

Network Notification – Humana Healthy Horizons in Ohio

Notice date: March 19, 2024
To: Humana Healthy Horizons® in Ohio provider network
From: Humana Healthy Horizons in Ohio
Subject: Coverage of DexCom & FreeStyle Continuous Glucose Monitors (CGMs) via the Medical / Durable Medical Equipment Benefit
Effective date: January 1, 2024

Coverage of DexCom & FreeStyle Continuous Glucose Monitors (CGMs) via the Medical / Durable Medical Equipment Benefit

Summary

In our combined efforts with all Managed Medicaid plans and the Ohio Department of Medicaid to support Ohio Department of Medicaid's quality strategy and to increase access for appropriate use of CGMs, prior authorization for DexCom and FreeStyle Libre CGMs is being waived through at minimum, the next calendar year, 1/1/2024 to 12/31/2024.

Appropriate Certificate of Medical Necessity documentation should also be kept in the member's individual medical record per Ohio Administrative Code 5160-10-36.

For claims, suppliers are required to be billed as follows with the appropriate HCPCS code, ICD-10 code, and modifiers as applicable.

HCPCS codes	Description
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Claims must include an appropriate diagnosis code listed below. If the diagnosis code is not listed or not on the list below, the claim will be denied:

ICD-10 codes	Description
E08.00-E08.9	Diabetes mellitus due to underlying condition
E09.00-E09.9	Drug or chemical induced diabetes mellitus
E10.10-E10.9	Type 1 diabetes mellitus
E11.00-E11.9	Type 2 diabetes mellitus
E13.0-E13.9	Other specified diabetes mellitus
O24.011-O24.93	Diabetes mellitus in pregnancy, childbirth, and the puerperium
O99.810-O99.815	Abnormal glucose complicating pregnancy, childbirth and the puerperium
E16.0	Drug-induced hypoglycemia without coma
E16.1	Other hypoglycemia
E16.2	Hypoglycemia, unspecified
R73.03	Prediabetes
E88.81	Metabolic syndrome

Appropriate modifiers may include the below but the list may not be all inclusive:

Modifier	Reason
NU	Indicates purchase
KF	Item designated by FDA as Class III devices
KX	Specific required documentation on file

DexCom & FreeStyle Libre are subject to the limits below; however, these limits may be exceeded with an approved medical necessity review.

Device	Limit
DexCom G6 Receiver	1 per 1095 days
DexCom G7 Receiver	1 per 1095 days
FreeStyle Libre 2 Reader	1 per 1095 days
DexCom G6 Sensor	3 per 30 days
DexCom G6 Transmitter	1 per 90 days
DexCom G7 Sensor	3 per 30 days
FreeStyle Libre 14 day	2 per 28 days
FreeStyle Libre 2 Sensor	2 per 28 days
FreeStyle Libre 3 Sensor	2 per 28 days

Impact

No prior authorization will be required for DexCom & FreeStyle Libre CGMs using the billing information above.

Should you have any questions or need further assistance, please email **OHMedicaidProviderRelations@humana.com** or call **877-856-5707**, Monday – Friday, from 7 a.m. – 8 p.m., Eastern time.