LAST UPDATED: SEPTEMBER 23, 2026

Continuous Glucose Monitoring Form User Guide

For Georgia Department of Community Health

Table of Contents

Overview

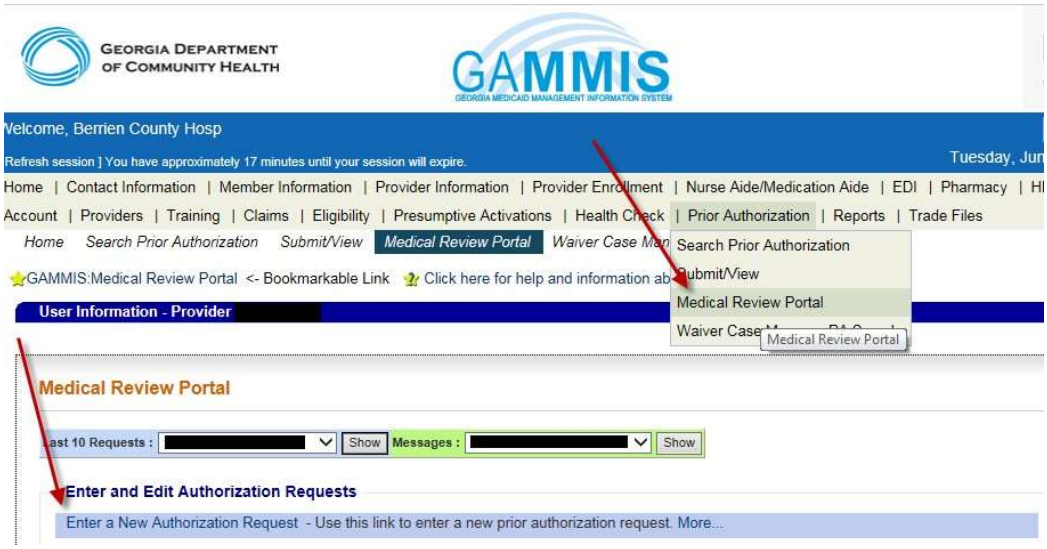
Starting October 1, 2026, providers requesting continuous glucose monitors or supplies will need to enter request on a new PA form with supporting documents via the *Medical Review Portal*. Once a request is submitted, the request data is added to the Alliant Health Prior Authorization (PA) system and is available for review by Alliant Health Staff.

Continuous Glucose Monitoring Request Guidelines and Restrictions

- The PA type for Continuous Glucose Monitoring (CGM) is DC
- Rendering providers must have COS code of 320
- Only CGM codes may be entered on the request (E2102, E2103, A4238, A4239)
    - CGM Receiver/Monitor (E2102—Adjunctive and E2103 – Non-Adjunctive)
        - Must be submitted with modifier NU
        - 1u can be approved every 3 years
    - CGM Supply Allowance (A4238 -- Adjunctive and A4239 – Non-Adjunctive)
        - 1u approved per month
        - A single PA can be approved for up to 12 months
        - Each year a new prior authorization must be submitted
- Requests must have an effective/start date equal to or greater than the request date
- All requests may be submitted with a procedure start date up to 90 days in the future

Continuous Glucose Monitoring PA Submission Instructions

- Navigate to the Georgia MMIS Web Portal at www.mmis.georgia.gov and log in using your assigned username and password
- From the Secure Homepage, select Prior Authorization → Medical Review Portal; then Enter a New Authorization Request

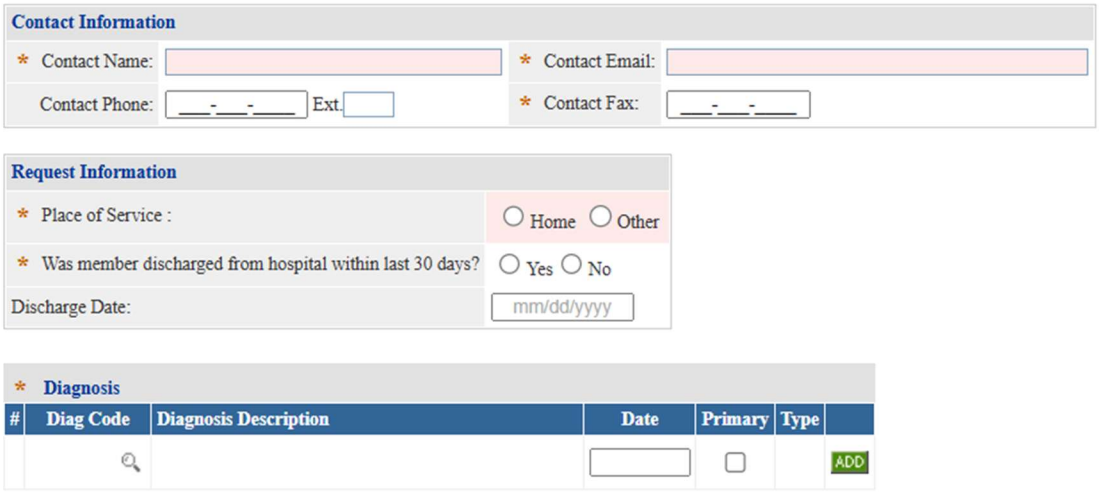


- Select **Continuous Glucose Monitoring** from the list of review types

- On the next screen, the Provider ID is populated by the system based on portal login credentials
- Enter the member's Medicaid ID, and click Submit

