

# Continuous glucose monitor products

## Frequently asked questions for prescribing providers

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>,  
BCN commercial and BCN Advantage<sup>SM</sup>

February 2025

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### This document:

- Answers questions that primary care providers, endocrinology practices and nephrology practices ask about continuous glucose monitor, or CGM, products.
- Outlines differences in prior authorization requirements for health care providers who participate in the Michigan Collaborative for Type 2 Diabetes, or MCT2D, and the Provider-Delivered Care Management, or PDCM, program. Note that these differences apply only when prescribing CGM products for commercial members.
- Includes information you may want to share with your patients.

### Are CGM products a covered benefit for all members?

Coverage for CGM products depends on a member’s benefits; some groups choose to exclude coverage of diabetes supplies, including CGM products. In addition, not all commercial members have pharmacy benefits through Blue Cross Blue Shield of Michigan or Blue Care Network; this affects how they must obtain CGM products.

Here are the general guidelines for the coverage of CGM products:

Situation	Guidelines
Commercial member has <b>both medical and pharmacy benefits</b> through Blue Cross or BCN	These members can obtain CGM products through <b>either</b> : <ul style="list-style-type: none"> <li>• A durable medical equipment, or DME, provider under the medical benefit</li> <li>• A participating network pharmacy under the pharmacy benefit</li> </ul> Members’ out-of-pocket costs for CGM products may vary depending on the benefit under which the CGM product is billed. Some members may have lower out-of-pocket costs under the pharmacy benefit compared to the medical benefit and vice versa.
Commercial member has <b>only medical benefits</b> through Blue Cross or BCN	These members must obtain CGM products through a DME provider under their medical benefit. Note: These members may have pharmacy benefits through a different payer.
Medicare Advantage members	For dates of service on or after Oct. 1, 2024, these members must obtain CGM products through a participating network pharmacy under their Part B benefits at the point of sale. Blue Cross and BCN no longer cover CGM products dispensed by a contracted or noncontracted DME provider for Medicare Advantage members. <b>Exception:</b> UAW Retiree Medical Benefits Trust members are excluded from this change. These members should continue to obtain their CGM products through a DME supplier.

### How can I verify whether a commercial member has medical benefits, pharmacy benefits or both through Blue Cross or BCN?

As always, it’s essential that providers check each member’s eligibility and benefits prior to providing services. Providers are responsible for identifying the need for prior authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining prior authorization for services, as needed.

Follow these steps to verify member eligibility and benefits:

1. Log in to the Blue Cross and BCN provider portal ([availity.com](http://availity.com)).
2. Click *Patient Registration* in the menu bar and then click *Eligibility and Benefits Inquiry*.
3. In the *Organization* and *Payer* fields, choose *BCBS Michigan and Blue Care Network*.
4. In the Provider Information section:

- a. Select a provider.
- b. If the Provider NPI field doesn't fill in automatically, enter the NPI.

5. In the Patient Information section:

- a. Complete all required fields. Required fields are denoted by a red asterisk and vary based on the tab selected and the entry chosen in the Patient Search Option field.

Tip: Enter the subscriber/enrollee ID that's on the patient's member ID card in the Patient ID or Member ID field.

- b. Click *Search* and select the patient in the list of results.
- c. Confirm that patient has active coverage.

Member Search Results							
Select a member from the results, then click <b>Submit</b> .							
Member	ID	Group	LOB	Relationship	DOB	Coverage	Status
			Pharm, Hear, Hosp, Prof	Subscriber		01/01/2020 - 03/01/2029	Active

6. In the Service Information section:

- a. In the As of Date field, enter the date for which you're verifying the patient's eligibility and benefits information. You can enter a date up to 24 months in the past.
- b. In the Benefit/Service Type field, select the appropriate service type:

For	Select
Pharmacy benefit coverage	Pharmacy – 88 Make this selection and follow the rest of the steps to determine whether a member has active pharmacy benefit coverage.

