

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

## **Continuous interstitial glucose monitoring to require prior authorization**

**Summary:** Effective March 1, 2017, continuous interstitial glucose monitoring will require prior authorization (PA).

### **What is the impact of this change?**

For dates of service on or after March 1, 2017, PA will be required for continuous interstitial glucose monitoring covered by Amerigroup for Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members. Federal and state law as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

### **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- A9276: sensor — invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system (one unit = one day supply)
- A9277: transmitter — external, for use with interstitial continuous glucose monitoring system
- A9278: receiver (monitor) — external, for use with interstitial continuous glucose monitoring system

To request PA, contact us by phone at 1-800-454-3730 or by fax at 1-800-964-3627.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/FL> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool).

### **What if I need assistance?**

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.