

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)
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Continuous Glucose Monitoring PA2135

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

Covered Service: Yes

Prior Authorization Required: Yes

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

Dean Health Plan Approval for Initial and Reauthorization criteria for Continuous Glucose(CGM) and Implantable continuous monitoring (I-CGM) supplies (2 years for sub-que insulin delivery and lifetime for pump insulin delivery: for :

1.0 Therapeutic CGMs and I-CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-6) are met:

- 1.1 The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,
- 1.2 The beneficiary is insulin-treated with 2 or more daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and,
- 1.3 The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
- 1.4 Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and,

2.0 When a therapeutic CGM (code K0554) is covered, the related supply allowance (code K0553) is also covered.

3.0 The supply allowance for a CGM (code K0553) is billed as 1 Unit of Service (UOS) per thirty (30) days. Only one (1) UOS of code K0553 may be billed to the DME MACs at a time. Billing more than 1 UOS per 30 days of code K0553 will be denied as not reasonable and necessary

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- 4.0 When a therapeutic I-CGM (code A4238) is covered, the related description of an rental of an insulin pump (code E2102) will be needed to indentify an integrated adjunctive CGM receiver functionality..
- 5.0 The supply allowance for I-CGM (code A4238) is billed as 1 Unit of Service (UOS) per thirty (30) days (Supply allowance for adjunctive continuous glucose monitor [CGM], includes all supplies and accessories, 1 month supply = 1 unit of service) to describe a month's supply of adjunctive CGM supplies and accessories.
- 6.0 Coding Guidance Implantation of an implantable continuous glucose monitor (I-CGM) that meets the appropriate criteria as mentioned I-CGM:
 - 6.1 CPT code 0446T- Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor,including system activation and patient training
 - 6.2 HCPCS code G0308 - Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training;
- 7.0 Removal of an I-CGM Codes:
 - 7.1 CPT code 0447T- Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision.
- 8.0 Removal with immediate subsequent replacement of an I-CGM codes:
 - 8.1 CPT code 0448T- Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket atdifferent anatomic site and insertion of new implantable sensor, including system activation.
 - 8.2 HCPCS code G0309 - Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation.
- 9.0 I-CGM devices will not be considered reasonable and necessary for the following:
 - 9.1 Individuals that do not require insulin therapy;
 - 9.2 Short-term I-CGM (72 hours to 1 week) for diagnostic use

Comment(s):

- 1.0 **NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.**
- 2.0 For those beneficiaries who have previously met the coverage criteria for a non-implantable therapeutic continuous glucose monitor through the Medicare DME benefit and subsequently choose to switch to the implantable device, they may do so with a provider order. However, all other coverage criteria above must be fulfilled in order for Medicare payment

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3.0 Regulation 42 CFR 414.229(g) requires that the supplier of the insulin pump in the first month must continue to provide the pump for the remainder of the 13-month capped rental period or until medical necessity for the pump ends, whichever is earlier.

3.1 Switching from an insulin pump without the CGM receiver feature to an insulin pump with the CGM receiver feature doesn't result in either an interruption in the period of continuous use for the insulin pump or the start of a new 13-month rental cap period for the insulin pump for the patient. The supplier will transfer title of the equipment to the patient on the first day following the end of the 13th month of use by the patient.

Brand	HCPCS code
Dexcom	K0554,K0053
Freestyle Libre	K0554,K0053
Guardian	A4238, E2102
Eversense	A4238, E2102, insertion codes

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