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For	Select
Diabetes supply coverage	Diabetic Supplies – DS Make this selection and follow the rest of the steps to determine whether a member’s plan covers diabetes supplies, including CGM products.

7. Click *Submit*.

The patient’s information displays.

8. Scroll to the Plan Maximums and Deductibles section to view a general list of coinsurance and deductibles for applicable services.

9. Scroll to the Benefit Information section and click *Expand*.

- If you looked up Pharmacy - 88, confirm that the coverage is active.
- If you looked up Diabetic Supplies – DS, you’ll see specific coverage details.

To learn more about verifying member benefits and eligibility, see:

Resource	How to access
Patient Eligibility chapter of the <i>Blue Cross Commercial Provider Manual</i>	To access chapters of these provider manuals: 1. Log in to our provider portal ( <a href="http://availability.com">availability.com</a> *). 2. Click <i>Payer Spaces</i> in the menu bar and then click the Blue Cross and BCN logo. 3. Click the <i>Resources</i> tab. 4. Click <i>Provider Manuals</i> . 5. Click the link for the appropriate manual.
Member Eligibility chapter of the <i>BCN Provider Manual</i>	
<a href="#">Medicare Plus Blue PPO Provider Manual</a>	See the <i>Eligibility and coverage</i> section of the manual.
<i>Effective searches in the Benefits &amp; Eligibility</i> training mini module (approximately four minutes)	To access the mini module: 1. Log in to our provider portal ( <a href="http://availability.com">availability.com</a> *). 2. Click <i>Payer Spaces</i> in the menu bar and then click the Blue Cross and BCN logo. 3. Click the <i>Provider Training Site</i> tile on the Applications tab. 4. Click <i>Submit</i> . 5. Search on <i>Eligibility</i> . 6. Click <i>Effective searches in the Benefits &amp; Eligibility mini module</i> . 7. Click <i>Launch</i> .

## What do I need to do so my patients can obtain CGM products?

Do one of the following, based on where the member will obtain their CGM product. Be sure to review the general guidelines about CGM product coverage in “Are CGM products a covered benefit for all members?” on page 2.

CGM product to be obtained through...	Guidelines
DME supplier	Send an order for a CGM product to a DME supplier. See “Obtaining CGM products through DME providers” on page 6 for more information.
Participating network pharmacy	Send a prescription order for a CGM product to a participating network pharmacy. It will be billed under the member’s Part B (medical) benefit. See the following for more information: <ul style="list-style-type: none"> <li>• <b>For commercial members:</b> “Obtaining CGM products through participating network pharmacies” on page 6</li> <li>• <b>For Medicare Advantage members:</b> “Medicare Advantage members — coverage criteria for CGM products” on page 7</li> </ul>

## If a commercial member has both medical and pharmacy benefits through Blue Cross or BCN, where should I send the order for the CGM product?

Commercial members who have both medical benefits and pharmacy benefits through Blue Cross or BCN will need to determine where they want to obtain the CGM product. For many members, the determining factor will be their out-of-pocket costs for CGM products under each benefit.

There’s information to help members determine their out-of-pocket cost in “How can members determine their out-of-pocket costs for CGM products?” on page 12.

## What requirements must be met for CGM products to be payable?

The requirements for CGM products vary. Keep reading to learn more.

### Commercial members — requirements for CGM products

Requirements for commercial members vary depending on whether the member will obtain the CGM product through a participating network pharmacy or through a DME provider.

Note: See “How can I verify whether a commercial member has medical benefits, pharmacy benefits or both through Blue Cross or BCN?” on page 2.

### Obtaining CGM products through participating network pharmacies

There are no prior authorization requirements for CGM products that are dispensed at a participating network pharmacy and billed under the commercial member's pharmacy benefit when **at least one** of the following is true:

- The member has had a claim for at least a 28-day supply of insulin in the last 12 months.
- The prescriber is a physician (M.D. or D.O.) who actively participates in the Michigan Collaborative for Type 2 Diabetes, or MCT2D.
- The prescriber is a physician (M.D. or D.O.) who actively participates in the Provider-Delivered Care Management, or PDCM, program **and** the member has a diagnosis of diabetes.

