

DIABETES CLINICAL PRACTICE GUIDELINE

Gold Coast Health Plan (GCHP) utilizes the American Diabetes Association's Standards of Care in Diabetes – 2025 as its diabetes clinical practice guideline. See attachment here:

https://diabetesjournals.org/care/article/48/Supplement_1/S1/157562/Introduction-and-Methodology-Standards-of-Care-in

Process for accessing continuous glucose monitoring (CGM) systems

Per the Medi-Cal Rx bulletin, [Diabetic Supplies: Continuous Glucose Monitoring \(CGM\) Systems Billing Units Reminder, Effective Oct. 1, 2022](#):

"For Medi-Cal Rx beneficiaries who are members of a Medi-Cal Managed Care Plan (MCP), members can contact their individual plan directly for possible coverage, billed as a medical benefit on a CMS-1500 medical claim form. Each MCP determines CGM coverage outside of Medi-Cal Rx since CGM is a partial carve-out Medi-Cal Rx benefit."

Thus, GCHP members may access a CGM system using the Medi-Cal Rx process (the Medi-Cal pharmacy benefit). Using this process, the provider sends a prescription order for a CGM system to the **pharmacy**. Then it will be processed under the pharmacy benefit known as Medi-Cal Rx. A prior authorization would need to be submitted to justify medical necessity. If approved by Medi-Cal Rx, the member can pick up their CGM supplies from the pharmacy. If the authorization is denied, the member / provider must appeal the denial through Medi-Cal Rx, not the Medi-Cal Managed Care Plan (GCHP).

ALTERNATIVELY,

To access a CGM system using the Medi-Cal Medical Benefit, the prescription order is sent to a **DME VENDOR**. The provider will need to send the order and clinical notes / documentation to the DME vendor who will request authorization for services from GCHP. GCHP will review the request and decide. If approved, the vendor can deliver the CGM supplies to the member. If denied, the member / provider can appeal the denial decision with GCHP, NOT Medi-Cal Rx.

Regarding submitting a CGM system request through DME as a medical benefit, the process should work as follows:

1. The provider writes the order for CGM and supplies.
2. The provider finds a contracted DME vendor based on the GCHP Provider Directory (<https://www.goldcoasthealthplan.org/provider-directory/> starts on page 235).
3. The provider sends / faxes order and clinical notes / documentation as needed to the DME vendor.
4. The vendor places request for services to GCHP.
5. GCHP will review the request and send authorization to the vendor if approved.
6. The vendor then delivers the CGM to the member.

Attachments:

Diabetes Care 2024;47(Suppl. 1):S111–S125



References

https://ada.silverchair-cdn.com/ada/content_public/journal/care/issue/47/supplement_1/10/standards-of-care-2024.pdf. Accessed December 18, 2023.

Abridged standards of care 2024 for Primary Care Providers. Available at:
https://diabetesjournals.org/care/issue/47/Supplement_1. Accessed December 18, 2023.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
January 29, 2015			
		January 25, 2016	
		May 16, 2017	
		January 25, 2018	
		January 24, 2019	
		January 23, 2020	
		January 21, 2021	
		January 20, 2022	
		January 18, 2024	
MAC Sunset on July 18, 2024			
CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY			
Adopted By CPRC	Reapproved	Revised	Retired
		March 6, 2025	