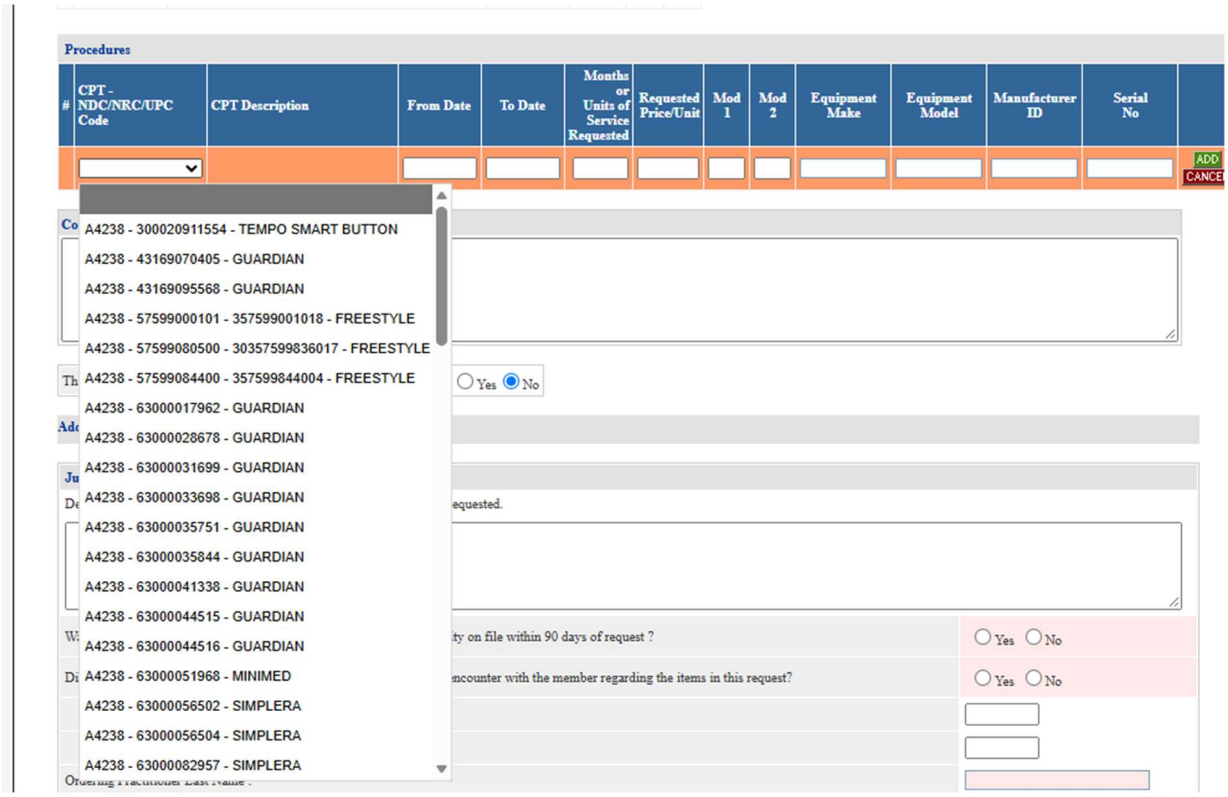
- **Request Form:**
- The Request Form is displayed with the provider information pulled into the PA request based on the provider's portal credentials. The member information is pulled from MMIS and populated on the request based on Medicaid ID entered on previous screen.

- Provider Contact Information is populated by the system. Provider would need to enter any information that is missing or incorrect.
- Select Place of Service (Home or Other)
- Indicate whether member has been recently discharged from hospital
- **Diagnosis codes**: The Diagnosis table captures the diagnosis code, code descriptions (system populated), diagnosis date, diagnosis type (system populated), and primary diagnosis indicator for each diagnosis code entered
- One primary diagnosis is required
- Click **ADD** to add the diagnosis code to the request
- After the diagnosis code has been entered, the provider may select **EDIT**, to modify or delete the code



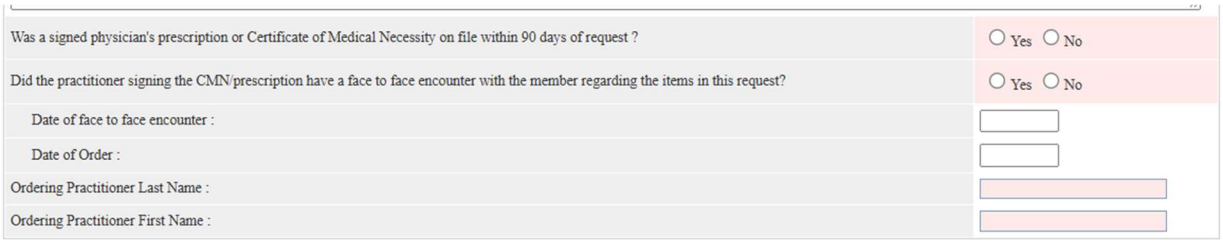
- **Procedure Codes:** The Procedures Table captures the procedure code, manufacturer, UPC and/or NRC number.
- From the drop-down menu, choose the correct CPT/UPC and/or NRC number combination that will be provided to the member. Enter units requested and modifier (if applicable). Click **Add**.
    - Each option listed is a specific device. Each device will be listed with either an NRC code, a UPC code, or both codes. Match the device that will be provided to the corresponding option on the dropdown menu. Click on the correct option to add to form.
    - Enter 'From Date', 'To Date', number of units requested and modifier (if applicable)
    - Hit **ADD** to add code to form

- If the PA request is submitted for the incorrect NRC/UPC combination, submit a Change Request asking for the correct combination.



