



Continuous Glucose Monitoring System

I. Policy

University Health Alliance (UHA) will reimburse for a Continuous Glucose Monitoring System (CGMS) when determined to be medically necessary and within the medical criteria guidelines (subject to Limitations/Exclusions) indicated below.

II. Background

A continuous glucose monitoring system (CGMS) continuously monitors and records interstitial fluid glucose levels. Some CGMSs are designed for short-term diagnostic or professional use, referred to as intermittent monitoring. These devices store glucose measurements for review later. Other CGMSs are designed for long-term patient use and display information in real-time, allowing the patient to act based on the data.

Intermittent monitoring with a CGMS can be beneficial in patients with diabetes to detect nocturnal hypoglycemia, the dawn phenomenon, and postprandial hyperglycemia and to assist in the management of hypoglycemic unawareness when significant changes are made to their diabetes regimens (such as instituting new insulin or pump therapy).

Glucose measurements provided during continuous monitoring can be used to enable patients to monitor their glucose trends over time in addition to making standard treatment decisions when appropriate. For this reason, a CGMS is most effective when used consistently every day or nearly every day.

Some insulin pump systems include a CGMS. This policy addresses CGMS devices, not the insulin pump component of these systems. For criteria/guidelines regarding insulin pumps, see UHA's Insulin Pumps – External medical payment policy.

III. Criteria/Guidelines

- A. CGMS (receiver, transmitters and sensors) is covered (subject to Limitation/Exclusions and Administrative Guidelines) for members with type 1 or type 2 diabetes when the following criteria are met:
 1. A CGMS is ordered and follow-up care will be provided by either an endocrinologist or by a physician or licensed healthcare provider with experience and expertise in the use of a CGMS;
 2. The patient has been utilizing best practices for at least three months, including all the following:
 - a. Completion of a comprehensive diabetes self-management program, including carbohydrate counting;
 - b. Compliance with an intensive insulin therapy, including use of an insulin pump or multiple daily injections, (i.e., at least three injections per day);
 - c. Glucose self-testing an average of at least three times per day; and
 - d. Frequent self-adjustment of insulin dose based on glucose measurement and carbohydrate count and/or content of meal; and
 3. It is anticipated that the patient will use a CGMS consistently on a nearly daily basis.
- B. CGMS (receiver, transmitters and sensors) is covered (subject to Limitation/Exclusions and Administrative Guidelines) for members with type 2 diabetes when criteria for type 1 diabetes above,

are met and diabetes is suboptimally controlled. Suboptimally controlled diabetes includes (but is not necessarily limited to) the following:

1. Glycosylated hemoglobin level (HbA1c) greater than 7 percent;
 2. Repeated and unpredictable hypoglycemia;
 3. Wide fluctuations in preprandial blood glucose;
 4. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl;
 5. Severe glycemic excursions; or
 6. Hypoglycemic unawareness
- C. Continuous monitoring of glucose levels in interstitial fluid may be covered concurrently with initiation of an insulin pump when the criteria listed above and when criteria for insulin pumps are met. (see UHA policy: Insulin Pumps at UHAhealth.com)
- D. Replacement of a CGMS is covered when the following criteria are met:
- a. Documentation from the patient's medical record supports that the CGMS is malfunctioning, out of warranty, and cannot be repaired.
 - b. The request for replacement is initiated by the treating physician.
 - c. The patient continues to be on an intensive insulin regimen (multiple daily doses of insulin pump) and has been compliant with CGMS use and is benefiting from its use.
 - d. Documentation in medical record supports that the patient is using a receiver rather than a smart device (e.g., smartphone) application
 - e. Documentation to support that the patient, compliant with and benefiting from CGMS, would benefit from a CGMS with newer technology or better features.
- E. Intermittent monitoring, i.e., up to 72 hours, of glucose levels in interstitial fluid is covered (subject to Limitations/Exclusions and Administrative Guidelines) for patients with Type 1 and Type 2 diabetes when the following criteria are met:
- a. Monitoring is performed by an endocrinologist, or by a physician or licensed healthcare provider with experience and expertise in the use of intermittent monitoring of glucose in interstitial fluid; and
 - b. Diabetes is suboptimally controlled despite current use of best practices (see criteria above). Suboptimally controlled diabetes includes, but is not necessarily limited to, the following:
 - i. Glycosylated hemoglobin level (HbA1c) greater than seven percent;
 - ii. Repeated and unpredictable hypoglycemia;
 - iii. Wide fluctuations in preprandial blood glucose;
 - iv. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL;
 - v. Severe glycemic excursions; or
 - vi. Hypoglycemic unawareness.
 - c. It is performed prior to insulin pump initiation to determine basal insulin levels.

