



Currently, more patients have easier access to CGMs, which may increase demand for your practice. Total Medical Supply is here to help you adapt to these changes. With improved CGM qualification criteria for Medicare beneficiaries, we specialize in facilitating rapid access to CGMs. We can help you navigate the two main modifications to the LCD and provide the necessary supplies and services for your patients new to CGMs.

1. Frequent Adjustments to Insulin

There is no longer a requirement for frequent self-adjustments based on glucose readings.

2. Insulin Administration

It is no longer necessary to provide specific information regarding the form or frequency of insulin treatment for a patient. The only requirement is that the patient is being treated with insulin. Even if a patient is not receiving insulin treatment, they could still be eligible if they suffer from hypoglycemic events.

How to document Level 2 and 3 Hypoglycemic Events

Be sure to document the medical record appropriately if the patient has a history of problematic hypoglycemia (Level 2 or Level 3) and is diagnosed with diabetes.

Event

L Beneficiaries with diabetes who are not treated with insulin and experience recurrent level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L) that persist even after two or more attempts to adjust medication(s) and/or modify the diabetes treatment are eligible for coverage under Pathway One.

L Beneficiaries with diabetes who are not treated with insulin and have encountered one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)), requiring third-party assistance for treatment due to altered mental and/or physical state, are eligible for coverage under Pathway Two.

Documentation

In the medical record, the treating practitioner can document any of the following regarding hypoglycemic episodes: the glucose value, classification of the event as a level 2, or inclusion of the beneficiary's BGM testing log. Also, there must be a notation of at least two previous medication adjustments or modifications to the treatment plan (such as raising A1c targets) prior to the most recent level two event.

In the medical record, the treating practitioner can document any of the following regarding emergent episodes: the glucose value, classification of the episode as a level 3 event, or inclusion of the beneficiary's BGM testing log into the medical record. Additionally, there must be a notation in the medical record that the beneficiary required third-party assistance for treatment.

UPDATED CGM LCD	LCD REQUIREMENT
Diagnosis Code	No changes. TYPE Any type1 Any type2 Diabetes due to underlying condition Diabetes due to drugs or chemical Other specified diabetes Pregnancy and childbirth diabetes CODE E10.XX E11.XX REQ. SUPPORTING DX REQ. SUPPORTING DX REQ. SUPPORTING DX 024.XX
Healthcare Provider Visit for Continued Therapy	The healthcare provider conducts an in-person or telehealth visit every six months following CGM initiation to document adherence to their CGM regimen and diabetes treatment plan.