NOTE: Alliant receives a weekly update with all active device NRP/UPC combinations. If the NRC/UPC combination that corresponds to the product you are dispensing is not listed on the dropdown menu, please reach out to DCH at dme.ops@dch.ga.gov

- Next, the provider will fill out any clinical information in the blanks provided in the PA form
- Answer questions related to DME request regarding Certificate of Medical Necessity, last Face to Face encounter, and ordering provider.

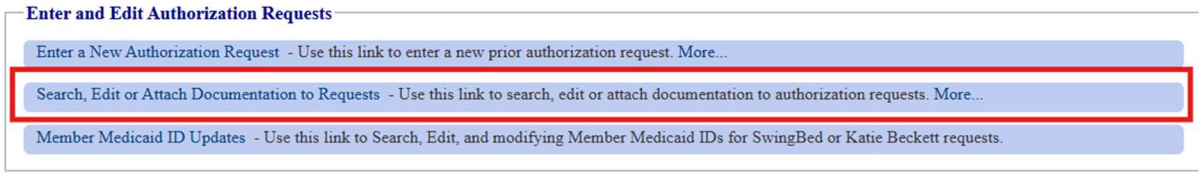


- Answer specific questions related to the Continuous Glucose Monitoring request. Note that answering these questions will aid in the review of this PA request and may result in a quicker decision.

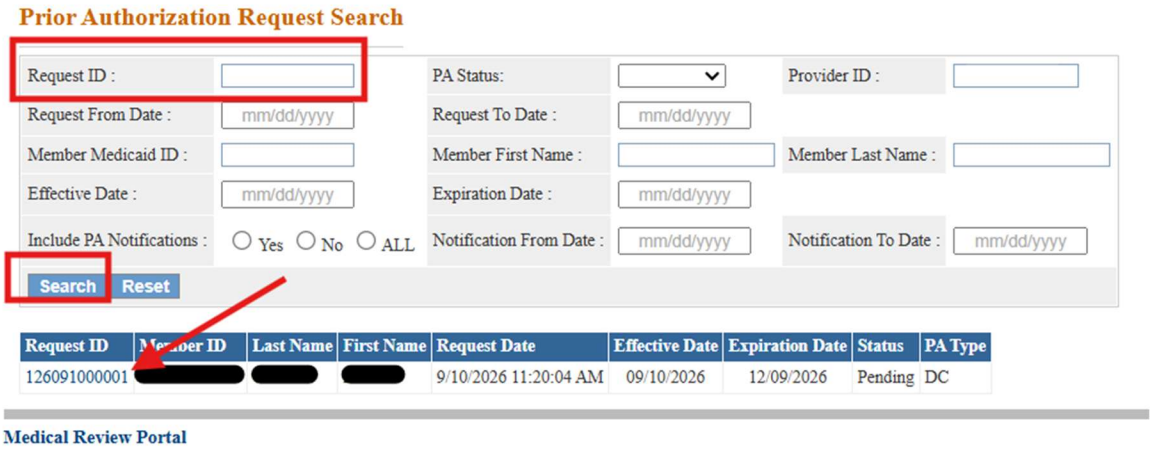
- When all data is entered on the request form, click **Review Request** to display the Attestation Statement. If the Attestation Statement does not display when Review Request is selected; or a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. 'Required' displays next to a data box when information is missing. Enter or correct the data, then click **Review Request** again
- Click **I Agree** in response to the Attestation Statement
- Review the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**
- When the request is successfully submitted, the system displays the pending PA tracking number
- At this point, attachments can be uploaded to the request under *Create an Attachment* section. To attach a document, click **Browse** and select your file from your local system, the file name will appear in the text field. After verifying the correct file was selected, click **Attach File** to save the file to the Prior Authorization request.

Check Prior Authorization Status

- The initial PA decision follows the standard Gainwell provider and member notification process
- **To view decision details:**
- Navigate to the *Medical Review Portal* and click **Search, Edit or Attach Documentation to Requests**

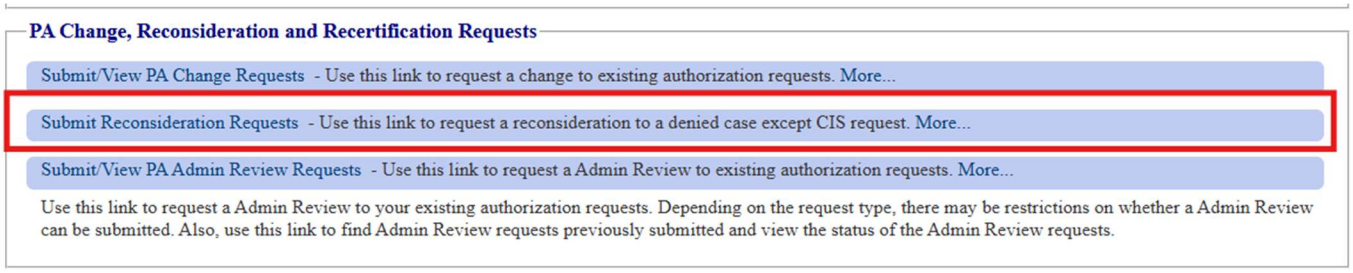


- Search for the Continuous Glucose Monitoring request by entering the 'Request ID' and clicking **Search**. Then click the PA that displays in the search results.



