Home Blood Glucose Monitoring Reason Codes and Statements
January 4, 2024

Reason Code	BLOOD GLUCOSE MONITOR
GL002	The medical record documentation does not support the beneficiary has diabetes. Refer to National Coverage Determination 40.2, Local Coverage Determination L33822, & Policy Article A52464.
GL003	The medical record documentation does not support the beneficiary has had an in-person visit with the treating practitioner to evaluate their diabetes control and their need for the specific quantity of supplies that exceeds the usual utilization amounts within six months prior to ordering quantities of strips and lancets that exceed the utilization guidelines. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL004	The medical record documentation does not support the need for the specific quantity of supplies that exceeds the usual utilization amounts described. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL005	The medical record does not include documentation to support the beneficiary is testing at a frequency that corroborates the quantity of supplies dispensed (e.g., a specific narrative statement that adequately documents the frequency at which the beneficiary is actually testing or a copy of the beneficiary's log). Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL006	The testing log submitted which indicates the beneficiary's actual testing frequency is not within the preceding six months. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL007	The testing log does not contain a date. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL008	The testing log does not contain the beneficiary's name. Refer to Medicare Program Integrity Manual 5.9, Local Coverage Determination L33822, & Policy Article A52464.
GL009	The medical record documentation does not support the beneficiary has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse in both eyes) requiring use of this special monitoring system. Refer to National Coverage Determination 40.2, Local Coverage Determination L33822, & Policy Article A52464.
GL010	The medical record documentation does not support the treating practitioner has certified that the beneficiary has an impairment of manual dexterity severe enough to require the use of this monitoring system. Refer to Local Coverage Determination L33822 & Policy Article A52464.

GL022	The medical record documentation does not support the treating practitioner has verified adherence to the high utilization testing regimen every six months. Refer to Local Coverage Determination L33822 & Policy Article A52464.

Reason Code	CONTINUOUS GLUCOSE MONITOR
GL013	The supply allowance is billed as one unit of service (UOS) per 30 days. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL014	The medical record documentation indicates the beneficiary is only using a non-DME device (i.e. smart phone, tablet). Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL020	The medical record documentation does not support the beneficiary had an in-person or Medicare-approved telehealth visit with their treating practitioner to evaluate their diabetes control and determined that criteria are met within six months prior to ordering the continuous glucose monitor (CGM). Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL021	The medical record documentation does not support the beneficiary had an in-person or Medicare-approved telehealth visit with their treating practitioner to assess adherence to their continuous glucose monitor (CGM) regimen and diabetes treatment plan every six months following the initial prescription of the CGM. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL027	The medical record documentation does not support the beneficiary is insulin-treated or has a history of problematic hypoglycemia. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL028	The medical record documentation does not support the beneficiary had recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL029	The medical record documentation does not support the glucose values for the qualifying hypoglycemic event, classification of the hypoglycemic episode(s) as level 2 event(s), or a copy of the beneficiary's blood glucose monitor (BGM) testing log into the medical record reflecting the specific qualifying events. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL030	The medical record does not contain documentation of more than one previous medication adjustment and/or modification to the treatment plan (such as raising A1c targets) prior to the most recent level two event. Refer to Local Coverage Determination L33822 & Policy Article A52464.

GL031	The medical record documentation does not support the beneficiary has a history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL032	The medical record documentation does not support the glucose values for the qualifying hypoglycemic event, Classification of the hypoglycemic episode as level 3 event, or a copy of the beneficiary's blood glucose monitor (BGM) testing log into the medical record reflecting the specific qualifying event. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL033	The medical record documentation does not support an indication the beneficiary required third party assistance for treatment of level 3 hypoglycemic event. Refer to Local Coverage Determination L33822 & Policy Article A52464.

Reason Code	**MISCELLANEOUS**
GL000	More than one spring powered device (A4258) per six months is not reasonable and necessary. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL015	Alcohol or peroxide (codes A4244, A4245), betadine or hexachlorophene (pHisohex) (codes A4246, A4247) are noncovered since these items are not required for the proper functioning of the device. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL016	Urine test reagent strips or tablets (A4250) are non-covered as they are not used with a glucose monitor. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL017	Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings are not covered as durable medical equipment for use in the home because their need for frequent professional re-calibration makes them unsuitable for home use. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL018	Glucose monitors that are not designed for use in the home must be coded A9270 and will be denied as statutorily non-covered (no benefit category). Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL019	Home blood glucose disposable monitor, including test strips (code A9275) is noncovered because these monitors do not meet the definition of DME. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL023	Lancets, reagent strips, and other supplies necessary for the proper functioning of the device are also covered for patients for whom the device is indicated. There is no glucose monitor in the Medicare claims history and the narrative is missing, the claim

	is denied as missing the equipment that requires the supply. Refer to National Coverage Determination 40.2, Local Coverage Determination L33822, & Policy Article A52464.
GL025	The KS modifier was incorrectly appended. The medical record documentation supports the beneficiary is insulin treated. Refer to Local Coverage Determination L33822 & Policy Article A52464.
GL026	The KX modifier was incorrectly appended. The medical record documentation supports the beneficiary is non-insulin treated. Refer to Local Coverage Determination L33822 & Policy Article A52464.

Reason Code	**ADMINISTRATIVE/OTHER** *(For Transmission via esMD)*
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	The documentation submitted is incomplete
GEX07	This submission is an unsolicited response
GEX08	The documentation submitted cannot be matched to a case/claim
GEX09	This is a duplicate of a previously submitted transaction
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid
GEX17	The Claim number on the cover sheet received is missing or invalid
GEX18	The ACN on the coversheet received is missing or invalid
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request