

Continuous Glucose Monitoring (CGM)

Date of Origin: 02/2001

Last Review Date: 05/22/2024

Effective Date: 06/01/2024

Dates Reviewed: 04/2004, 04/2005, 03/2006, 11/2006, 12/2007, 03/2008, 09/2008, 04/2009, 02/2011, 04/2011, 05/2011, 04/2012, 02/2013, 01/2014, 06/2015, 07/2016, 07/2017, 08/2018, 07/2019, 05/2020, 05/2021, 05/2022, 05/2023, 05/2024

Developed By: Medical Necessity Criteria Committee

I. Description

A continuous glucose monitor (CGM) is a minimally invasive device that is designed to measure and record glucose levels continuously and automatically in a patient. The device measures glucose values in the interstitial fluid of subcutaneous tissue. The goal of CGM devices is to record patterns of glucose levels and use these patterns to guide patient management and improve overall glycemic control. A continuous glucose monitoring device is an adjunct to supplement, not replace, standard home glucose monitoring. These devices are used in specific clinical situations. Examples of CGM systems are: Medtronic iPro Professional® Continuous Glucose Monitoring System (CGMS), Guardian Real Time Glucose Monitor (MiniMed), and the STS Monitoring System (DexCom).

II. Criteria: CWQI HCS-0021

***Medicare – refer to Noridian LCD 33822 Glucose Monitors**

A. Continuous glucose monitoring is covered for **1 or more** of the following conditions:

- a. Moda Health will cover **short term** (72 hours to one week) diagnostic use of continuous glucose monitoring devices for members with poorly controlled type 1 or type 2 diabetes when **1 or more** of the following criteria are met:
 - i. Hypoglycemia unawareness
 - ii. Wide fluctuations of blood glucose levels despite documentation of blood glucose testing (greater than or equal to 4 times per day) and insulin administration (greater than or equal to 3 times/day)
 - iii. Unexplained frequent hypoglycemic episodes in a diabetic taking insulin
 - iv. Repeated hypoglycemia (less than 70 mg/dl) or hyperglycemia (greater than 150 mg/dl) at the same time each day
 - v. Suspected postprandial hyperglycemia
 - vi. Recurrent diabetic ketoacidosis
 - vii. Prior to insulin pump initiation to determine basal insulin levels

- b. Moda Health may cover **long-term** (greater than one week) therapeutic use of continuous glucose monitoring devices and related accessories and supplies if ONE of the following criteria are met;
 - 1. Member is 18 years old or older and **ALL of the following;**
 - a. Member has Type 1 or Type 2 Diabetes
 - b. Member is using 3 or more daily insulin injections or an insulin pump and is not meeting daily glycemic targets
 - 2. Member is younger than 18 years old and has Type 1 or Type II diabetes
- c. Requests for ongoing diabetic supplies related to CGM will be covered with documentation from the ordering provider that the member is compliant with treatment.

B. Moda Health will **NOT** cover any of the following:

- 1. The GlucoWatch. The GlucoWatch is another device that measures interstitial glucose levels beyond 3 days. The use of this device is considered experimental and investigational and is not a covered item.
- 2. Additional software that may be required for downloading data from a CGM to a computer for further management of member's diabetes. This is considered a convenience item and is not medically necessary.
- 3. Combination devices such as a blood glucose monitor combined with a cellular telephone or other device not specifically indicated for the management of diabetes. These combination devices are considered convenience items and are not medically necessary
- 4. Subcutaneous pocket and implanted continuous interstitial glucose monitoring devices. These devices are considered experimental and investigational because there is insufficient evidence in peer reviewed medical literature to support their use.

III. Information Submitted with the Prior Authorization Request (if available):

- 1. Physician progress notes for the past six months
- 2. Documentation of completion of comprehensive diabetic program and sufficient training regarding specific device.
- 3. Laboratory reports including HgA1c
- 4. Blood glucose logs

IV. CPT or HCPC codes covered:

Codes	Description
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout recording
95251	Analysis, interpretation and report

A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply (not covered for Medicare)
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system (not covered for Medicare)
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
S1030	Continuous noninvasive glucose monitoring device, purchase
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic sites and insertion of new 180 day implantable sensor, including system activation
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

V. CPT or HCPC codes NOT covered:

Codes	Description
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation

VI. Annual Review History

Review Date	Revisions	Effective Date
02/2013	Annual Review: Added table with review date, revisions, and effective date. Added additional criteria for the MySentry remote monitor	03/1/2013
01/2014	Annual Review: Combined Type 1 and Type 2 criteria	01/22/2014
01/2015	Annual Review: No change	01/28/2015
06/2015	Added Medicare Criteria, ICD-9 and ICD-10 Codes, updated HCPC codes	06/24/2015
07/2016	Annual Review: No changes	07/27/2016
07/2017	Annual Review: Remove reference to devices that are not related to CGM, update CPT/HCPC codes, update to new template	07/26/2017
8/2018	Annual Review: Minor wording changes, added ICD10 codes	08/22/2018