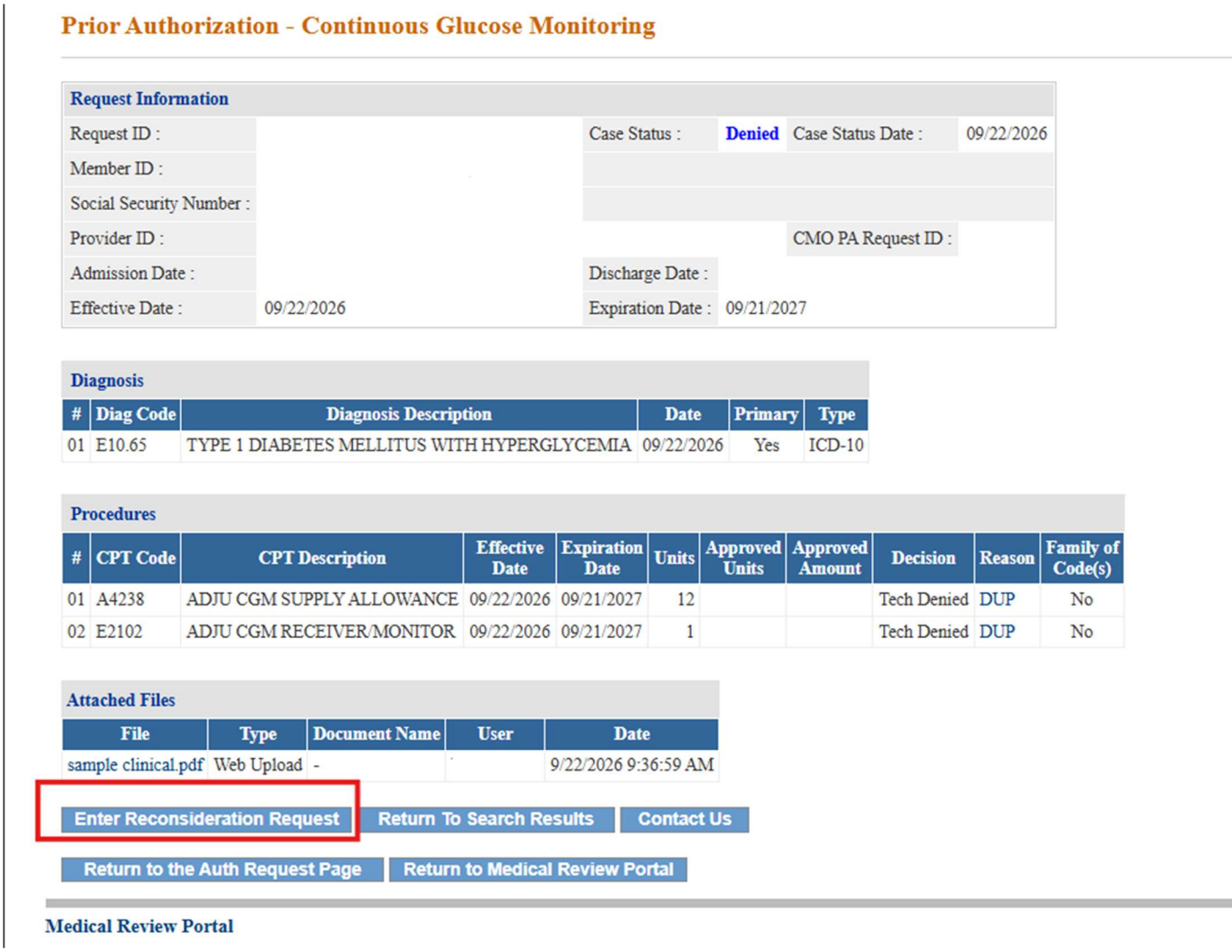
Reconsideration Requests

From the *Medical Review Portal*, providers may submit a request for reconsideration of the decision rendered on a Continuous Glucose Monitoring PA. When a Reconsideration Request is processed, a no-reply email and a **Contact Us** message is sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Medical Review Portal* for details.



- Reconsideration Request Guidelines:
- Reconsiderations are allowed when the PA has one or more procedure lines that are:
    - Peer Consultant Denied
    - Tech Denied
    - Nurse Denied
- Reconsideration Requests must be submitted within thirty (30) calendar days of the decision date.
- Reconsideration Submission Instructions:
- Open the Medical Review Portal and select Submit Reconsideration Requests
- On the search page, enter the PA number in the Request ID box

- Click **Search**
- Click the Request ID on the search results list to open the Review Request page
- Click **Enter Reconsideration Request** as the bottom of the Review Request page (note that if the reconsideration request is untimely this button will not be available and a red message will appear at the top of the Review Request page)



Prior Authorization - Continuous Glucose Monitoring

Request Information

Request ID :		Case Status :	Denied	Case Status Date :	09/22/2026
Member ID :					
Social Security Number :					
Provider ID :				CMO PA Request ID :	
Admission Date :		Discharge Date :			
Effective Date :	09/22/2026	Expiration Date :	09/21/2027		

Diagnosis

#	Diag Code	Diagnosis Description	Date	Primary	Type
01	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	09/22/2026	Yes	ICD-10

Procedures

#	CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
01	A4238	ADJU CGM SUPPLY ALLOWANCE	09/22/2026	09/21/2027	12			Tech Denied	DUP	No
02	E2102	ADJU CGM RECEIVER/MONITOR	09/22/2026	09/21/2027	1			Tech Denied	DUP	No