Prior authorization is required for CGM products dispensed at the retail pharmacy if none of the above criteria are met when the claim for the CGM product is processed. If this happens, Blue Cross or BCN will deny the claim and the prescribing provider will have to send a prior authorization request through an online electronic prior authorization, or ePA, tool, such as CoverMyMeds.

- For information about submitting prior authorization requests under the pharmacy benefit, see the document [Save time and submit your prior authorization requests electronically for pharmacy benefit drugs](#).
- To view the pharmacy benefit coverage criteria that Blue Cross and BCN apply to CGM products, see the document [Prior authorization and step therapy coverage criteria](#).

See also: "Information about prior authorization exemptions for providers who participate in MCT2D or the PDCM program" on page 9.

### Obtaining CGM products through DME providers

Northwood, Inc. manages both prior authorizations and the DME supplier network for durable medical equipment, prosthetics and orthotics, and diabetes supplies, including CGM products.

Note: Northwood makes determinations on prior authorization requests submitted by its contracted DME suppliers. As the prescribing provider, you don't need to submit a prior authorization request.

Northwood does this for Blue Cross and BCN members who reside in Michigan as follows:

- Northwood is the **preferred** DME provider for Blue Cross commercial members who have coverage through fully insured groups or have individual coverage. If these members don't use the Northwood network, they may have higher out-of-pocket costs.
- Northwood is the **exclusive** DME provider for BCN commercial members. These members are required to obtain DME through Northwood.

To view the medical benefit coverage criteria applied to CGM products, go to the [Medical Policy Router Search](#) on **bcbsm.com**.

For additional information about the Northwood program, see the document [Durable medical equipment, prosthetics and orthotics, and medical and diabetes supplies management program: FAQs for DMEPOS providers](#).

Notes:

- Blue Cross commercial members who have coverage through self-funded groups don't have requirements under the Northwood program.
- Blue Cross and BCN expect DME suppliers to retain records to show that members meet coverage criteria or are eligible for a prior authorization exemption. For additional information see "How do Northwood and DME suppliers administer exemptions to prior authorization requirements for CGM products?" on page 10.

### **Medicare Advantage members — coverage criteria for CGM products**

Medicare Plus Blue and BCN Advantage members must meet coverage criteria developed by the Centers for Medicare & Medicaid Services, or CMS, for CGM products to be payable. For details, see the [Local Coverage Determination \(LCD\) Glucose Monitors L33822\\*](#) page on **cms.gov**.

Notes:

- Prior authorization may be required. For information about submitting prior authorization requests to participating network pharmacies under the pharmacy benefit, see the document [Save time and submit your prior authorization requests electronically for pharmacy benefit drugs](#).
- Although the order for the CGM product is submitted to a pharmacy, it will be billed under the member's Part B benefit.
- UAW Retiree Medical Benefits Trust members should continue to obtain their CGM products through a DME supplier. Northwood is the preferred DME provider for Medicare Plus Blue members. Northwood is the exclusive DME provider for BCN Advantage members; URMBT members with BCN Advantage plans are required to obtain DME through Northwood. For additional information about the Northwood program, see the document [Durable medical equipment, prosthetics and orthotics, and medical and diabetes supplies management program: FAQs for DMEPOS providers](#).

## How can I and my patients find DME suppliers and pharmacies that dispense CGM products?

Health care providers and our members can locate DME suppliers and participating network pharmacies by following the steps below.

### Locating DME suppliers

To identify Northwood-contracted DME suppliers, call Northwood at 1-800-393-6432.

**Important:** BCN commercial members are required to obtain DME, including CGM products, through a Northwood-contracted DME supplier when the CGM order is submitted under the member's medical benefit.

