

ForwardHealth **UPDATE**

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UPDATED COVERAGE POLICY FOR CONTINUOUS GLUCOSE MONITORS FOR MEMBERS WITH DIABETES

Effective for dates of service on and after October 1, 2024, in-state and border-status providers no longer need to submit prior authorization (PA) requests to prescribe personal continuous glucose monitors and supplies for members who are diagnosed with any type of diabetes, excluding pre-diabetes, when ForwardHealth requirements are met.

ForwardHealth covers personal continuous glucose monitors in accordance with guidance from the American Diabetes Association and American Association of Clinical Endocrinology for diabetic members who are on insulin, need to check their blood sugar frequently, or are at risk for hypoglycemia.

Providers may prescribe age-appropriate personal continuous glucose monitors and supplies for both adult and child members (including infants and toddlers) who are diagnosed with any type of diabetes.

Pre-diabetes is excluded from this coverage.

AFFECTED PROGRAMS

BadgerCare Plus, Wisconsin Medicaid

TO

HealthCheck “Other Services” Providers, HealthCheck Providers, Independent Labs, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Practitioners, Nurses in Independent Practice, Pharmacies, Pharmacists, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.01.

Providers may prescribe continuous glucose monitors and supplies for members with diabetes who meet all of these criteria:

- The member is under the care of a qualified healthcare professional who is managing the member's diabetes.
- The member has a diagnosis of any type of diabetes, excluding pre-diabetes.
- The member or the member's caregiver has the cognitive ability to be educated about the device, the willingness to use the device, and the physical capability to use the device.
- The member's prescription is written within the last 12 months by a qualified health care professional who is managing the member's diabetes, including the name of the continuous glucose monitor prescribed.
- The member has a treatment plan ordered by a qualified health care professional who is managing the member's diabetes.
- The member is on insulin, needs to check their blood sugar frequently, or is at risk for hypoglycemia.
- The prescribed continuous glucose monitor is appropriate for the member's age.

These criteria must be documented in the member's medical record and provided to the Department of Health Services (DHS) upon request.

Continuous glucose monitors and supplies are covered under ForwardHealth's durable medical equipment (DME) benefit.

Prior Authorization Conditions and Requirements

PA is **still** required:

- For out-of-state, non-border-status providers.
- For prescription of a backup device.
- If a new device is required within three years of having had one dispensed. (Note: Continuous glucose monitors have an expected life of three years, and members can receive one every three years without PA.)

More information can be found in the ForwardHealth Online Handbook Referrals to Out-of-State Providers topic [#437](#).

When PA requests are submitted, providers also must include:

- A completed Prior Authorization/Request Form (PA/RF), F-11018.
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030.

These forms can be found on the [Forms](#) page of the ForwardHealth Portal.

On a PA request, providers must document that:

QUICK LINKS

- [Forms](#) page
- Referrals to Out-of-State Providers topic [#437](#)

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- The member is under the care of a qualified health care professional who is managing the member’s diabetes.
- The member has a diagnosis of any type of diabetes, excluding pre-diabetes.
- The member or the member’s caregiver has the cognitive ability to be educated about the device, the willingness to use the device, and the physical capability to use the device.
- The prescription is written by a qualified health care professional who is managing the member’s diabetes, is dated within the last 12 months, and includes the name of the prescribed continuous glucose monitor.
- The member has a diabetic treatment plan ordered by a qualified health care professional who is managing the member’s diabetes.
- The member is on insulin, needs to check their blood sugar frequently, or is at risk for hypoglycemia.

PERSONAL CONTINUOUS GLUCOSE MONITORING DEVICES AND SUPPLIES		
Code	Description	Modifier
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	KX or KS
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system one unit = 1 day supply	KX or KS
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	KX or KS
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	KX or KS
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	KX or KS

Note: Providers should use the KX modifier when billing for members who are insulin-treated, and providers should use the KS modifier when billing for members who are non-insulin treated. In cases where PA is required, DME vendors should use code E2103 or A9278. For more information, refer to the [Disposable Medical Supplies \(DMS\) Index \(PDF\)](#).

HMOs still have the option to require PA for these devices.

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Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS [106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This ForwardHealth Update applies to continuous glucose monitors and supplies that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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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 Medicaid Services within the 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 within DHS.

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