlucoWatch Biographer Monitor (Cygnus Inc.) or any other hypoglycemic wristband alarm
 - a. *Rationale:* The clinical utility of these devices has not yet been demonstrated in any randomized clinical trials. The MITRE (Minimally Invasive Technology Role and Evaluation) study was a large clinical trial on 404 participants with diabetes on insulin. The study concluded that there was a small, short-term clinical benefit that subsided over time. Furthermore, the GlucoWatch Biographer monitor had less impact on HbA1C than both standard treatment and continuous blood glucose monitoring.
3. Home Glycated Hemoglobin Monitors (e.g. A1cNow Diabetes Monitor) [83037]
 - a. *Rationale:* Evidence does not demonstrate improved compliance or benefits with home A1c testing over lab A1c testing during scheduled office visits. A California Technology Assessment Forum (CTAF - 2003) analysis revealed that "Day to day clinical decisions about diabetes therapy are based on daily glucose testing, not HbA1c. HbA1c levels are usually used to make long-term changes in care in consultation between the patient and their doctor. It is unlikely that home HbA1c testing will improve clinical outcomes for patients with diabetes."
4. Infrared Thermometer Devices
 - a. *Rationale:* There have been several studies demonstrating the predictive ability of infrared thermometer devices for foot ulcers, and that they may serve as an "early warning sign". Armstrong et al (2007) randomized 225 patients to standard foot examinations and therapy vs. dermal thermometry and found that the thermometer group was a third as likely to develop ulcerations. Despite these findings, it is difficult to conclude how much of the risk reduction is due to more frequent examination and increased patient awareness vs. the use of the device. Because of these limitations, the current evidence is insufficient in showing its effectiveness in reducing the risk of diabetic foot ulceration.³⁰⁻³¹
5. Personal Digital Assistant-based Blood Glucose Monitors (e.g., TheraSense FreeStyle Tracker, Accu-Check Advantage Module) [E0607, E2100, E2101]
 - a. *Rationale:* The ENHANCE trial (Sevick et al 2008) was a randomized controlled study of PDA-based self monitoring vs. standard care in 151 patients. Only 85% of the patients completed the study, and while the PDA was perceived as useful and acceptable, there were no demonstrated clinical benefits.²⁷
6. Subcutaneous insulin infusers, including but not limited to, i-Port
 - a. *Rationale:* There is a lack of clinical evidence supporting the use of insulin infusers and diabetes outcomes. Blevins et al (2008) conducted a randomized controlled crossover trial comparing outcomes of i-Port vs. standard insulin injection in 74 patients. A1c levels

were similar among all subjects at the initiation and completion of the study, demonstrating no observable clinical benefit. Patients did report that it was more difficult to control their blood sugar levels with standard insulin injections; however, the differences were non-significant ($p=0.16$).²⁵

7. Other excluded devices or products:
 - a. Combination devices (e.g., blood glucose monitor combined with lipid measuring device or cell phone)
 - b. Remote glucose monitoring devices (e.g., mySentry, MiniMed Connect, Dexcom SHARE)
 - c. Lasette™ Laser Blood Glucose Monitoring Device or other similar laser lancets [E0620]
 - d. Skin autofluorescence to measure glycation end-products
8. Blood glucose monitoring devices or supplies for indications other than diagnosed diabetes mellitus.

Applicable Billing Codes

Table 1	
CPT/HCPCS Codes for Diabetes Equipment and Supplies considered medically necessary if criteria are met:	
Code	Description
A4206	Syringe with needle, sterile 1 cc or less, each
A4207	Syringe with needle, sterile 2 cc, each
A4208	Syringe with needle, sterile 3 cc, each
A4209	Syringe with needle, sterile 5 cc or greater, each
A4210	Needle-free injection device, each
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20 cc or greater, each
A4215	Needle, sterile, any size, each
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each

Table 1	
CPT/HCPCS Codes for Diabetes Equipment and Supplies considered medically necessary if criteria are met:	
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4211	Supplies for self-administered injections
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or pHisoHex solution, per pint
A4247	Betadine or iodine swabs/wipes , per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose ,monitor, per 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low, and high calibrator solution/chips
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests
A4657	Syringe, with or without needle, each
A4772	Blood glucose test strips, for dialysis, per 50
A9275	Home glucose disposable monitor, includes test strips
E0607	Home blood glucose monitor
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size

