



Continuous Glucose Monitors for Diabetes Management

Empowering Members to Live Their Healthiest Lives



Healthfirst offers care coordination in a socially and culturally appropriate manner by connecting members to their community and hospital providers, thereby empowering members to live their healthiest lives.

Healthfirst aims to enhance A1c control management, improve treatment outcomes, and prevent disease progression. We achieve these goals by first identifying Healthfirst plan members with Type 2 diabetes who are potentially eligible for a Continuous Glucose Monitor (CGM), after which we coordinate their care with providers to prevent future complications.

Healthfirst will share a list of potentially CGM-eligible members affiliated with providers in your facility.



How to Order CGM Products

Send request by fax to in-network provider (Charles Pharmacy, Medstar/Adapt Health) with script and supporting clinical information in order to validate medical necessity. This includes, but is not limited to: medical history, current medications and insulin regimen, and frequency of insulin adjustment.

The Charles Pharmacy	Phone: 1-718-652-2090	Fax: 1-718-231-9580
-----------------------------	------------------------------	----------------------------

Medstar/Adapt Health	Phone: 1-844-679-1577	Fax: 1-877-294-0989
-----------------------------	------------------------------	----------------------------

CGM Overview

A CGM device makes diabetes management convenient by continuously tracking blood sugar levels day and night. The system detects trends and patterns aiding in the detection of episodes of hyperglycemia and hypoglycemia, facilitating both acute and long-term therapy adjustments.

Benefits of using CGM (non-exhaustive):

- Convenient and painless for users, which enables better monitoring compliance and drives behavior change
- More frequent readings, allowing for better accuracy
- Tracks trends and patterns, and provides a comprehensive glucose picture that enables better treatment decisions
- Built-in real-time alarms to alert during hyperglycemia and hypoglycemia events
- Capability to share data and trend reports with providers and caregivers

Value-Added Services Provided by CGM Manufacturers

- **Integrated Data and Reporting Capabilities** — Some CGM manufacturers may be willing to integrate CGM data and reporting back to providers.
- Please contact your Network Account Manager if you have any questions.

Manufacturers' Points of Contact

Abbott	Customer Service: 1-855-632-8658
---------------	---

Dexcom	Provider Support: provider.dexcom.com/support
	Customer Service: 1-888-738-3646

Medtronic	Customer Service: 1-800-933-3322 , option 9
------------------	--

Note: CGMs covered by Medicare currently include Dexcom G5® and Dexcom G6®, and FreeStyle Libre® 14 Day system. DME benefit covers Dexcom's G5 Mobile and Abbott's FreeStyle Libre.

Utilization Management Criteria: Medical Benefit

Healthfirst follows State and Federal guidelines to determine CGM eligibility, which includes both Medicare and Medicaid members with Type 2 diabetes.

For Medicare Members, CGM will be considered for reimbursement for children and adults when the following criteria are met:

1. Patients with Type 1 and Type 2 diabetes on intensive insulin therapy may be able to obtain a device if the following coverage criteria are met:
 - Treating practitioner has in-person visit with beneficiary in six-month period prior to ordering CGM to evaluate their diabetes control and determine if CGM is appropriate, as indicated by ALL of the following:
 - The member has diabetes mellitus
 - The member is insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump
 - The member's insulin treatment regimen requires frequent adjustments based on blood glucose monitoring or CGM testing results
 - Every six months following the initial prescription of the CGM, the member has an in-person visit with the treating endocrinologist or an enrolled provider with experience in diabetes treatment to assess adherence
2. CMS medical necessity criteria are met per appropriate hierarchy using NCD, LCD, or MCG

For Medicaid members: Effective 4/1/22, Medicaid fee-for-service and Medicaid Managed Care not already covering CGMs for enrollees with gestational or Type 2 diabetes will begin coverage as outlined below:

1. Member diagnosed with gestational diabetes or
2. Member with diagnosis of Type 1 or Type 2 diabetes if:
 - Member is under the care of an endocrinologist, or an enrolled Medicaid provider with experience in diabetes treatment, who orders the device.
 - Member is compliant with regular visits to review CGM data with their provider.
 - Member is on an insulin treatment plan that requires frequent adjustment of insulin dosing or an insulin pump.
 - Member or member caregiver can hear and view CGM alerts and respond appropriately.



Should you have any questions, you may contact your network representative, or call **Provider Services** at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.



Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Coverage for Senior Health Partners, Managed Long-Term Care Plan, is provided by Healthfirst PHSP, Inc.