07/2019	Annual Review: Updated criteria to precisely indicate requirements to meet coverage for short-term and long-term therapeutic use of continuous glucose monitoring devices, verified and updated codes	08/01/2019
05/2020	Annual Review: reviewed requirements for long-term use of continuous glucose monitoring devices. Updated information requested for PA authorization	06/01/2020
05/2021	Annual Review: grammar updates -removed conflicting wording. No content change	06/01/2021
05/2022	Annual Review: updated coverage for CGM for type II diabetes for members younger than 18 years old	06/01/2022
05/2023	Annual Review: Updated CPT codes	06/01/2023
05/2024	Annual Review: Added 'Requests for ongoing diabetic supplies related to CGM will be covered with documentation from the ordering provider that the member is compliant with the treatment'.	06/01/2024

VII. References

1. ADA Standards of Medical Care in Diabetes 2023. https://diabetesjournals.org/care/issue/46/Supplement_1
2. American Association of Clinical Endocrinologists (AACE). Diabetes Mellitus Clinical Practice Guidelines Task Force. Diabetes mellitus guidelines. Diabetes and pregnancy. Endocr Pract 2007b May-Jun; 13 (Suppl 1):55-59. Accessed on February 21, 2011 at <http://www.aace.com/pub/pdf/guidelines/DMGuidlines2007.pdf>
3. Bailey TS, Zisser HC, Garg SK. Reduction in hemoglobin A1C with real-time continuous glucose monitoring: results from a 12-week observational study. Diabetes Technol Ther. 2007 Jun;9(3):203-10.
4. Blevins, T., Bode, B., Garg, S., et. al. (2010). American Association of Clinical Endocrinologists Consensus Statement on continuous glucose monitoring. Endocrine Practice 16(5); 1-14.
5. Bode BW, Sabbah H, Davidson PC. What's ahead in glucose monitoring? New techniques hold promise for improved ease and accuracy. Postgrad Med. 2001 Apr;109(4):41-4, 47-9.
6. Buckingham B, Beck RW, Tamborlane WV, et al. Continuous glucose monitoring in children with type 1 diabetes. J Pediatr. 2007 Oct;151(4):388-93.
7. Centers for Medicare and Medicaid Services (CMS). Decision memo for insulin pump: C-peptide levels as a criterion for use (CAG-00092R. Baltimore, MD: CMS; December 17, 2004. Accessed on February 21, 2011 at: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=109>.
8. Diabetes Control and Complications Trial (DCCT). National Institute of Diabetes and Digestive and Kidney Diseases. NIH publication No. 97-3874. Sept 1994.
9. Garg S, Jovanovic L. Relationship of fasting and hourly blood glucose levels to HbA1c values. Safety, accuracy, and improvement in glucose profiles obtained using a 7-day continuous glucose sensor. Diabetes Care. 2006 Dec;29(12):2644-2649.
10. Garg S, Zisser H, Schwartz S, et al. Improvement in glycemic excursions with a transcutaneous, real-time continuous glucose sensor. Diabetes Care. 2006 Jan; 29(1):44-50.
11. Garg SK, Schwartz S, Edelman SV. Improved glucose excursions using an implantable real-time continuous glucose sensor in adults with type 1 diabetes. Diabetes Care. 2004 Mar;27(3):734-8.
12. GlucoWatch does not improve glycemic control in children with type 1 diabetes. Hayes Alert. 2005 June;8(6).
13. Hovorka R. Continuous glucose monitoring and closed-loop systems. Diabet Med. 2006 Jan;23(1):1-12.
14. Jovanovic L, Zisser H, Schwartz S, et al. A randomized controlled study of a transcutaneous real-time continuous glucose sensor demonstrates improvement in glycemic control. The 65th Scientific Sessions of the American Diabetes Association. June 2005.
15. Kerr D. Continuous blood glucose monitoring: detection and prevention of hypoglycemia. Int J Clin Pract Suppl. 2001 Sep;(123):43-6.
16. Medtronic MiniMed. (2010) Summary of the Statement by the American Association of Clinical Endocrinologists Consensus Panel on continuous glucose monitoring. 9501340-011; 1-2. Raskin, P., Bode, B., Marks, J. et al.

Continuous subcutaneous insulin infusion and multiple daily injection therapy are equally effective in type 2 diabetes: A randomized, parallel-group, 24-week study. *Diabetes Care*. 2003;26(9):2598-2603.

17. Skyler J. The economic burden of diabetes and the benefits of improved glycemic control: the potential role of a continuous glucose monitor. *Diabetes Technol Ther*. 2000;2(supplement 1).
18. The Medical Letter. Continuous Glucose Monitoring. February 12, 2007; 49(1254):13-15.
19. Toth-Heyn P, Korner A, Madacsy L. Continuous glucose monitoring systems, as a valuable tool in the care of children and adolescents with diabetes mellitus. *Orv Hetil*. 2004 Jun 13;145(24):1265-70.
20. Wong LJ, Buckingham BA, Kunselman B, et al. Extended use of a new continuous glucose monitoring system with wireless data transmission in children with type 1 diabetes mellitus. *Diabetes Technol Ther*. 2006 Apr;8(2):139-45.
21. Centers for Medicare & Medicaid Services Local Coverage Article: Glucose Monitors-Policy Article- Effective October 2014 (A33673); Noridian Healthcare Solutions; Revision Effective Date: 10/31/2014; Updated 05/07/2015
22. Centers of Medicare & Medicaid Services Local Coverage Determination (LCD): Glucose Monitors (L33822); Noridian Healthcare Solutions: Revision date 1/12/2017; CMS Pub. 100-03 (Medicare National Coverage Determinations Manual) 1, Section 40.2; effective date 1/1/2017; accessed August 2018.
23. Physician Advisors

