

 DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage Criteria for glucose monitors and related supplies

Glucose Monitors and Related Supplies Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for home blood glucose monitors (BGM), continuous glucose monitors (CGM), and their related supplies.

2. Coverage Criteria

To be eligible for coverage of a BGM, CGM, or related supplies, all criteria outlined in the Medicare coverage criteria described in the [Glucose Monitors \(L33822\) Local Coverage Determination](#) (LCD) must be met, with one exception Montana Healthcare Programs recognizes gestational diabetes as a qualifying diagnosis for coverage.

A. General Requirements (All Devices)

- **Diagnosis:** The member must have a documented diagnosis of diabetes mellitus or gestational diabetes.
- **Training and Prescription:** The treating provider must confirm the member (or caregiver) has been sufficiently trained on the specific device prescribed.

B. Continuous Glucose Monitor (CGM) Specific Criteria

As outlined in LCD L33822, a CGM (adjunctive or non-adjunctive) and its monthly supply allowance are covered if the member meets one of the following:

- The member's condition is treated with insulin; or
- The member has a documented history of hypoglycemia, evidenced by at least one of the following:
 - More than one hypoglycemic event (glucose < 54 mg/dL) that persists after attempts to adjust medications or modify the diabetes treatment plan.
 - At least one severe hypoglycemic event (glucose < 54 mg/dL) that alters the member's mental or physical state requiring third-party assistance for treatment of hypoglycemia.

C. Home Glucose Monitors with Special Features (E2100 or E2101)

These monitors are covered only when the general coverage criteria are met, and the treating provider has documented that the member has severe impairment preventing standard BGM use.

3. Quantity Limits

Maximum quantity limits apply when coverage criteria are met.

Supply Type	HCPSC Code(s)	Quantity Limit
CGM Supply Allowance	A4238, A4239	1 unit per month (1 unit = 1 month supply)
BGM Lancets (Insulin-Dependent)	A4259	300 every 3 months
BGM Test Strips (Insulin-Dependent)	A4253	300 every 3 months
BGM Lancets (Non-Insulin Dependent)	A4259	100 every 3 months
BGM Test Strips (Non-Insulin Dependent)	A4253	100 every 3 months

Note: Lancet and test strip quantity limits apply to BGMs only. In accordance with LCD guidelines, the monthly CGM supply allowance is inclusive of all supplies required for the month.

4. High Utilization Criteria

Requests for BGM testing supplies exceeding the maximum quantities described in Section 3 may be approved if clinical and administrative requirements are met.

- **Clinical Requirements (All Ages)**

For all members, medical records must demonstrate:

1. The member meets the general coverage criteria outlined in Section 2.
2. The treating provider has evaluated the member's diabetes control within the last six (6) months.
3. Medical documentation provides clear clinical justification for the additional supplies.
4. The member's documented testing frequency supports the specific amount requested.
5. **For Continued Requests:** Every six (6) months, the treating provider must conduct a follow-up evaluation to confirm and document the member's high utilization needs.

- **Age-Specific Process Requirements**

While clinical criteria for exceeding quantity limits are the same regardless of age, the submission process differs.

- **Adults (Aged 21 and Older) – Prior Authorization Required**

- Prior authorization (PA) must be obtained before supplies are dispensed.

- **Children (Aged 20 and Under) – Claim Documentation Required**
 - Prior authorization is **not** required. Claims bypass the quantity limits if they include the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) indicator.
 - **Paper claims:** Enter “1” in field number 24H.
 - **Electronic claims:** Enter “Y” in the SV111 segment.

5. Authorization Requirements

Prior authorization is required **only** for requests exceeding the maximum quantity limits for members aged 21 and older.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

6. Reimbursement

Reimbursement for glucose monitors and related supplies will be made in accordance with ARM 37.86.1807. Providers must refer to the Durable Medical Equipment fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	None	None – Original posting.