**Oregon Health Plan Prioritized List Changes**

**Continuous Glucose Monitoring for Diabetes Mellitus**

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on September 28, 2023, based on the coverage guidance report, “Continuous Glucose Monitoring for Diabetes Mellitus.” These changes take effect on the Prioritized List of Health Services for the Oregon Health Plan on January 1, 2024.

***Changes to the Prioritized List of Health Services:***

1. **Add several CPT codes to Lines 1 and 27**

Add the following CPT codes to Line 1 PREGNANCY and Line 27 TYPE 2 DIABETES MELLITUS:

* 1. 95249 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a

subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording

* 1. 95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a

subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording

* 1. 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a

subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

1. **Add several HCPCS codes to the Ancillary Procedures File**
   1. A4238 Supply allowance for adjunctive, non-implanted continuous glucose monitor

(CGM), includes all supplies and accessories necessary for use of the device (i.e., sensors, transmitter); 1 month supply = 1 unit of service

* 1. A4239 Supply allowance for non-adjunctive, non-implanted continuous glucose

monitor (CGM), includes all supplies and accessories necessary for use of the device (i.e., sensors, transmitter); 1 month supply = 1 unit of service

* 1. E2102 Adjunctive, non-implanted continuous glucose monitor or receiver; May be

covered once every 3 years

* 1. E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver; May be

covered once every 3 years

1. **Revise the existing continuous glucose monitoring guideline based on the Coverage Guidance Box Language**

Revise Guideline Note 108 CONTINUOUS GLUCOSE MONITORING to align with coverage guidance recommendation, as amended by the Value-based Benefits Subcommittee and Health Evidence Review Commission on September 28, 2023:

**GUIDELINE NOTE 108, CONTINUOUS GLUCOSE MONITORING**

*Lines 1, 8, 27, 60*

Real-time (personal) continuous glucose monitoring (CGM) is included on Line 8 for:

1. Adults with type 1 diabetes mellitus not on insulin pump management:
2. Who have received or will receive diabetes education specific to the use of CGM

AND

1. Who have used the device for at least 50% of the time at their first follow-up

visit AND

1. Who have baseline HbA1c levels greater than or equal to 8.0%, frequent or

severe hypoglycemia, or impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM).

1. Adults with type 1 diabetes on insulin pump management (including the CGM-enabled insulin pump):
2. Who have received or will receive diabetes education specific to the use of CGM

AND

1. Who have used the device for at least 50% of the time at their first follow-up

visit.

1. Women with type 1 diabetes who are pregnant or who plan to become pregnant within

six months without regard to HbA1c levels.

1. Children and adolescents under age 21 with type 1 diabetes:
2. Who have received or will receive diabetes education specific to the use of CGM

AND

1. Who have used the device for at least 50% of the time at their first follow-up

visit

Therapeutic continuous glucose monitors are included on Lines 1 and 27 for individuals with type 2 diabetes or gestational diabetes who use short- or intermediate-acting insulin injections when ALL of the following criteria are met:

1. Have received or will receive diabetes education specific to the use of CGM, AND
2. Have used the device for at least 50% of the time for a 90-day period by their first follow-up visit (within 3-6 months), AND
3. Have one of the following at the time of CGM therapy initiation:
   1. Baseline HbA1c levels greater than or equal to 8.0%, OR
   2. Frequent or severe hypoglycemia, OR
   3. Impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM), OR
   4. Diabetes-related complications (for instance, peripheral neuropathy, end-organ damage)

Every 6 months following the initial prescription for CGM, the prescriber must conduct an in-person or telehealth visit with the member to document adherence to their CGM regimen to ensure that CGM is used for diabetes treatment planning.

Two trials per year of CGM are allowed to meet adherence for continuation of coverage.

CPT 95250 and 95251 (Ambulatory continuous glucose monitoring) are included on these lines for services related to real-time continuous glucose monitoring but not retrospective (professional) continuous glucose monitoring.

The development of this guideline note was informed by a HERC [coverage guidance](https://www.oregon.gov/oha/HPA/DSI-HERC/EvidenceBasedReports/CG-CGM-DM-2017.pdf). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.