Appendix 1 – Applicable ICD-10 diagnosis codes:

Codes	Description
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10-E08.11	Diabetes mellitus due to underlying condition with ketoacidosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311-E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy
E08.3211-E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.3291-E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.3311-E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.3391-E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.3411-E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.3491-E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
E08.3511-E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.3521-E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E08.3531-E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E08.3541-E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E08.3551-E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy
E08.3591-E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema

E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1-E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40-E08.49	Diabetes mellitus due to underlying condition with diabetic neuropathy
E08.51-E08.59	Diabetes mellitus due to underlying condition with circulatory complications
E08.610-E08.618	Diabetes mellitus due to underlying condition with diabetic arthropathy
E08.620- E08.628	Diabetes mellitus due to underlying condition with skin complications
E08.630- E08.638	Diabetes mellitus due to underlying condition with oral complications
E08.641- E08.649	Diabetes mellitus due to underlying condition with hypoglycemia with/without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10- E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22- E09.29	Drug or chemical induced diabetes mellitus with diabetic kidney disease
E09.311- E09.3499	Drug or chemical induced diabetes mellitus with nonproliferative diabetic retinopathy with/without macular edema
E09.3511- E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1- E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40- E09.49	Drug or chemical induced diabetes mellitus with neurological complications
E09.51- E09.59	Drug or chemical induced diabetes mellitus with circulatory complications
E09.610- E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620- E09.628	Drug or chemical induced diabetes mellitus with skin complications
E09.641- E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia with/without coma
E09.65-E09/69	Drug or chemical induced diabetes mellitus with complication
E09.8- E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10- E10.11	Type 1 diabetes mellitus with ketoacidosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22- E10.29	Type 1 diabetes mellitus with diabetic kidney disease
E10.311- E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy
E10.3211- E10.3499	Type 1 diabetes mellitus with nonproliferative diabetic retinopathy
E10.3511- E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1- E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40- E10.49	Type 1 diabetes mellitus with diabetic neuropathy
E10.51- E10.59	Type 1 diabetes mellitus with circulatory complications
E10.610- E10.618	Type 1 diabetes mellitus with diabetic arthropathy
E10.620- E10.628	Type 1 diabetes mellitus with skin complications
E10.630- E10.638	Type 1 diabetes mellitus with oral complications
E10.641- E10.649	Type 1 diabetes mellitus with hypoglycemia
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69- E10.8	Type 1 diabetes mellitus with complications

E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22- E11.29	Type 2 diabetes mellitus with diabetic kidney disease
E11.311- E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy
E11.3211- E11.3499	Type 2 diabetes mellitus with nonproliferative diabetic retinopathy
E11.3511- E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy
E11.3551- E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy
E11.3591- E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1- E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40- E11.49	Type 2 diabetes mellitus with diabetic neurological complication
E11.51- E11.59	Type 2 diabetes mellitus with circulatory complications
E11.610- E11.618	Type 2 diabetes mellitus with diabetic arthropathy
E11.620- E11.628	Type 2 diabetes mellitus with skin complications
E11.630- E11.638	Type 2 diabetes mellitus with oral complications
E11.641- E11.649	Type 2 diabetes mellitus with hypoglycemia
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10- E13.11	Other specified diabetes mellitus with ketoacidosis
E13.21- E13.29	Other specified diabetes mellitus with diabetic kidney disease
E13.311- E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy
E13.3211- E13.3499	Other specified diabetes mellitus with nonproliferative diabetic retinopathy
E13.3511- E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1- E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40- E13.49	Other specified diabetes mellitus with diabetic neurological complication
E13.51- E13.59	Other specified diabetes mellitus with circulatory complications
E13.610- E13.618	Other specified diabetes mellitus with diabetic arthropathy
E13.620- E13.622	Other specified diabetes mellitus with skin complications
E13.630- E13.638	Other specified diabetes mellitus with oral complications
E13.641- E13.649	Other specified diabetes mellitus with hypoglycemia
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
O24.011- O24.010	Pre-existing type 1 diabetes mellitus, in pregnancy
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium
O24.111- O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium

O24.311- O24.319	Unspecified pre-existing diabetes mellitus in pregnancy
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.811- O24.819	Other pre-existing diabetes mellitus in pregnancy
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911- O24.919	Unspecified diabetes mellitus in pregnancy
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
Noridian Local Coverage Determination LCD 33822 Glucose Monitors	
https://med.noridianmedicare.com/documents/2230703/7218263/Glucose+Monitors	

NCD/LCD Document (s):
Noridian Glucose Monitor – Policy Article A52464

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC