

Nebraska Department of Health and Human Services

Health Plan Advisory

No. 22-02

DATE: December 29, 2022
TO: Nebraska Heritage Health Plans
FROM: Kevin Bagley, Director *KB*
Division of Medicaid & Long-Term Care
RE: CGM Coverage by Medicaid

This Health Plan Advisory is being issued to advise Medicaid providers that Nebraska Medicaid will provide coverage for Continuous Glucose Monitoring (CGM) devices for eligible beneficiaries with diabetes beginning January 1, 2023.

Under Legislative Bill 698, approved by Governor Ricketts in April 2022, Nebraska Medicaid will begin CGM coverage for all eligible beneficiaries who have a prescription and meet medical necessity criteria for a device on or after January 1, 2023.

Nebraska Medicaid will provide coverage for both long-term (therapeutic) and short-term (diagnostic) CGM for eligible beneficiaries who have diabetes mellitus when medically necessary. CGM devices measure interstitial glucose, which correlates well with plasma glucose.

The initial authorization period for therapeutic CGM is 6 months, while the renewal period is yearly. Supplies will be provided for 30 days or up to 90 days at a time. Beneficiaries must meet medical necessity criteria in order to be eligible for coverage, as listed in the categories below. The following criteria are only for fee-for-service; refer to our MCOs' guidelines for their own requirements.

Initial prior authorization requests for long-term CGM

Long-term CGM for therapeutic purposes may be considered medically necessary for a beneficiary with diabetes mellitus who meets all the following criteria:

- Uses multiple (3 or more) daily doses of insulin or is on an insulin pump
- Is being assessed every 6 months by the prescribing healthcare practitioner for adherence to a comprehensive diabetes treatment plan
- Has hemoglobin A1c (HbA1c) or blood sugar values that are not within the target range, is experiencing hypoglycemia unawareness, has recurring episodes of hypoglycemia, or has unexplained episodes of nocturnal hypoglycemia
- Is able to hear and view the CGM alerts and respond accordingly, or has a caregiver who is able to do so

Renewal prior authorization requests for long-term CGM

Continued use of CGM may be considered medically necessary for a beneficiary who has improved glycemic control, or is being assessed every 6 months by the prescribing healthcare practitioner for adherence to the CGM and diabetes treatment plan.

Repair prior authorization requests for long-term CGM

Repairs of a CGM device may be considered medically necessary if all the following criteria are met:

- The CGM device is owned and exclusively used by the beneficiary.
- The need for repair was not caused by beneficiary misuse or abuse.
- The CGM device is no longer under the manufacturer's warranty.

Replacement prior authorization requests for long-term CGM

Replacement of the CGM receiver may be considered medically necessary when the device has exceeded the warranty period and is malfunctioning, and the required repairs would exceed the cost of replacement, or the device is at least 5 years old (This must be adjusted to the life of the specific model being covered).

Prior authorization requests for short-term CGM

Short-term (3-14 days) CGM for diagnostic purposes may be considered medically necessary for a beneficiary with diabetes mellitus who meets all the following criteria:

- Uses multiple (3 or more) daily doses of insulin or is on an insulin pump
- Is being assessed every 6 months by the prescribing healthcare practitioner for adherence to a comprehensive diabetes treatment plan
- Has HbA1c or blood sugar values that are not within the target range, is experiencing hypoglycemia unawareness, or has recurring episodes of hypoglycemia

Covered devices

The following devices are covered under Medicaid:

- **FreeStyle Libre 2**
- **Dexcom G6**

The Medtronic CGM may be covered for beneficiaries who meet the medical necessity criteria for long-term CGM and are on a Medtronic insulin pump.

Non-covered devices

CGM devices that use an implantable glucose sensor such as an Eversense CGM system (CPT codes 0046T, 00447T, and 0448T) or a noninvasive glucose sensor (e.g., optical and transdermal sensors) are considered investigational and not medically necessary due to insufficient evidence of clinical efficacy and long-term health outcomes. Any related HCPC codes for implantable or noninvasive glucose sensors are also considered investigational and not medically necessary.

CPT/HCPC code list for CGM

| CPT/HCPCS | Mod | Rate | PA | Description | Guidance |
|-----------|-----|------------|----|---|---|
| E2102 | NU | \$205.36 | X | Adjunctive, non-implanted CGM or receiver | |
| E2102 | RA | \$205.36 | X | | |
| E2102 | RB | By invoice | X | | |
| E2103 | NU | \$281.13 | X | Non-adjunctive, non-implanted CGM or receiver | |
| E2103 | RA | \$281.13 | X | | |
| E2103 | RB | By invoice | X | | |
| A4238 | | By invoice | X | Supply allowance for adjunctive, non-implanted CGM, includes all supplies and accessories, 1 month supply + 1 unit of service | Initial PA is 6 months, renewal PA is required annually. |
| A4239 | | By invoice | X | Supply allowance for non-adjunctive, non-implanted CGM, includes all supplies and accessories, 1 month supply + 1 unit of service | Initial PA is 6 months, renewal PA is required annually. |
| 95249 | | \$44.40 | | Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording | This code is covered when the beneficiary begins using a new CGM device, up to once per year. |
| 95250 | | \$132.31 | | Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified healthcare professional- (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording | This code is covered up to 4 times per year. |
| 95251 | | \$28.42 | | Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report | This code is covered up to 8 times per year. |

PA: Prior Authorization

X: Prior authorization is required

NU: New

RA: Replacement

RB: Repair

Pharmacy billing

Information on billing for pharmacies can be found by visiting <https://nebraska.fhsc.com> under the tab “Prior Authorization.” The lookup tool under the tab “Providers” may be used to search for coverage as well.

DME billing

Information on our utilization management can be found at <https://dhhs.ne.gov/Pages/Utilization-Management.aspx>. Medicaid’s current vendor is eQ Health Solutions/Kepro. Prior authorization forms can be found on the site, as well as information on where to send the prior authorization request.

Health Plan Advisories, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Heritage-Health-Plan-Advisories.aspx>. Please subscribe to the page to help you stay up to date about new Health Plan Advisories.