MONTANA HEALTHCARE PROGRAMS NOTICE
July 23 2019
Durable Medical Equipment, IHS/Tribal 638, Physician, and
Mid-Level Providers

Effective January 1, 2019

Therapeutic Continuous Glucose Monitor and Sensors –
K0554 & K0553

This notice is to inform providers that Montana Medicaid covers Therapeutic Continuous Glucose Monitors (CGM's) for adult members who meet the coverage criteria as it is outlined in the Medicare Region D supplier manual, Local Coverage Determination (LCD) L33822 at: https://med.noridianmedicare.com/documents/2230703/7218263/Glucose+Monitors+LCD+and+PAP. Prior authorization for eligible Medicaid members is not required.

Covered Therapeutic CGM's approved by the FDA and Montana Medicaid can be found on the Medicare Pricing, Data Analysis and Coding (PDAC) Product Classification List for HCPCS code K0554 at: https://www4.palmettogba.com/pdac_dmecs/searchProductClassificationResults.do?code=K0554

1. The member has diabetes mellitus and,
2. The member has been using a blood glucose monitor and performing frequent (four or more times a day) testing; and,
3. The member is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and,
4. The member's insulin treatment regimen requires frequent adjustment and,
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the member to evaluate their diabetes control and determined that criteria (1-4) above are met; and,
6. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the member to assess adherence to their CGM regimen and diabetes treatment plan.

When a therapeutic CGM (code K0554) is covered, the related supply allowance (code K0553) is also covered.

If any of coverage criteria (1-6) are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

The supply allowance (code K0553) is billed as 1 Unit of Service (UOS) per month. Only one (1) UOS of code K0553 may be billed to the DME MACs at a time. Billing more than 1 UOS per month of code K0553 will be denied as not reasonable and necessary.

Codes A9278, A9277, and A9276: These codes will be covered by Montana Medicaid under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit for eligible Medicaid members if the following criteria are met:

- Member is age 4 through age 20.
- Member has a diagnosis of insulin dependent diabetes mellitus.
• Clinically documented compliance with diabetes management plan, with current clinical notes dated within 90 days.
• Patient and/or parent education provided on proper use of the device.

For continuation of supplies the following criteria must be met:

• Clinically documented compliance with diabetes management plan.
• Continued use of the CGM.

**Please note:**

• All clinical documentation must be dated within 90 days of the member receiving the device or supplies.
• Members 3 years of age and under who meet the above criteria will be reviewed by the Department on a case-by-case basis.
• The reasonable and useful lifetime for DME items is 5 years. Replacements due to loss or irreparable damage will be reviewed on a case-by-case basis.

---

**Contact Information**

Aleasha Horn, DME Program Officer, email ahorn@mt.gov or telephone (406) 444-4518.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.