PT 06-17

STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Medical Supply and Equipment Transmittal No. 70
October 3, 2016

TO: Durable Medical Equipment Providers

FROM: Susan J. Tucker, Executive Director
Office of Health Services

RE: Coverage of Continuous Glucose Monitoring Systems

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.

Effective October 1, 2016, Maryland Medicaid will begin covering continuous glucose monitoring (CGM) systems when medically necessary for Medical Assistance participants.

The product is a glucose monitoring device indicated for tracking patterns and detecting trends in persons with diabetes. The system includes several components: a sensor, transmitter, and receiver. The sensor is a small wire that is inserted under the skin of the abdomen and measures interstitial glucose values. These values are sent through the transmitter to the receiver where they are displayed for the user. The system is indicated as an adjunct to complement, not replace, information obtained from standard home blood glucose monitoring devices. The system aids in the detection of episodes of hyperglycemia and hypoglycemia and can help inform short-term and long-term therapy adjustments.

As mentioned in Medical Supply and Equipment Transmittal No. 69 / Oxygen Transmittal No. 30, dated August 12, 2016, Telligen, the Department's utilization control agent, will be responsible for preauthorizing certain durable medical equipment (DME) requests, which includes CGM systems. Instructions for submitting requests to Telligen can be found at http://www.telligenmd.qualitrac.com/education-training. The current prepayment form, CGM certificate of medical necessity (CMN), and fee schedule can be downloaded at https://mmcp.dhmh.maryland.gov/communitysupport/Pages/Home.aspx.

Any questions regarding this transmittal should be directed to a DME Staff Specialist at 410-767-7238 or dhmh.dcss@maryland.gov .

Attachment (1)

cc: Oxygen and Respiratory Providers
Utilization Control Agent, Telligen

Request for Continuous Glucose Monitoring Device

As the provider requesting a Continuous Glucose Monitoring device on behalf of a Medicaid participant, please attest, attach documentation as necessary and sign the form.

It is required to submit this document along with the pre-payment authorization form (DHMH-4527) when requesting a Continuous Glucose Monitoring device. Please ensure that the prescribing physician signs and dates this form.

Medicaid Participant Information

First Name

Last Name

Date of Birth

Medical Assistance Identification No.

Provider Contact Information

Provider First and Last Name

Provider Medical Assistance No.

Date of Request

Clinical Requirements for Coverage

I, the provider listed above, attest to the following:

- ☐ The Medicaid participant above has Type 1 diabetes
- ☐ The MA participant above requires insulin injections at least 3 times a day or an insulin pump to maintain blood sugar control
- ☐ The MA participant (or caregiver if a child) has demonstrated compliance with a physician ordered diabetic treatment plan including regular self-monitoring of blood glucose at least 4 times a day and multiple alterations in insulin administration regimens
- ☐ The MA participant (or caregiver if a child) is capable of using a long-term CGM system on a near daily basis;

Select at least one of the following clinical indications:

- ☐ The MA participant has frequent documented severe hypoglycemia (less than 50 mg/dl)
- ☐ The MA participant has hypoglycemic unawareness that requires assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative actions
- ☐ The MA participant has HbA1c levels >=7.0%

Replacement of Continuous Glucose Monitoring System Components

The replacement of an existing continuous glucose monitoring system component is medically necessary for an MA participant with type 1 diabetes when there is **BOTH** documentation confirming that the monitor/component is malfunctioning, is no longer under warranty and cannot be repaired and an evaluation by the health care provider managing the diabetes within the last six months that includes a recommendation supporting continued use of a continuous glucose monitor.

I, the provider listed above, attest to the following replacement criteria:	☐ There is documentation confirming that the monitor/ component is malfunctioning, is no longer under warranty and cannot be repaired, and ☐ Within the last six months, the health care provider managing the diabetes evaluated and the recommendation supports continued use of a continuous glucose monitor.

I certify that I am the endocrinologist providing care for this Medicaid participant and that the medical necessity information contained in this document is true, accurate and complete, and to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Provider Signature _____ **Date** _____