



MASSACHUSETTS

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Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems Prior Authorization Request Form #845

Medical Policy #107 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems

Effective 12/1/2023, prior authorization is only required for individuals with type 2 diabetes.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems ([845](#)) using [Authorization Manager](#), and upload supporting documentation.

For out of network providers: Requests should still be faxed to 1-888-282-0780.

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Service Start Date: Service End Date:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Prior authorization is required for individuals with **type 2 diabetes** for the following codes:

Codes	Code Description
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and

	accessories, 1 month supply = 1 unit of service
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system (CGM)

Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid

What device are you requesting?

Device	Codes	Manufacturer
MiniLink Transmitter	<input type="checkbox"/> A9277	Medtronic
Dexcom® G4 Platinum	<input type="checkbox"/> A9277	Dexcom
Dexcom® G5 Mobile CGM	<input type="checkbox"/> A9277 and <input type="checkbox"/> A4238 or <input type="checkbox"/> A9277 and <input type="checkbox"/> A4239	Dexcom
Dexcom® G6 Continuous Glucose Monitoring System	<input type="checkbox"/> A9277 and <input type="checkbox"/> A4238 or <input type="checkbox"/> A9277 and <input type="checkbox"/> A4239	Dexcom
Dexcom® G7 Continuous Glucose Monitoring System	<input type="checkbox"/> A4239	Dexcom
FreeStyle Libre® Flash Glucose Monitoring System	<input type="checkbox"/> A4238 <input type="checkbox"/> A4239	Abbott