Table 1	
CPT/HCPCS Codes for Diabetes Equipment and Supplies considered medically necessary if criteria are met:	
S8490	Insulin syringes (1084900 syringes, any size)

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E08	Diabetes mellitus due to underlying condition
E08.0	Diabetes mellitus due to underlying condition with hyperosmolarity
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.1	Diabetes mellitus due to underlying condition with ketoacidosis
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.2	Diabetes mellitus due to underlying condition with kidney complications
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.3	Diabetes mellitus due to underlying condition with ophthalmic complications
E08.31	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.32	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy
E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.33	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.34	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.35	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	with macular edema, unspecified eye
E08.352	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.353	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.354	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.355	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E08.4	Diabetes mellitus due to underlying condition with neurological complications
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.5	Diabetes mellitus due to underlying condition with circulatory complications
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.6	Diabetes mellitus due to underlying condition with other specified complications
E08.61	Diabetes mellitus due to underlying condition with diabetic arthropathy
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.62	Diabetes mellitus due to underlying condition with skin complications
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.63	Diabetes mellitus due to underlying condition with oral complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.64	Diabetes mellitus due to underlying condition with hypoglycemia
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09	Drug or chemical induced diabetes mellitus
E09.0	Drug or chemical induced diabetes mellitus with hyperosmolarity
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.1	Drug or chemical induced diabetes mellitus with ketoacidosis
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.2	Drug or chemical induced diabetes mellitus with kidney complications
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.3	Drug or chemical induced diabetes mellitus with ophthalmic complications
E09.31	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.33	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.34	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.35	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.352	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.353	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.354	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment unspecified eye
E09.355	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.4	Drug or chemical induced diabetes mellitus with neurological complications
E09.40	Drug or chemical induced diabetes mellitus with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with other diabetic neurological complication

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E09.5	Drug or chemical induced diabetes mellitus with circulatory complications
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.6	Drug or chemical induced diabetes mellitus with other specified complications
E09.61	Drug or chemical induced diabetes mellitus with diabetic arthropathy
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.62	Drug or chemical induced diabetes mellitus with skin complications
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.63	Drug or chemical induced diabetes mellitus with oral complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.64	Drug or chemical induced diabetes mellitus with hypoglycemia
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10	Type 1 diabetes mellitus
E10.00	Type 1 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E10.01	Type 1 diabetes mellitus with hyperosmolarity with coma
E10.1	Type 1 diabetes mellitus with ketoacidosis
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.2	Type 1 diabetes mellitus with kidney complications
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.3	Type 1 diabetes mellitus with ophthalmic complications
E10.31	Type 1 diabetes mellitus with unspecified diabetic retinopathy
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.32	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.33	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.34	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.35	Type 1 diabetes mellitus with proliferative diabetic retinopathy
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.352	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.353	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.354	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.355	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.4	Type 1 diabetes mellitus with neurological complications
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.5	Type 1 diabetes mellitus with circulatory complications
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.6	Type 1 diabetes mellitus with other specified complications
E10.61	Type 1 diabetes mellitus with diabetic arthropathy
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.62	Type 1 diabetes mellitus with skin complications
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E10.64	Type 1 diabetes mellitus with hypoglycemia
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complication
E10.9	Type 1 diabetes mellitus without complications
E10.A	Type 1 diabetes mellitus, presymptomatic
E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1
E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2
E11	Type 2 diabetes mellitus
E11.0	Type 2 diabetes mellitus with hyperosmolarity
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketohyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.2	Type 2 diabetes mellitus with kidney complications
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.3	Type 2 diabetes mellitus with ophthalmic complications
E11.31	Type 2 diabetes mellitus with unspecified diabetic retinopathy
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.32	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.33	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.34	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.35	Type 2 diabetes mellitus with proliferative diabetic retinopathy
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.352	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.353	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.354	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.355	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.4	Type 2 diabetes mellitus with neurological complications
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.5	Type 2 diabetes mellitus with circulatory complications