Attached Files

File	Type	Document Name	User	Date
sample clinical.pdf	Web Upload	-		9/22/2026 9:36:59 AM

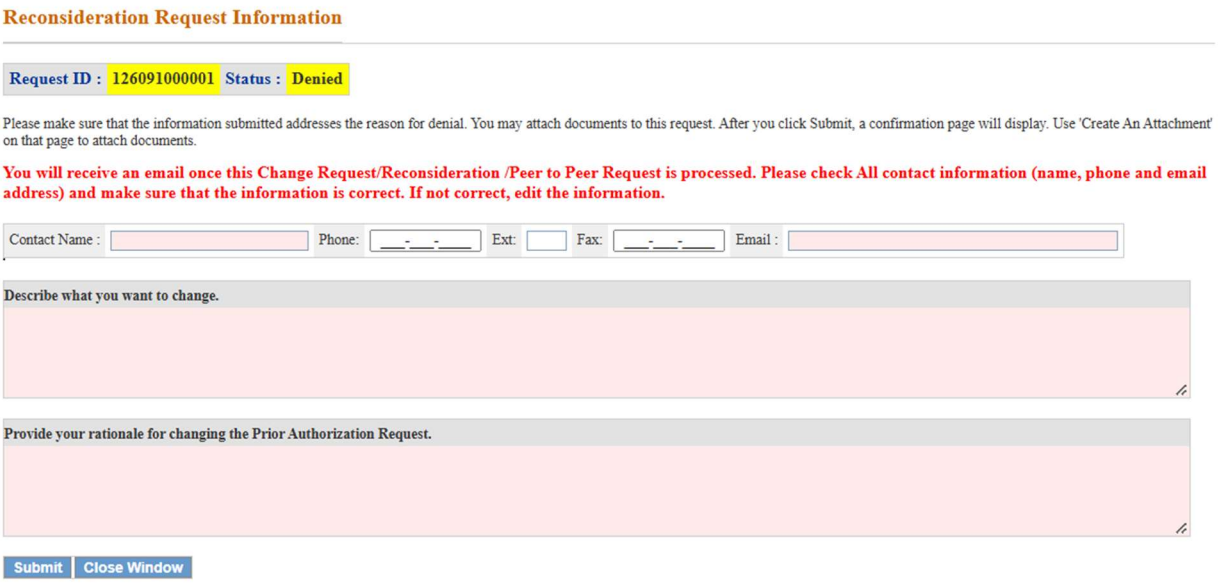
Enter Reconsideration Request | Return To Search Results | Contact Us

Return to the Auth Request Page | Return to Medical Review Portal

Medical Review Portal

- On the *Reconsideration Request* Information form, verify the contact information that is automatically populated. If this information is not correct, please correct. This is important since a no-reply email is sent to the email listed on the reconsideration form when the

reconsideration is processed.

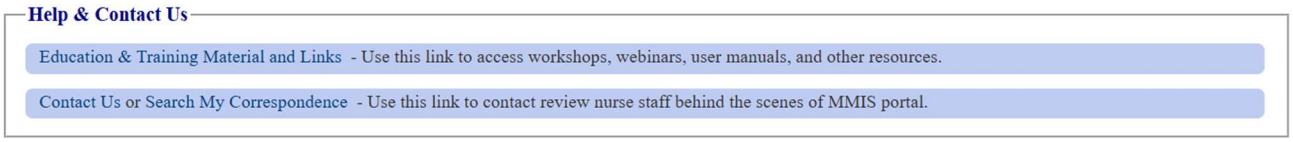


- In the first text box, clearly describe what you wanted changed as a result of the reconsideration review, such as: the codes, dates of service, or the units requested.
- In the second text box, summarize additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached to the reconsideration, it is permissible to enter "See Attached" in this box.
- Click **Submit**
- If the submission is successful, a page displays that confirms that the reconsideration has been entered successfully; and the attachment panel is available

