

DeanHealthPlan by Medica®

Coverage of any drug intervention discussed in the plans prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

- Commercial (Small & Large Group) ASO Exchange/ACA
 Medicare Advantage (MAPD)
-

Continuous Glucose Monitoring (CGM)

MB2303

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Must be prescribed Physicians with prior authorization through Dean Health Plan Utilization Management Department.

Medicare Policy: This policy is specific to Dean Health Plan Medicare (MAPD and MA) products.

Plan Approved Criteria:

CONTINUOUS GLUCOSE MONITORS (CGMs) Initial Criteria: (approval for 24 months):

To be eligible for coverage of a CGM and related supplies, the beneficiary must meet all of the following initial coverage criteria 1.0-5.0:

1.0 The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); **AND**,

2.0 The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; **AND**,

3.0 The CGM is prescribed in accordance with its FDA indications for use; **AND**,

3.1 The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below: The beneficiary is insulin-treated; **OR**,

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4.0 The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following (see the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS section of the LCD-related Policy Article (A52464)):

4.1 Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; **OR**

4.2 A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia

5.0 Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.

6.0 Beneficiaries with a confirmed diagnosis of diabetes mellitus secondary to pancreatectomy or bariatric surgery may be eligible for coverage of a CGM CGM Continued Coverage

7.0 Every six (6) months following the initial prescription of the CGM, the treating practitioner conducts an in-person or Medicare-approved telehealth visit with the beneficiary to document adherence to their CGM regimen and diabetes treatment plan.

Comment(s):

1.0 A non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results.

1.1 Non-adjunctive CGM devices replace standard home BGMs (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259). Claims for a BGM and related supplies, billed in addition to a non-adjunctive CGM device (code E2103) and associated supply allowance (code A4239), will be denied.

2.0 An adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions.

2.1 Adjunctive CGM devices do not replace a standard home BGM. The supply allowance for an adjunctive CGM (A4238) encompasses all items necessary for the use of the device and includes but is not limited to, CGM sensors and transmitters. Code A4238 does not include a home BGM and related BGM testing supplies. These items may be billed separately, in addition to code

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A4238. Refer to the CODING GUIDELINES section in the LCD-related Policy Article for additional information.

3.0 CMS determined that both non-adjunctive and adjunctive CGMs may be classified as DME.

4.0 *Codes and descriptors listed in this document are provided for informational purposes only and may not be all inclusive or current. Listing of a code in this drug policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with the plan. Inclusion of a code in the table does not imply any right to reimbursement or guarantee claim payment. Other drug or medical policies may also apply.

Billing Codes:

1.0 Coverage of a CGM system supply allowance (code A4238 or A4239) is available for CGM systems when the beneficiary uses a stand-alone receiver or insulin infusion pump classified as DME to display glucose data. In addition,

2.0 Medicare coverage is available for a CGM system supply allowance if a non-DME device (watch, smartphone, tablet, laptop computer, etc.) is used in conjunction with the durable CGM receiver (code E2102 or E2103).

3.0 The following are examples of this provision:

3.1 Medicare coverage of a CGM supply allowance is available when a beneficiary uses a durable CGM receiver to display their glucose data and also transmits that data to a caregiver through a smart phone or other non-DME receiver.

3.1.1 Medicare coverage of a CGM system supply allowance is available when a beneficiary uses a durable CGM receiver on some days to review their glucose data but uses a non-DME device on other days.

3.1.2 If a beneficiary never uses a DME receiver or insulin infusion pump to display CGM glucose data, the supply allowance is not covered by Medicare.

4.0 CGM Receivers (per Federal register 42 CFR Part 414.202) meets the definition of DME and (per 42CFR Part 414 Subpart D) can be replaced no less than every 5 years.

5.0 CGM (code E2102 or E2103) is covered, the related supply allowance (code A4238 or A4239) is also covered.

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5.1 Supplies (code A4238) for an adjunctive CGM integrated into an external insulin infusion pump are covered when the beneficiary meets both the CGM coverage criteria and the coverage criteria for an external insulin infusion pump. Refer to the External Infusion Pumps LCD (L33794) for additional information regarding billing a CGM receiver incorporated into an insulin infusion pump.

6.0 The supply allowance (code A4238 or A4239) is billed as one (1) unit of service (UOS) per thirty (30) days. Only one (1) UOS of code A4238 or A4239 may be billed to the DME MACs at a time

Brand	HCPCS code
Dexcom	A4239;A4238 E2103
Freestyle Libre	A4239;A4238 E2103
Guardian	A4239, A4238 E2103
Eversense	A4238, E2102, insertion codes

Committee/Source

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