

Reminder: Document the need for a continuous glucose monitoring device in the member's medical record for continued coverage

As a reminder, when treating a patient with BCN commercial or BCN Advantage coverage who needs a continuous glucose monitoring device, be sure to document this need in the patient's medical record to ensure continued coverage. Without proper documentation, the patient's request for continuation of a CGM won't be approved.

The guidelines for CGM continued coverage state that every six months following the initial prescription of the CGM, the treating provider must conduct an in-person or Medicare-approved telehealth visit with the patient to document adherence to their CGM regimen and diabetes treatment plan.

Currently, some providers aren't documenting this visit. When this happens, there's no indication that the patient had a six month visit to discuss their CGM usage. As a result, their request for a CGM is being denied as not reasonable and necessary.

To ensure your patient meets the guidelines for continuation of a CGM, be sure to include the proper documentation in their medical record.