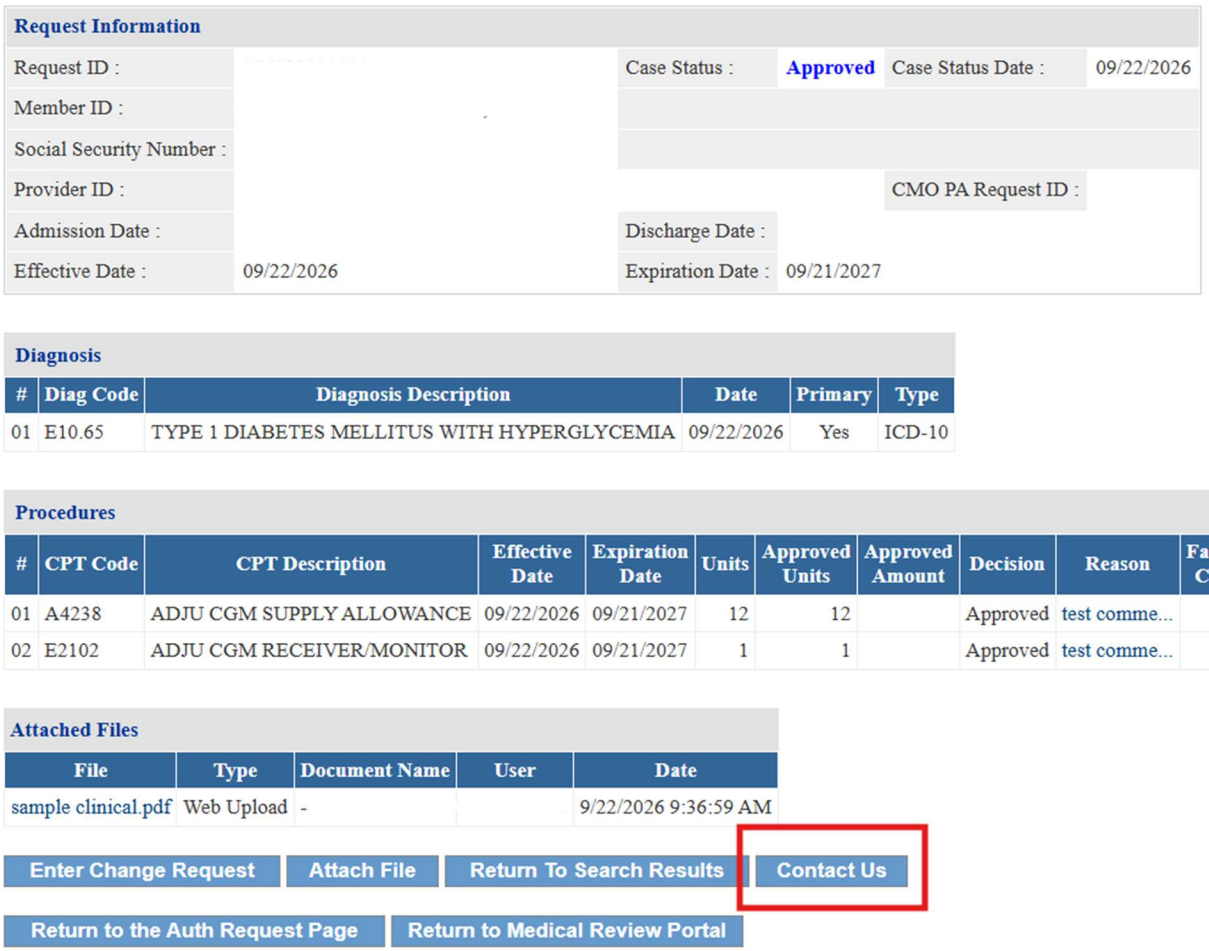
Provider Correspondence

Provider Correspondence functionality allows providers to submit questions to Alliant Health Solutions (AHS) reviewers via the *Medical Review Portal*. The workspace includes the following features to accommodate this type of correspondence:

- Contact Us
- Search My Correspondence



A *Contact Us* can also be sent from the Review Request Page (through Search, Edit or Attach Documentation to Request Link)



Request Information

Request ID :		Case Status :	Approved	Case Status Date :	09/22/2026
Member ID :					
Social Security Number :					
Provider ID :				CMO PA Request ID :	
Admission Date :		Discharge Date :			
Effective Date :	09/22/2026	Expiration Date :	09/21/2027		

Diagnosis

#	Diag Code	Diagnosis Description	Date	Primary	Type
01	E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	09/22/2026	Yes	ICD-10

Procedures

#	CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
01	A4238	ADJU CGM SUPPLY ALLOWANCE	09/22/2026	09/21/2027	12	12		Approved	test comme...	No
02	E2102	ADJU CGM RECEIVER/MONITOR	09/22/2026	09/21/2027	1	1		Approved	test comme...	No

Attached Files

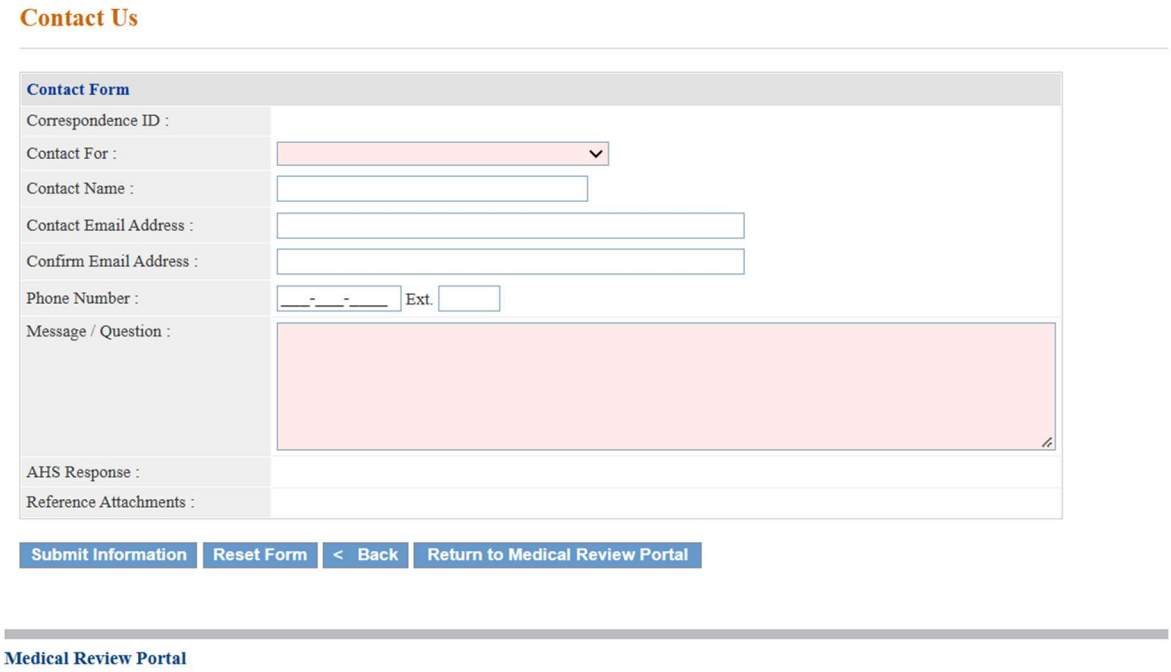
File	Type	Document Name	User	Date
sample clinical.pdf	Web Upload	-		9/22/2026 9:36:59 AM