To identify all Blue Cross or BCN-contracted DME suppliers, use the Find a Doctor tool on **bcbsm.com**. To do this:

1. Go to the [Find Care](#) page on **bcbsm.com**.
2. Do one of the following:

If you're a...	Do this
Health care provider	<ol style="list-style-type: none"> <li>a. Click <i>Search without logging in</i> under Find a Doctor.</li> <li>b. Choose a location.</li> <li>c. Click <i>All Categories</i>.</li> <li>d. Enter <i>DME</i> in the search field.</li> </ol>
Member	<ol style="list-style-type: none"> <li>a. Click <i>Log in to find a doctor</i> and log in to your account.</li> <li>b. Click <i>Find Care</i> and then click <i>Find a Doctor</i>.</li> <li>c. Click <i>Durable Medical Equipment</i>.</li> </ol>

3. Click *Filters* to narrow the search.
4. Click *Areas of Focus* and mark these checkboxes:
  - *Diabetic Testing Meters & Supplies, Mail Order*
  - *Diabetic Testing Meters & Supplies, Non-Mail Order*
5. Click *Get Results*.

A list of DME suppliers that dispense diabetes supplies within a 25-mile radius displays.



### Locating network pharmacies

To locate participating network pharmacies that dispense CGM products:

- For commercial members, see the document [Michigan Participating Commercial Retail Pharmacies](#).
- For Medicare Advantage members, go to the [Find a Pharmacy](#) page.\*

**Exception:** URMBT members must obtain CGM products through a DME supplier. See “Locating DME suppliers” on page 8 for more information.

You can also access the document and webpage above through our Online Pharmacy Directory, which is on the [How Can I Find a Pharmacy to Fill My Prescription?](#) page on [bcbsm.com](#).

### Information about prior authorization exemptions for providers who participate in MCT2D or the PDCM program

This section outlines exemptions for providers who participate in the Michigan Collaborative for Type 2 Diabetes, or MCT2D, or in the Provider-Delivered Care Management, or PDCM program. It also explains how participating network pharmacies and DME providers handle these exemptions.

**Important:** Prior authorization exemptions apply only to commercial members. These exemptions don’t apply to Medicare Advantage members.

### How does participation in MCT2D or the PDCM program affect prior authorization requirements for CGM products?

Through the MCT2D and PDCM Physician Criteria Exemption initiative, which is part of the Provider Group Incentive Program, or PGIP, commercial members are exempt from prior authorization requirements when both of the following criteria are met:

- The member has been diagnosed with diabetes and has been prescribed a CGM product.
- The physician (M.D. or D.O.) who prescribed the CGM product actively participates in either the MCT2D program or the PDCM program.

**Only commercial members are exempt from prior authorization under this initiative.** The initiative doesn’t apply to Medicare Advantage members.

## How do pharmacies administer prior authorization exemptions for CGM products?

For commercial members, Blue Cross and BCN have implemented a process that allows claims for CGM products to pay at participating network pharmacies when they're billed under the pharmacy benefit without requiring prior authorization when any one of the following are true:

- The member had a claim for insulin in the last 12 months.
- The prescriber is a physician (M.D. or D.O.) who actively participates in MCT2D.
- The prescriber is a physician (M.D. or D.O.) who actively participates in the PDCM program **and** the member has a diagnosis of diabetes.

If a commercial member doesn't meet any of the above conditions, prior authorization will be required before the participating network pharmacy will dispense the CGM product.

It may take up to 45 days for physicians who newly enroll in MCT2D or the PDCM program to be added to the process that enables automatic claim payments at participating network pharmacies. During this period, these providers must continue to submit prior authorization requests; when submitting their requests, they must attest that they participate in one or both programs. This will confirm their participatory status until they are added to the normal process. For information about submitting prior authorization requests under the pharmacy benefit, see the document [Save time and submit your prior authorization requests electronically for pharmacy benefit drugs](#).

## How do Northwood and DME suppliers administer exemptions to prior authorization requirements for CGM products?

For commercial members, Blue Cross and BCN have implemented a process that allows Northwood to approve prior authorization requests for CGM products without clinical documentation when any one of the following are true:

- The physician (M.D. or D.O.) who prescribed the CGM product actively participates in MCT2D.
- The physician (M.D. or D.O.) who prescribed the CGM product actively participates in the PDCM program **and** the member has a diagnosis of diabetes.

It may take up to 45 days for physicians who newly enroll in MCT2D or the PDCM program to be added to the process that enables Northwood to approve prior authorization requests for CGM products without clinical documentation. During this period, these providers must continue to submit prior authorization requests; when submitting their requests, they must attest that they participate in one or both programs. This will confirm their participatory status until they are added to the normal process. For information about submitting prior authorization requests to

Northwood, see the document [Durable medical equipment, prosthetics and orthotics, and medical and diabetes supplies management program: FAQs for DMEPOS providers.](#)

**Important:** Commercial members who don't have requirements under the Northwood program don't require prior authorization for DME, including CGM products. However, the prescribing physician should attest to their participatory status in MCT2D or the PDCM program on the CGM product prescription that's sent to the DME supplier. If the DME supplier is audited, they'll be required to show that the member qualified for the criteria exemption program. This applies to Blue Cross commercial members who have coverage through self-funded groups and to Blue Cross commercial members who obtain CGM products from DME providers that aren't part of the Northwood supplier network.

### Information for your patients

This section includes information that may be helpful to your patients who have coverage through Blue Cross or BCN.

### How can members determine whether they have medical benefits, pharmacy benefits or both through Blue Cross or BCN?

Members can check their benefits through their Blue Cross online account.

Members can register for an online account by going to the [Register Your Online Account](#) page, which is at [bcbsm.com/register](https://bcbsm.com/register). This page includes information about registering, downloading the BCBSM mobile app and more.

To check their benefits and eligibility, members should follow these steps:

1. [Log in to their online account](#) or open the BCBSM mobile app.
2. Select *My Coverage*.

A **Medical** option will appear if the member has medical coverage. A **Pharmacy** option will appear if the member has Pharmacy coverage.

To get more information on coverage, members should do the following:

For...	What to do
Medical coverage	<b>On a computer:</b> Click <i>Medical</i> and then click <i>Plan Documents</i> . <b>In the mobile app:</b> Tap <i>Medical</i> and then tap <i>What's Covered</i> .
Pharmacy coverage	<b>On a computer:</b> Click <i>Prescription</i> and then click <i>Get Started</i> . <b>In the mobile app:</b> Tap <i>Prescription</i> and then tap <i>What's Covered</i> .

Alternately, members can call the number on the back of their Blue Cross or BCN member ID card. For more information, members can go to the [Contact Us](#) page on [bcbsm.com](https://bcbsm.com).

Benefits and payments aren't guaranteed and are subject to any limitations or exclusions that are in effect at the time the patient receives services. All information provided on the member portal is subject to final approval by the servicing plan. Note that data isn't reflected in real time and may change.

### **How can members determine their out-of-pocket costs for CGM products?**

Members can look up their out-of-pocket cost through their online accounts or by calling the number on the back of their member ID card. There's more information about registering for and accessing online members accounts in "How can members determine whether they have medical benefits, pharmacy benefits or both through Blue Cross or BCN?" on page 11.

Here's some additional information:

- Commercial members who have both medical benefits and pharmacy benefits through Blue Cross or BCN will need to determine their out-of-pocket costs for CGM products under each benefit. They can then determine whether it's more cost effective to obtain the product through a DME provider or through a participating network pharmacy.
- For most Medicare Advantage members, CGM products are covered with no out-of-pocket costs.

### **How can members find DME suppliers and pharmacies that dispense CGM products?**

See "How can I and my patients find DME suppliers and pharmacies that dispense CGM products?" on page 8.

\*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity<sup>®</sup> is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

Northwood Inc. is an independent company that manages both prior authorizations and a supplier network for durable medical equipment, prosthetics and orthotics, and medical supplies (including diabetes supplies) for Blue Cross Blue Shield of Michigan and Blue Care Network members.