

## Coverage of Continuous Glucose Monitors via Medical / Durable Medical Equipment (DME) Benefit

In our combined efforts with all Managed Medicaid plans and the Ohio Department of Medicaid to support Ohio Department of Medicaid's quality strategy and to increase access for appropriate use of CGMs, prior authorization for DexCom and FreeStyle Libre CGMs is being waived through at minimum, the next calendar year, 1/1/2024 to 12/31/2024.

Appropriate Certificate of Medical Necessity documentation should also be kept in the member's individual medical record per Ohio Administrative Code 5160-10-36.

For claims, suppliers are required to be billed as follows with the appropriate HCPCS code, ICD-10 code, and modifiers as applicable.

HCPCS Codes	Description
<b>A4239</b>	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
<b>E2103</b>	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Claim must include an appropriate diagnosis code listed below. If the diagnosis code is not listed or not on the list below, the claim will be denied:

ICD-10 Codes	Description
<b>E08.00-E08.9</b>	Diabetes mellitus due to underlying condition
<b>E09.00-E09.9</b>	Drug or chemical induced diabetes mellitus
<b>E10.10-E10.9</b>	Type 1 diabetes mellitus
<b>E11.00-E11.9</b>	Type 2 diabetes mellitus
<b>E13.0-E13.9</b>	Other specified diabetes mellitus
<b>O24.011-O24.93</b>	Diabetes mellitus in pregnancy, childbirth, and the puerperium
<b>O99.810-O99.815</b>	Abnormal glucose complicating pregnancy, childbirth and the puerperium
<b>E16.0</b>	Drug-induced hypoglycemia without coma
<b>E16.1</b>	Other hypoglycemia
<b>E16.2</b>	Hypoglycemia, unspecified
<b>R73.03</b>	Prediabetes
<b>E88.81</b>	Metabolic syndrome

Appropriate modifiers may include the below but the list may not be all inclusive:

Modifier	Reason
<b>NU</b>	Indicates purchase
<b>KF</b>	Item designated by FDA as Class III devices
<b>KX</b>	Specific required documentation on file

DexCom & FreeStyle Libre are subject to the limits below; however, these limits may be exceeded with an approved medical necessity review.

Device	Limit
<b>DexCom G6 Receiver</b>	1 per 1095 days
<b>DexCom G7 Receiver</b>	1 per 1095 days
<b>FreeStyle Libre 2 Reader</b>	1 per 1095 days

<b>DexCom G6 Sensor</b>	3 per 30 days
<b>DexCom G6 Transmitter</b>	1 per 90 days
<b>DexCom G7 Sensor</b>	3 per 30 days
<b>FreeStyle Libre 14 day</b>	2 per 28 days
<b>FreeStyle Libre 2 Sensor</b>	2 per 28 days
<b>FreeStyle Libre 3 Sensor</b>	2 per 28 days