



**Coverage of any drug intervention discussed in a WellFirst Health prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.**

- Commercial (Small & Large Group)       ASO       Exchange/ACA  
 Medicare Advantage (MAPD)

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**Continuous Glucose Monitoring (FreeStyle Libre/Dexcom)      PA2135**

**This policy is specific to Dean Health Plan Medicare (MAPD and MA) products.**

**Covered Service:**      Yes

**Prior Authorization Required:**      Yes

**Additional Information:**      Must be prescribed by specialists with prior authorization through WellFirst Health Plan Utilization Management Department.

**Dean Health Plan Approval for Initial and Reauthorization criteria for ONLY FreeStyle and Dexcom supplies for 1 year (Reference: LCD L33822 CGS administrators, LLC and Noridian Healthcare Solutions, LLC) :**

- 1.0 Therapeutic CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-6) are met:
  - 1.1 The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,
  - 1.2 The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and,
  - 1.3 The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
  - 1.4 Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and,
  - 1.5 Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

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- 2.0 When a therapeutic CGM (code K0554) is covered, the related supply allowance (code K0553) is also covered.
- 3.0 The supply allowance (code K0553) is billed as 1 Unit of Service (UOS) per thirty (30) days. Only one (1) UOS of code K0553 may be billed to the DME MACs at a time. Billing more than 1 UOS per 30 days of code K0553 will be denied as not reasonable and necessary

**Comment(s):**

- 1.0 **NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.**

**Committee/Source**

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