

Continuous Glucose Monitoring

Reimbursement Policy ID: RPC.0047.2100

Recent review date: 02/2023

Next review date: 02/2024

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

This policy outlines AmeriHealth Caritas Louisiana reimbursement for long-term Continuous Glucose Monitoring (CGM) equipment and supplies when medically necessary for approved conditions.

Exceptions

Short-term Continuous Glucose Monitors and supplies are considered a non-covered benefit and will not be reimbursed by AmeriHealth Caritas Louisiana.

Reimbursement Guidelines

AmeriHealth Caritas Louisiana claim reimbursement logic aligns with Louisiana Department of Health (LDH) Medicaid criteria. Continuous Glucose Monitors (CGM) and related supply codes will be considered for reimbursement per the LDH Medicaid Durable Medical Equipment (DME) Fee Schedule for members with at least one of the following diagnoses:

- Diagnosis of diabetes requiring the use of insulin more than twice per day; or
- Diagnosis of level 2 or level 3 hypoglycemia; or
- Diagnosis Glycogen Storage Disease Type 1a.

To maintain coverage of Continuous Glucose Monitoring and supplies, regular follow-up visits are required at least once every six months.

Definitions

Continuous Glucose Monitors (CGMs)

A tool for diabetes management that measures glucose levels every 3 to 5 minutes and can alert the wearer to high and/or low glucose levels. The CGM device consists of a wearable receiver and a sensor that is inserted or implanted under the skin.

Long-term CGM

Continuous Glucose Monitoring over an extended period of at least six months.

Short-term CGM

Continuous Glucose Monitoring performed solely for diagnostic purposes, typically for three to seven days.

Edit Sources

- I. Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
- II. Louisiana Department of Health: Durable Medical Equipment Provider Manual, Section 18.2 – Diabetic Supplies and Equipment of the Medicaid Services Manual:
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf> .
- III. Louisiana Department of Health (LDH) Medicaid [Durable Medical Equipment Fee Schedule](#).

Attachments

N/A

Associated Policies

N/A

Policy History

<u>04/11/2023</u>	<u>Replaces retired AmeriHealth Caritas clinical policy CCP.4007</u>
<u>04/11/2023</u>	<u>Policy Implemented by AmeriHealth Caritas</u>
<u>04/11/2023</u>	<u>Reimbursement Policy Committee Approval</u>
<u>01/10/2023</u>	<u>Template Revised</u> <u>Revised Preamble</u> <u>Removal of Applicable Claim Types table</u> <u>Coding section renamed to Reimbursement Guidelines</u> <u>Added Associated Policies section</u>