Continuous Glucose Monitor (CGM) LCD changes are effective April 16, 2023.

TOTAL MEDICAL SUPPLY

In the near future, more patients will have easier access to CGM's, potentially leading to a higher demand for your practice. To assist you in adapting to these changes, Total Medical Supply is available to help you understand the two main modifications to the LCD and offer supplies and services to your patients who are new to CGM's.

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.

----------Why Total Medical Supply?----------

Customer Service

Our average on-hold time is less than 20 seconds, giving our patients quick and accurate service. Our customer service team is extremely knowledgable and ready to assist in any way.

Quick Turnaround

Our goal is to ship our patients their products within 24 hours of receiving their medical records. WE contact every patient for approval before shipping while also explaining how the supplies are to be used.

No Lapse In Service

Every month, our patients are contacted to confirm reorder shipments to ensure supplies are not delayed or missed.

TMS Cares

tmscares.com (877) 670 1120

Additional information regarding the CGM LCD changes on the reverse side.

UPDATED CGM LCD	LCD REQUIREMENT
Diagnosis Code	No changes. **TYPE** — **CODE** Any type1 — E10.XX Any type2 — E11.XX Diabetes due to underlying condition — E08.XX Diabetes due to drugs or chemical — E09.XX Other specified diabetes — E13.XX Pregnancy and childbirth diabetes — 024.XX
Insulin Administration	*The member is insulin-treated*. A CGM device is appropriate if the patient is not treated with insulin but has experienced at least one of these levels: recurrent Level 2 or a history of one Level 3 hypoglycemic event.
Insulin Frequent Self-Adjustments	Self-adjustments are no longer required.
Additional Qualifiers	The treating practitioner has concluded that the member or member's caregiver has sufficient CGM training, by providing a prescription.
Healthcare Provider Visit	A member must have completed an in-person or telehealth visit six months prior to CGM initiation.
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.

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	Documentation
LEVEL 2	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.	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.
LEVEL 3	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.	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.