Prior authorization required for continuous interstitial glucose monitoring

Summary: Effective August 1, 2017, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) requires prior authorization (PA) for continuous interstitial glucose monitoring. 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 procedure 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 via one of the methods below:
- Phone: 1-855-878-1785
- Fax: 1-888-235-8468
- Website: https://www.availity.com

Not all PA requirements are listed here. Detailed PA requirements are available to providers on the provider self-service website (https://providers.amerigroup.com/TX > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785.