

## CGM Coverage by Health Plan Type and Population

Population	Commercial* (non-OHy)	OHy	Medicare	Ohio Medicaid Fee-For-Service (FFS)/Managed Care
Type 1 diabetes	Varies	2*	1	2
Type 2 diabetes with any insulin therapy	Varies	2*	1	2
Type 2 diabetes treated with noninsulin therapies	Varies	0^	0~	2
Gestational Diabetes Mellitus (GDM)	Varies	2*	1#	2
Prediabetes	Varies	0	0	2

**Legend:**

- 2 = Yes, covered without prior authorization
- 1 = Yes, covered with prior authorization
- 0 = No

+Commercial plan requirements vary widely w/some requiring only a diabetes diagnosis and others requiring minimum insulin dose requirements.

\*No PA required but must have insulin in pharmacy claim history.

^May be covered for OHy members with diabetes under Navitus pharmacy benefit after exception to coverage (ETC) review.

~Medicare may cover if beneficiary has a history of documented problematic hypoglycemia.

#If insulin treated or documented history of problematic hypoglycemia.

**Note:** Plan coverage was reviewed during the fall and remains subject to change pending any plan updates.

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## OhioHealthy Plan CGM Coverage

CGM Device	OHy	Medicare	Ohio Medicaid FFS/Managed Care
Dexcom G6	X	X (Medicare Advantage (MA) brand preference may vary)	X
Dexcom G7	X	X (MA brand preference may vary)	X
FreeStyle Libre 2+	X	X (MA brand preference may vary)	X
FreeStyle Libre 3+	X	X (MA brand preference may vary)	X
Medtronic Guardian 4		X In combination w/approved automated insulin delivery (AID) system (MA brand preference may vary)	non-preferred; needs PA
Eversense		X (MA brand preference may vary)	non-preferred; needs PA

**X = covered**

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# Patient Factors Influencing CGM Coverage

- **Commercial Plans (non-OHy)** – PA requirements vary widely by plan; providers may consult applicable provider portals, use real time benefits check within Epic, etc. for coverage stipulations.

## Factors influencing CGM coverage under the OhioHealthy Medical Plan:

- ✓ CGMs are covered under the **Pharmacy Benefit** through Navitus
- ✓ Prior Authorization not needed for those prescribed and filling insulin
- ✓ For those not prescribed insulin, exception to coverage may be granted if:
  - Patients have severe hypoglycemia
  - Patients are pregnant
  - Patients are unable to test via fingerstick
  - Exception to coverage forms must be filled out and chart documentation must be provided
    - [Prescriber Portal - home](#)

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## OhioHealth Diabetes Resources

- **DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS (DSME):** Accredited program offering access to skilled teams of health educators who are committed to helping people with diabetes and their loved ones build the skills needed to self-manage diabetes.
- **OPG DIABETES MANAGEMENT PROGRAM:** OhioHealth Enterprise-Wide Care Management and Population Health Pharmacy Services provide a multidisciplinary program to support patients with diabetes and A1C  $\geq 9\%$  at no additional charge. The clinical team works with patients both remotely and in person until the patient's A1C is at goal.
- **DIABETES MANAGEMENT PROGRAM FOR OHIOHEALTHY MEDICAL PLAN:** The OhioHealth Wellness Diabetes Management Program provides education, support and access to clinicians (pharmacists, nurses, dietitians and independent licensed social workers) to help [OhioHealthy](#) plan members and dependents with diabetes and any A1C better manage their overall health.
- **OUTPATIENT DIETITIAN SERVICES:** Outpatient nutrition counseling services/medical nutrition therapy (MNT).

Patient sees an OPG Provider for Primary Care	Patient sees a non-OPG Provider for Primary Care	Patient has OhioHealthy Medical Plan
Place a referral to: 1. Diabetes Self-Management Education (DSME) → REF20 <b>and</b> 2. OPG Diabetes Care Team → REF505 (PreDM/Gestational → REF50)	Place a referral to: 1. Diabetes Self-Management Education (DSME) → REF20 <b>and</b> 2. Outpatient Dietitian Services → REF50	Patients should contact the: OhioHealthy Diabetes Program at (614) 788-WELL (9355) or OhioHealthWellness@OhioHealth.com

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