

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Medical Equipment Vendors, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

ForwardHealth Coverage and Prior Authorization Policy for Personal Continuous Glucose Monitoring Devices and Accessories

Effective for dates of service on and after January 1, 2017, ForwardHealth will cover personal continuous glucose monitoring devices, transmitters, and sensors in certain circumstances. This *ForwardHealth Update* announces the prior authorization and coverage guidelines for personal continuous glucose monitoring devices, transmitters, and sensors.

Personal Continuous Glucose Monitoring Devices Coverage Criteria

Effective for dates of service (DOS) on and after January 1, 2017, ForwardHealth will cover personal continuous glucose monitoring devices, transmitters, and sensors in certain circumstances. Prior authorization (PA) will be required for coverage of monitoring devices and transmitters, but it will not be required for sensors.

Note: **Professional** continuous glucose monitoring (using provider-owned equipment) will continue to be covered by ForwardHealth as a short-term procedure. For more information regarding professional continuous glucose monitoring coverage, refer to the Continuous Glucose Monitoring topic (topic #17897) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/.

Prior Authorization Approval Criteria

Prior authorization requests for personal continuous glucose monitoring devices and accessories may be approved for members who meet all of the following criteria:

- Have Type 1 diabetes mellitus
- Are 25 years of age or older
- Require and are compliant with intensive insulin treatment or an insulin pump and adequate self-monitoring of blood glucose (with at least four finger sticks per day)
- Have the motivation to use a personal continuous glucose monitoring device on a near-daily basis and have the ability and readiness, as assessed by their medical team that includes an endocrinologist, to make appropriate adjustments to their treatment regimen from the trending information obtained from the continuous glucose monitoring device
- Have successfully completed a 72-hour trial using a professional continuous glucose monitoring device, where available, that was found to be both clinically meaningful (i.e., alterations in medical management resulted) and tolerated by the member

- Are receiving in-depth diabetes education **and** are in regular close contact with their diabetes management team

AND

- ✓ There is documentation available supporting hypoglycemic unawareness (which may include nocturnal asymptomatic hypoglycemia) with recurrent, ongoing hypoglycemia (<50 mg/dL) or a significant risk for hypoglycemia (i.e., hemoglobin A1c [HbA1c] ≤ 7.0 or other predisposing condition/comorbidity).

OR

- ✓ The member has not been able to achieve optimal glycemic control as defined by the treating endocrinologist despite compliance with a carefully managed regimen, including four finger sticks a day.

Note: Evidence for successful use of a personal continuous glucose monitoring device is not as strong in children, adolescents, and young adults. However, ForwardHealth **will consider** coverage of a personal continuous glucose monitoring device on a **case-by-case basis** for members under 25 years old who meet the above criteria despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring of their blood glucose (with at least four finger sticks per day). Success of a personal continuous glucose monitoring device is highly dependent on compliance, especially for members under 25 years old. Documentation for members under 25 years old must include an assessment by an endocrinologist or diabetes nurse educator of readiness of the member to use the device on a near-daily basis, as well as clear documentation that the member is compliant with self-monitoring as described above.

Noncovered Indication

ForwardHealth does not cover personal continuous glucose monitoring devices for members diagnosed with Type 2 diabetes.

Allowable Procedure Codes

Effective for DOS on and after January 1, 2017, the following Healthcare Common Procedure Coding System

procedure codes will be allowable for personal continuous glucose monitoring devices and accessories:

- A9276 (Sensor; invasive [e.g., subcutaneous], disposable, for use with interstitial continuous glucose monitoring system, one unit = one-day supply)
- A9277 (Transmitter; external, for use with interstitial continuous glucose monitoring system)
- A9278 (Receiver [monitor]; external, for use with interstitial continuous glucose monitoring system)

Note: ForwardHealth will require PA for coverage of monitoring devices (A9278) and transmitters (A9277), but PA will not be required for coverage of sensors (A9276).

Prior Authorization Submission

All of the following must be included as part of a PA request for personal continuous glucose monitoring devices and/or accessories:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12)
- Documentation of the member's diagnosis of Type 1 diabetes mellitus
- A written prescription from an endocrinologist or, in cases of joint management, from a licensed medical professional on the member's medical team that includes an endocrinologist.
- The member's HbA1c levels for the preceding 12 months
- Documentation of the member's ability to recognize and express symptoms of hypoglycemia
- Documentation of any significant episodes of hypoglycemia in the preceding 12 months
- The following information about the continuous glucose monitoring device:
 - ✓ Name of the manufacturer of the device
 - ✓ Make of the device
 - ✓ Statement regarding whether or not the device is Food and Drug Administration-approved
- A description of the member's compliance with a physician-ordered diabetic treatment plan, including

regular self-monitoring and multiple alterations in insulin administration regimens

- Documentation of member and/or caregiver in-person training and available ongoing support in sensor placement, transmitter hookup, and monitor calibration, and an assessment from an endocrinologist or, in cases of joint management, from a licensed medical professional on the member's medical team that includes an endocrinologist of the member's ability to self-manage treatment according to information obtained from the monitor
- Documentation that the member has undergone a 72-hour trial use of a glucose monitor, when available, and will be able to tolerate and appropriately use the device and information obtained to alter management accordingly

Submission Options

Providers may submit PA requests using any of the following methods:

- **ForwardHealth Portal** — Prior authorization requests may be submitted on the Portal at www.forwardhealth.wi.gov/.
- **Fax** — Prior authorization requests may be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.
- **Mail** — Prior authorization requests may be mailed to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

- **The 278 Health Care Services Review — Request for Review and Response (278) transaction** — The 278 transaction is the standard electronic format for health care service PA requests.

For specific information about each of these submission options, refer to the Submission Options chapter of the Prior Authorization section of the Online Handbook.

Other Diabetic Supplies

Other policies related to diabetic supplies have not changed. For more information, refer to the Disposable Medical Supplies and Pharmacy service areas of the Online Handbook.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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