

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.

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.