Enter Change Request | Attach File | Return To Search Results | Contact Us

Return to the Auth Request Page | Return to Medical Review Portal

- **Entering a Contact Us:**
- Select CGM from the dropdown menu for ‘Contact For”.
- Note: If the Contact Us form is opened from the Review Request page for a specific PA, then the ‘Contact For’ type and ‘Prior Authorization Request ID’ fields will be populated by the system.
- Enter Contact Name, Contact Email and Phone Number.
- Enter the message or question in the ‘Message/Question’ box
- When complete, click **Submit Information**
- Once Contact Us is submitted, user will then have the opportunity to upload attachments if needed

- User will receive a no-reply email when Contact Us has been submitted successfully
- Staff at Alliant Health Solutions will review Contact Us and respond in a timely manner
- Once the Contact Us has been processed by Alliant Health Solutions, the user will receive a no-reply email alerting them that a response is available in the *Medical Review Portal*.

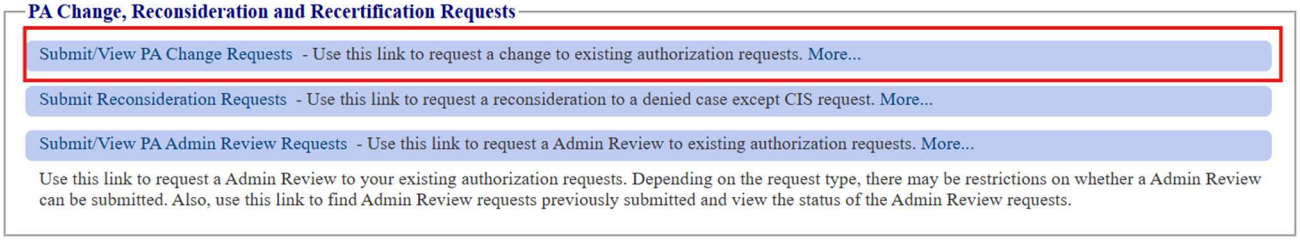


Submit/View Change Requests

From the *Medical Review Portal*, providers may submit requests to change information of a PA; and may view change request already submitted. Change requests are processed by Alliant reviewers and can be approved, denied, or referred. When a Change Request is processed, a no-reply email and a *Contact Us* message is sent to provider. The notifications inform the provider that a change request was processed and to check the Provider Workspace for details. Providers can view the change request details, including the reviewer's decision comments, by searching for and opening the *PA Review Request* page. The reviewer's comments display in a tool tip made visible by holding the mouse pointer over the specific change request status

- Change Request Submission Instructions:

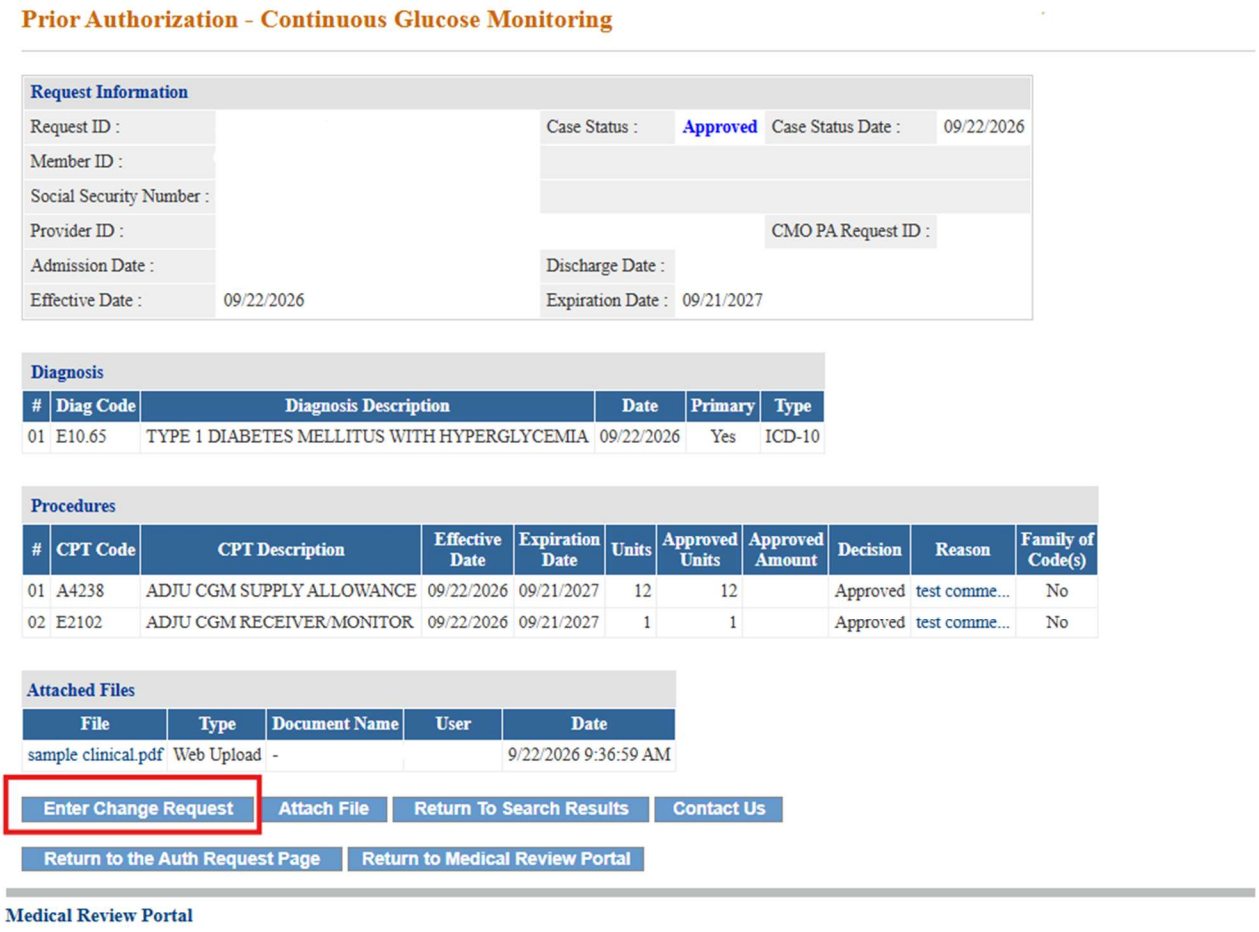
- Open the *Medical Review Portal* and select Submit/View PA Change Requests



