



## MEMORANDUM

**TO:** Valued STAR and CHIP Providers

**FROM:** El Paso Health

**DATE:** 01/02/2024

**RE:** Diabetic Equipment and Supplies-Home Health Policy Update Effective Feb. 1, 2024

The Diabetic Equipment and Supplies-Home Health Policy has been updated effective February 1, 2024, to address changes in continuous glucose monitoring (CGM) client eligibility, prior authorization, follow up visits after initiating CGM utilization, and removing the requirement to provide the make and model of the CGM on the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.

### Key Details:

The policy updates include the following changes for CGM coverage changes:

- Removal of the insulin dependence requirement for continuous glucose monitor (CGM) eligibility when other criteria are met
- new criteria outlined for non-insulin treated diabetics for CGM eligibility aligning with CMS
- eliminating a minimal number of insulin injections per day
- eliminating a minimal number of self-blood glucose monitoring tests per day
- outlining visit requirements for initial and follow up visits for CGM utilization which may include a telehealth visit
- The following initial criteria must be met for the client to qualify for the CGM benefit:
- A client must have diabetes mellitus and meet one of the following medical necessity criteria:
  - The client is insulin-treated
  - The client has a history of problematic hypoglycemia with documentation of at least one of the following:
    - Recurrent (more than one) level 2 hypoglycemic events (glucose <54 mg/dL [3.0 mmol/L]) that persist despite multiple (more than one) attempts to adjust medications or modify the diabetes treatment plan
    - A history of one level 3 hypoglycemic event (glucose <54 mg/dL [3.0 mmol/L]) characterized by altered mental or



## **MEMORANDUM**

physical state requiring third-party assistance for the treatment of hypoglycemia

- A client with unawareness of hypoglycemia or several episodes of hypoglycemia a day also qualifies for the CGM benefit if the client does not meet the criteria outlined above.
- The client's treating practitioner has concluded that the client or the client's caregiver has sufficient training using the CGM prescribed, as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing.
- The CGM is prescribed in accordance with its U.S. Food and Drug Administration (FDA) indications for use.

Within six months prior to ordering the CGM, the treating practitioner must have an in-person or Medicaid-approved telehealth visit with the client to evaluate their diabetes control and determine that the criteria above are met.

For continued CGM coverage, the treating practitioner must have an in-person or Medicaid-approved telehealth visit with the client every six months following the initial prescription of the CGM to document adherence to the CGM regimen and diabetes treatment plan.

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at [ProviderRelationsDG@elpasohealth.com](mailto:ProviderRelationsDG@elpasohealth.com)