MONTANA HEALTHCARE PROGRAMS NOTICE

November 02, 2021

DME, EPSDT, IHS/Tribal, Physician, and Mid-Level Providers

Effective Immediately **REVISED**

Therapeutic Continuous Glucose Monitor (CGM) Devices

This notice is to inform providers that Montana Medicaid covers Therapeutic Continuous Glucose Monitor (CGM) devices that are classified by CMS as "therapeutic CGMs" for members ages 4 and up without prior authorization. Children under the age of 4 will require prior authorization. Not all products marketed as CGM devices are considered therapeutic CGMs. A therapeutic CGM is one that meets the definition of DME and is labeled by the Food & Drug Administration (FDA) for non-adjunctive use (i.e., it can be used to make treatment decisions without the need for a stand-alone home blood glucose monitor (BGM) to confirm testing results).

Therapeutic CGM Criteria

Therapeutic CGMs and related supplies are covered by Montana Medicaid when all of the following coverage criteria below (1-5) are met:

1. The member has diabetes mellitus; and
2. The member is insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and
3. The member's insulin treatment regimen requires frequent adjustment by the member on the basis of BGM or CGM testing results; and
4. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the member to evaluate their diabetes control and determined that criteria (1-3) above are met; and
5. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the member to assess adherence to their CGM regimen and diabetes treatment plan.

When a therapeutic CGM is covered, the related supply allowance is also covered.

A Therapeutic CGM system replaces a standard BGM and related supplies. During the time a CGM is being billed with the associated supply allowance, Montana Medicaid will no longer pay separately for the BGM and supplies.

All Therapeutic CGM devices billed to Montana Medicaid using HCPCS code K0554 must be listed on the Data Analysis and Coding (PDAC) Product Classification List for HCPCS code K0554.

Supplies for Therapeutic CGM Devices

Montana Medicaid pays a supply allowance for supplies used with a therapeutic CGM system. **For K0553, one (1 unit) supply allowance is payable per 30 days and encompasses all items necessary for the use of the**

device. Items deemed necessary for use of the device include, but are not limited to, CGM sensor, CGM transmitter, home BGM and related BGM supplies (test strips, lancets, lancing device, calibration solutions) and batteries. Sufficient supplies must be provided to the member to last at least 30 days of therapy. K0553 must not be used for supplies used with CGM coded as A9278.

Non-Therapeutic CGM Devices

Code A9278 (Receiver (monitor); external, for use with interstitial continuous glucose monitoring system) describes any CGM system that fails to meet the DME Benefit requirements as described in CMS Ruling 1682R. A device that requires the additional use of a stand-alone home BGM to make treatment decisions to confirm testing results. Products not listed on the Data Analysis and Coding (PDAC) Product Classification List for HCPCS code K0554 do not meet the requirements for a therapeutic CGM and must be coded as A9278.

Code A9276 (Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply) and Code A9277 (Transmitter; external, for use with interstitial continuous glucose monitoring system) describe the supplies used with a non-therapeutic CGM. Codes A9276 and A9277 are not used to bill for supplies used with code K0554.

Non-Therapeutic CGM Criteria

Non-Therapeutic CGMs and related supplies are covered by Montana Medicaid when all of the following coverage criteria below (1-4) are met:

1. Member is age 4 through age 20, under the age of 4 requires prior authorization; and
2. Member has a diagnosis of insulin dependent diabetes mellitus; and
3. Clinically documented compliance with diabetes management plan, with current clinical notes dated within 90 days; and
4. Patient and/or parent education has been provided on proper use of the device.

For continuation of supplies the following criteria must be met:

1. Clinically documented compliance with diabetes management plan.
2. Continued use of the CGM has been documented.

Montana Medicaid allows 30 units per month for items coded as A9276 and 1 unit every 6 months for items coded as A9277.

Contact Information

If you have any questions regarding this provider notice, please contact DME Program Officer, Aleasha Horn, at (406) 444-4518 or email AHorn@mt.gov.
For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.

Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.