

CONTINUOUS GLUCOSE MONITOR (CGM) SUPPLIES

Date of origin: Nov. 12, 2024

Review dates: None yet recorded

APPLIES TO

- Commercial claims that are paid as a medical benefit. A rider could supersede the allowed limits
- Medicare follows CMS policies, NCD, and LCD unless otherwise defined below.
- Medicaid follows MDHHS unless otherwise defined below.

DEFINITION

Continuous glucose monitors (CGMs) are minimally invasive or noninvasive devices that measure glucose levels in interstitial fluid. The devices provide continuous "real-time" readings and data about trends in glucose.

MEDICAL POLICY

- [Continuous Glucose Monitoring \(#91466\)](#)

POLICY SPECIFIC INFORMATION**Billing requirements**

The supply allowance codes are A4238 and A4239. Once a member is approved for a CGM, the related supply codes are also approved and covered.

HCPCS codes A4238 and A4239 include all the accessories and supplies needed per month for the CGM. Priority Health will allow up to a three-month supply.

- **A4238:** Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
- **A4239:** Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service

When billing supplies monthly, bill one unit with the same date of service in the "to" and "from" date on the claim line.

If billing for supplies for two or three months, use more than one unit and use a date span in the "to" and "from" date on the claim line.

Place of service

Review specific information regarding DME Place of Service billing requirements in our [Durable Medical Equipment \(DME\) place of service \(POS\) billing policy](#).

Documentation requirements

- A Standard Written Order (SWO) that lists the base item and all the associated options, accessories and/or supplies.
- Proof of delivery (POD)

Modifiers

- **KS Modifier:** Reported to identify if member is treated with insulin when billing for home glucose monitors. Claims without applicable modifier will be denied.
- **KX Modifier:** Reported to indicate if member is insulin dependent and policy criteria is met. Claims without applicable modifier will be denied.

REFERENCES

- [Glucose Monitors – L33822](#) (CMS)

CHANGE / REVIEW HISTORY

Date	Revisions made