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.6	Type 2 diabetes mellitus with other specified complications
E11.61	Type 2 diabetes mellitus with diabetic arthropathy
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.62	Type 2 diabetes mellitus with skin complications
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.63	Type 2 diabetes mellitus with oral complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.64	Type 2 diabetes mellitus with hypoglycemia
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E11.A	Type 2 diabetes mellitus without complications in remission
E13	Other specified diabetes mellitus
E13.0	Other specified diabetes mellitus with hyperosmolarity
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketo hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.1	Other specified diabetes mellitus with ketoacidosis
E13.10	Other specified diabetes mellitus with ketoacidosis without coma

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.2	Other specified diabetes mellitus with kidney complications
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.3	Other specified diabetes mellitus with ophthalmic complications
E13.31	Other specified diabetes mellitus with unspecified diabetic retinopathy
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.32	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.33	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.34	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
	without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.35	Other specified diabetes mellitus with proliferative diabetic retinopathy
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.352	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.353	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.354	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.355	Other specified diabetes mellitus with stable proliferative diabetic retinopathy
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.4	Other specified diabetes mellitus with neurological complications
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.5	Other specified diabetes mellitus with circulatory complications
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.62	Other specified diabetes mellitus with skin complications
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.63	Other specified diabetes mellitus with oral complications
E13.630	Other specified diabetes mellitus with periodontal disease

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
E13.638	Other specified diabetes mellitus with other oral complications
E13.64	Other specified diabetes mellitus with hypoglycemia
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
O24	Diabetes mellitus in pregnancy, childbirth, and the puerperium
O24.0	Pre-existing type 1 diabetes mellitus, in pregnancy, childbirth and the puerperium
O24.01	Pre-existing type 1 diabetes mellitus, in pregnancy
O24.011	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
O24.012	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
O24.013	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
O24.019	Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester
O24.02	Pre-existing diabetes mellitus, type 1, in childbirth
O24.03	Pre-existing diabetes mellitus, type 1, in the puerperium
O24.1	Pre-existing type 2 diabetes mellitus, in pregnancy, childbirth and the puerperium
O24.11	Pre-existing type 2 diabetes mellitus, in pregnancy
O24.111	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
O24.112	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
O24.113	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
O24.119	Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester
O24.12	Pre-existing diabetes mellitus, type 2, in childbirth
O24.13	Pre-existing diabetes mellitus, type 2, in the puerperium
O24.3	Unspecified pre-existing diabetes mellitus in pregnancy, childbirth and the puerperium
O24.31	Unspecified pre-existing diabetes mellitus in pregnancy
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.4	Gestational diabetes mellitus
O24.41	Gestational diabetes mellitus in pregnancy
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.42	Gestational diabetes mellitus in childbirth
O24.420	Gestational diabetes mellitus in childbirth, diet controlled
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.429	Gestational diabetes mellitus in childbirth, unspecified control
O24.43	Gestational diabetes mellitus in the puerperium
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.435	Gestational diabetes mellitus in the puerperium, controlled by oral hypoglycemic drugs
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control
O24.8	Other pre-existing diabetes mellitus in pregnancy, childbirth, and the puerperium
O24.81	Other pre-existing diabetes mellitus in pregnancy
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.9	Unspecified diabetes mellitus in pregnancy, childbirth and the puerperium

Table 2	
ICD-10 diagnosis codes considered medically necessary for Diabetes Equipment and Supplies with Table 1 (CPT/HCPCS) codes if criteria are met:	
O24.91	Unspecified diabetes mellitus in pregnancy
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium
O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
O99.81	Abnormal glucose complicating pregnancy, childbirth, and the puerperium
O99.810	Abnormal glucose complicating pregnancy
O99.814	Abnormal glucose complicating childbirth
O99.815	Abnormal glucose complicating the puerperium

Table 3	
CPT/HCPCS codes for Diabetic Equipment and Supplies considered NOT medically necessary and referenced in Experimental or Investigations/ Not Medically Necessary section:	
Code	Description
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A9280	Alert or alarm device, not otherwise classified [hypoglycemic wristband alarm (e.g. Sleep Sentry)]
E0620	Skin piercing device for collection of capillary blood, laser, each
E0607	Home blood glucose monitor
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample

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