Criteria Checklist

Alabama Medicaid Agency
Continuous Glucose Monitoring

PREREQUISITE CRITERIA *All of the following **must** be met with supporting documentation*:*

- ☐ Patient is a child diagnosed with Type 1 diabetes mellitus or pregnant female (Type 1 or 2); and
- ☐ Patient is insulin-treated with multiple (three or more) daily injections of insulin or a Medicaid-covered continuous subcutaneous insulin infusion (CSII) pump.
- ☐ Patient's insulin treatment regimen requires frequent adjustment by the patient and/or caregiver on the basis of BGM or CGM testing results.
- ☐ Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the patient to evaluate their diabetes control (to include HbA1c) and determined that criteria (1-4) above are met.
- ☐ Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the patient to assess adherence to their CGM regimen and diabetes treatment plan.

RECERTIFICATION/RENEWAL:

For patients who have received CGM equipment and supplies through Alabama Medicaid and are in need of a Prior Authorization Renewal, an updated prescription and an attestation from the patient's prescribing provider, stating their recommendation for continued CGM therapy, is required. A request for replacement of the External Receiver will be considered for approval every five years upon review of submitted medical documentation. If a replacement request is submitted within less than five years and the replacement is due to a natural disaster and not the result of misuse, neglect or malicious acts by the user, the request may be considered for approval and payment.

Limitations

Approval will be given for only type I diabetes mellitus diagnosis codes. Please refer to Chapter 14 of Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

A9276, A9277, and A9278
A4239 and E2103

Effective November 1, 2023, the DME Program will make changes to the CGM Billing Procedures and CGM Prior Authorization requests. For NEW prior authorization requests submitted on or after November 1, 2023, providers must bill and submit on the prior authorization CGM procedure codes A4239 and E2103 for non-adjunctive CGM models. Existing prior authorizations approved for A9276, A9277, and A9278 prior to November 1, 2023, will remain active and providers will be allowed to bill remaining units on existing prior authorizations through October 31, 2024. Procedure codes A9276, A9277, and A9278 will be non-covered on November 1, 2024.

Maximum limits apply to each of the procedure codes indicated above. CGM devices are limited to one every five years, require prior authorization and will be considered based upon the review of submitted documentation.