IV. Limitations/Exclusions

- A. Intermittent monitoring is generally conducted in 72-hour periods. It may be repeated at a subsequent time depending on the patient's level of diabetes control.

- B. A GCMS is covered for patients who have been utilizing best practices for at least three months; however, coverage will be considered on a case-by-case basis for patients who have been utilizing best practices for less than three months.
- C. Replacement of a GCMS for the sole purpose of receiving an upgrade in technology is not covered.
- D. Sensors are not covered when coverage criteria for a CGMS are not met. A sensor unit refers to a day of use and not the number of sensors. Authorization will be based on the number of days the sensor is used, not a specific number of sensors.
- E. A replacement receiver is not covered when a patient is using a smart device application in place of a receiver.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

V. Administrative Guidelines

- A. Prior authorization is required for a CGMS. The following documentation from the medical record must be submitted:
 - 1. For an initial CGMS:
 - a. Current signed physician order
 - b. Documentation supporting that the patient has type 1 or Type 2 diabetes; and
 - c. Documentation supporting that the patient is utilizing best practices (including record/log of blood glucose and insulin administration in the month preceding the request) if an insulin pump has not been previously approved by UHA.
 - d. For intermittent monitoring: documentation supporting that the patient has suboptimally controlled diabetes and justification as to why a CGMS is medically necessary.
 - e. If not ordered by an endocrinologist, UHA requires that the ordering provider have experience and expertise in CGMS. If there are any concerns that this criterion is not met, supporting documentation may be requested.
 - 2. For a replacement CGMS:
 - a. Current signed physician order
 - b. Documentation supporting that the CGMS is malfunctioning and out of warranty; and
 - c. A summary of CGMS use over the last month downloaded from the device, or documentation supporting compliance with use if a summary cannot be downloaded from the device.
 - 3. For continuation of CGMS:

- a. CGMS that have been approved will be reviewed periodically by UHA. Continued use of CGMS will not be approved in patients noncompliant with use or in whom the CGMS has not shown efficacy. In such instances, the affected member and his/her provider will be notified of the decision to cease coverage with sufficient advanced notice to assure optimal care is not compromised.
4. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

B. Prior authorization is not required for office-based intermittent monitoring.

CPT Code	Description
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

C. This policy may apply to the following codes. Inclusion of a code in the table below does not guarantee that it will be reimbursed.

HCPCS Code	Description	90-day supply	1 year supply
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	90 units	365 units
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	1 unit	4 units
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	1 unit	1 unit
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	3 units	12 units
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	1 unit	1 unit
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	3 units	12 units
S1036	Transmitter; external, for use with artificial pancreas device system		
S1037	Receiver (monitor); external, for use with artificial pancreas device system		

NDC Code	Description
08627-0091-11	DEXCOM G6 RECEIVER (RETAIL)
08627-0016-01	DEXCOM G6 TRANSMITTER (RETAIL)
08627-0053-03	DEXCOM G6 SENSOR 3-PACK (RETAIL)
08627-0080-11	DEXCOM G5 MOBILE RECEIVER KIT - BLACK
08627-0080-21	DEXCOM G5 MOBILE RECEIVER KIT - PINK
08627-0080-31	DEXCOM G5 MOBILE RECEIVER KIT - BLUE
08627-0014-01	DEXCOM G5 MOBILE TRANSMITTER KIT
08627-0051-04	DEXCOM G5 MOBILE / G4 PLATINUM SENSOR, KIT 4 PACK
57599-0002-00	FreeStyle Libre 14 day Reader
57599-0001-01	FreeStyle Libre 14 day Sensor
57599-0000-21	FreeStyle Libre Reader (10 day)
57599-0000-19	FreeStyle Libre Sensor (10 day)

VI. Policy History

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