

Policy Name:	Medical Policy: Continuous Glucose Monitoring: Long-Term	Policy #:	MP-293
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Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (01/30/2024), Lori Slaughter (01/25/2024)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

Continuous Interstitial Fluid Glucose Monitoring is beneficial to direct changes in diabetic management in select patients

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

Commercial Criteria

1. Health Alliance manages minimally invasive, long-term Continuous Glucose Monitors (CGMs) and supplies under the Pharmacy Benefit as they are dispensed at the retail pharmacy and they require Prior Authorization by the Health Alliance Pharmacy Department. Please see the [Continuous Glucose Monitors Pharmacy](#) policy.
2. The Pharmacy policy, when meeting criteria, includes coverage for medically necessary disposable supplies (sensors, transmitters, receivers/monitors) dispensed at the retail pharmacy only, they are not considered Durable Medical Equipment (DME), and they are not reimbursed through DME vendors.
3. **New Illinois State Mandate**, effective 1/1/2024 requires coverage of long-term CGMs and supplies for “individuals who are diagnosed with type 1 or type 2 diabetes and require insulin for the management of their diabetes.”

NOTE: **Insulin Pumps** are managed separately from CGMs and all insulin pumps require Prior Authorization using HCPCS E0784 under the Health Alliance Medical Benefit through the Utilization Management department. Please see the Health Alliance Insulin Pumps Medical Policy (MP-45) for details.

Medicare Advantage Criteria details: ([MCD Search \(cms.gov\)](#) search for LCDs/LCAs)

1. Long-Term Continuous Glucose Monitor criteria have changed effective 4/16/2023 and are adjudicated under LCD L33822 by DME MACs: CGS Administrators and Noridian Healthcare Solutions using identical criteria.
2. **New Medicare criteria** for CGM coverage includes that the member is “**insulin-treated**”, or has a history of problematic hypoglycemia with documentation. See LCD for full details.
3. CGM devices and supplies for Health Alliance Medicare Advantage members who meet criteria may be obtained through their retail pharmacy or a contracted DME provider.
4. **External Insulin Pumps** are adjudicated using DME MACs: CGS and Noridian LCD L33794 criteria and require PA through Utilization Management and are obtained through a contracted DME provider.

Codes

*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

CGM Device Related HCPCS Codes

A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, 1 unit = 1 day supply
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver
K0554	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Provider Reimbursement CPT Codes to Support Patient CGM Use

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; 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

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

1. Blevins, Thomas, et al., "Statement by the American Association of Clinical Endocrinologists Consensus Panel on Continuous Glucose Monitoring" B Endocrine Practice, Vol 16 No. 5 September/October 2010.
2. Hayes Directory, Continuous Glucose Monitoring Systems, December 1, 2010.

3. The New England Journal of Medicine, Continuous Glucose Monitoring and Intensive Treatment of Type 1 Diabetes
4. BMJ, Effectiveness of continuous glucose monitoring in pregnant women with diabetes: randomized clinical trial.
5. Continuous Monitoring of Glucose, Wellmark May 2000
6. Hayes Directory, Continuous Glucose Monitoring Systems, May 22, 2007
7. Anthem Medical Policy, Glucose Monitoring and Related Supplies, July 2, 2007

History			
Created Date:	12/12/07		
Effective Date:	12/12/07		
Next Review Date:	01/30/2025		
Revision Date:	04/09/08 – MDC	11/07/08 – MDC	11/06/09 – MDC
	02/10/10 – MDC	07/13/11 – MDC	
	06/11/12 – MDC-Moved to standalone policy from Continuous Glucose Monitoring Devices policy		
	07/02/13 – MDC	06/04/14	05/13/15
	09/21/15 – D. Hasler-ICD codes updated to ICD-10.		09/17/16
	03/14/18 – MDC-Revision to combine the short-term and long-term CGM policies into a single policy with adjudication in InterQual DME.		
	08/21/18 – MDC approved InterQual 2018 revisions.		
	08/21/18 – MDC approved InterQual 2018 revisions.		
	01/23/19 – D. Hasler-Language added for select Self-Funded plans due to prior authorization list change.		
	08/20/19 – MDC-Annual review, no changes.		
	06/24/20 – MDC-Annual review, Clear Coverage language updated to Guiding Care/InterQual.		
	09/21/21 – MDC-Annual review, no changes.		
	03/17/22 – D. Hasler-Coding information and Medicare links updated.		
	12/20/22 – MDC-Annual review, InterQual language deleted, pointed to new Pharmacy policy for CGMs.		
	07/18/23 – D. Hasler-Annual review, language updates for Medicare Advantage (effective 4/1/23) and state of IL mandate language (effective 1/1/24)		
	11/21/23 – MDC-Language revision for clarity to Commercial and Medicare Advantage adjudication process.		