



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Prior Authorization Changes – July 1, 2018 Continuous Glucose Monitoring

Effective July 1 2018, prior authorization will be required for Continuous Glucose Monitoring (Medicaid). We are sending this notice to provide you information about these changes.

What is changing?

CPT E0784 Molina will be following the most recently released Health Technology Assessment guideline (Medicaid) on Continuous Glucose Monitoring (CGM).

1. CGM is a covered benefit with conditions for children/adolescents less than 19 years old, adults with type 1 diabetes and adults with type 2 diabetes who are:
 - a. Unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day) **OR**
 - b. Suffering from one or more severe (blood glucose <50 mg/dl or symptomatic) episodes of hypoglycemia despite adherence to an appropriate glycemic management plan (intensive insulin therapy, testing blood glucose 4 or more times per day), **OR**
 - c. Unable to recognize, or communicate about symptoms of hypoglycemia.
2. Continuous glucose monitoring is covered for pregnant women with **ANY** of the following: type 1 diabetes, type 2 diabetes, type 2 diabetes and blood glucose does not remain well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) on diet and/or oral medications during pregnancy and require insulin; gestational diabetes whose blood glucose is not well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) during pregnancy and require insulin.
3. Per HCA Provider Guide – Home Infusion Therapy/Parenteral Nutrition Program members receiving CGM must be followed by an Endocrinologist.

For the most current list of CPT/HCPC codes that require prior authorization, please visit our Provider Portal at <https://eportal.molinahealthcare.com/Provider/login> and view the Prior Authorization by CPT Code Guide.

You can submit a prior authorization request via Molina's secure online provider web portal. By using the web portal for authorization submission, you can upload clinical notes and see the status of your request at any time.

You can also fax your prior authorization request. As always, clinical notes are required for review and approval of your authorization request. Submitting clinical notes is recommended to receive a timely and accurate decision. Please fax your prior authorization request to:

- Medical/Behavioral Health Service: (800) 767-7188

As always, our goal is to provide you with excellent customer service and support. If you have any questions, please call Healthcare Services at (855) 322-4082, Monday through Friday from 8:00 a.m. and 5:00 p.m.

Thank you for your continued service to Molina Healthcare members.