



MONTANA HEALTHCARE PROGRAMS NOTICE

January 3, 2022

DME, EPSDT, IHS/Tribal 638, Mid-Level, and Physician Providers

Effective January 1, 2022

REVISED

Non-Therapeutic CGM Devices

This notice is to inform providers that effective January 1, 2022, non-therapeutic continuous glucose monitor (CGM) devices and related supplies (HCPCS codes A9278, A9277, and A9276) will require prior authorization (PA). PA requests can be sent to Mountain-Pacific Quality Health through the [Qualitrac Web Portal](#). Requests will be reviewed under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Providers will need to select EPSDT when submitting PA requests.

Non-therapeutic CGMs and related supplies are covered by Montana Medicaid when all of the following coverage criteria below (1-4) are met:

1. Member is under the age of 21.
2. Member has a diagnosis of insulin dependent diabetes mellitus; and
3. Clinically documented compliance with diabetes management plan, with current clinical notes dated within 90 days; and
4. Patient and/or parent education has been provided on proper use of the device.

For continuation of supplies the following criteria must be met:

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

Montana Medicaid allows 30 units per month for items coded as A9276 and 1 unit every 6 months for items coded as A9277.

Contact Information

If you have any questions regarding this provider notice, please contact DME Program Officer, Aleasha Horn, at (406) 444-4518 or email AHorn@mt.gov.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.