



Medical Supplies: Future Changes to Continuous Glucose Monitoring Systems Coverage Criteria and Prior Authorization Bundling

October 1, 2023

Medi-Cal Rx is in the process of modifying the system for the coverage criteria for continuous glucose monitoring (CGM) systems as outlined in this alert. A subsequent alert will be published once the system changes have been implemented. The purpose of this alert is to provide advance notice of the upcoming changes.

The coverage criteria for CGM systems will be updated as follows:

Life of the Prior Authorization (PA) Approval:

- CGM initial authorization and subsequent reauthorizations will be for a period of one year, initiating on the date of approval. Each fill can be up to a 90-day supply.

Prescriber Requirement:

- CGM coverage is limited to prescribing by an endocrinologist, a primary care provider (physician [MD or DO]), nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), or a certified nurse midwife (APRN-CNM), or other licensed healthcare practitioner with experience in diabetes management.

Diagnosis Requirement:

- A diagnosis of either diabetes or gestational diabetes:
 - Diabetes (Type 1 or Type 2) and one of the following other criteria:
 - Insulin-dependence based on regular insulin claim history in the past year or other documentation of regular insulin use; or

- History of problematic hypoglycemia with documentation demonstrating recurrent (more than one) level 2 hypoglycemic events (glucose <54 mg/dL [3.0 mmol/L]) that persist despite attempts to adjust medication(s) and/or modify the diabetes treatment plan within the past year.
- Gestational Diabetes:
 - Restricted to approval for the duration of the pregnancy and 12 months postpartum; and
 - Estimated and/or actual date of delivery must be included on the request.

Hemoglobin A1c (HbA1c) Requirement:

- A HbA1c value measured within **eight months** of the date of the request is documented on the PA request.

Reauthorization Requirement:

- Documentation that the member continues to meet CGM PA coverage criteria (see above); and
- The member has been seen and evaluated by the prescriber annually, either in-person or virtually through video or telephone conferencing with documentation of:
 - The date of the most recent visit; and
 - The member is using the device as prescribed; and
 - The member is maintaining clinical HbA1c targets defined by the prescriber.

In the future, PA requests will approve all CGM components for the prescribed system within the same authorization. Medi-Cal Rx will inform providers when bundling of PAs for CGM systems are allowed under one authorization.

Currently, the Medi-Cal Rx PA policy for CGM system components allows one PA per requested and contracted billing code/NDC. This 1-to-1 relation ensures tracking for the PA review process and under normal circumstances works appropriately. However, for CGM, this process is creating barriers to access and repetitive work for providers and prescribers. At a future date, for CGM systems with complementary components (example, sensor plus transmitter plus reader), one PA will apply to all components of the CGM system requested by the provider.

More information concerning the bundling process will be published prior to implementation.

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.