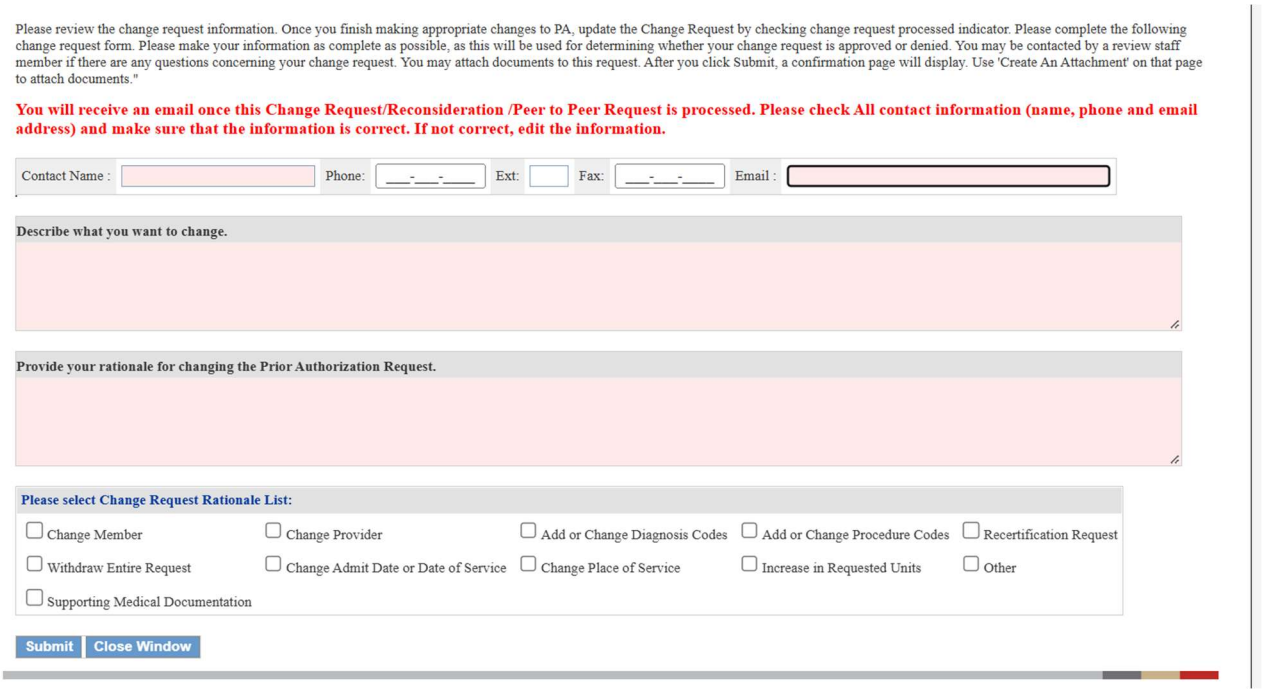
- On the search page, enter the PA number in the 'Request ID' box
- Click **Search**
- Click the request ID on the search results list to open the PA Review Request page

  Note: Change requests can only be entered on PAs with a pending (not referred) or approved status.

- Click **Enter Change Request** at the bottom of the page



- On the Change Request Information form confirm that contact information is correct. This information should be edited if not correct since the no reply email notification and Contact Us are sent to the email address note on the form.
- In the first box, clearly describe what needs to be changed
- In the next box, provide justification for the requested change(s)
- Next, select one or more checkboxes from the 'Rationale List' corresponding to the change(s) requested. If none applies to the change requested, select 'other'.



- Click **Submit**
- If the submission is successful, a window displays confirming that the change request has been entered successfully; and the attachment panel is available. Additional supporting documentation may be attached at this point.

Revision History

Version	Date	Description
1.0	09/23/2026	Initial Draft