

## Continuous Glucose Monitoring Systems, DME 10

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Description & Definitions:

Continuous glucose monitoring measures glucose levels throughout the day with an electrode that is inserted under the skin. The electrode is connected to a transmitter that sends the information to a monitoring and display device that can notify the individual if their glucose is high or low.

### Criteria:

Continuous Glucose Monitoring Systems may be indicated for **1 or more** of the following:

- Type 1 or type 2 diabetes mellitus or gestational diabetes, and long-term continuous glucose monitoring needed, as indicated by **ALL** of the following:
  - Intensive insulin regimen (3 or more short acting insulin injections per day), or use of COMPATIBLE continuous subcutaneous insulin infusion pump
  - Individual consistently monitors blood glucose 3 or more times per day as documented on **ALL** of the following:
    - Medical record documentation
    - Personal blood glucose log showing consistent measurements over 2 weeks. Individual and/or caregiver is adherent, capable of using the devices safely (either by themselves or a caregiver), knowledgeable and able to follow a diabetic treatment plan, and participates in ongoing education and support.
- Replacement of Continuous Glucose Monitoring System is indicated with **ALL** of the following:
  - The problem(s) which limit the use of the current continuous glucose monitoring system is clearly identified (including misuse or abuse of the equipment)
  - There is documentation that the current continuous glucose monitoring system is not under warranty, including the date of warranty expiration.
- Continued coverage of Continuous Glucose Monitoring System devices are considered medically necessary with **ALL** of the following:
  - Member continues to meet above coverage criteria.
  - Non-Adherence to treatment has been addressed and documentation supports continued use.

There is insufficient scientific evidence to support the medical necessity any of the following as they are not shown to improve health outcomes upon technology review:

- Diabetes Management Software
- Hypoglycemic wristband alarm (e.g., Diabetes Sentry, GlucoWatch )

- Nesidioblastosis (primary islet cell hypertrophy), neonatal hypoglycemia, and for monitoring blood glucose in non-diabetic persons
- Personal Digital Assistant-Based Blood Glucose Monitor (e.g., TheraSense FreeStyle Tracker, Accu-Check Advantage Module)
- Remote glucose monitoring device (e.g., mySentry, MiniMed Connect, Dexcom SHARE)

Authorization request is limited to the following. Requests for equipment outside of recommended utilization must have supporting documentation:

- For Dexcom: 3 sensors per 30 days, 1 transmitter per 90 days
- For Freestyle: 2 sensors per 28 days
- Other FDA approved CGM system

Continuous Glucose Monitoring Systems are considered not medically necessary for any use other than those indicated in clinical criteria.

## Document History:

Revised Dates:

- 2024: July – criteria updated references updated
- 2023: July
- 2021: August
- 2020: January
- 2019: September
- 2016: January, November
- 2015: August, October, November
- 2014: March, August, October
- 2013: April, March, October
- 2012: June, November
- 2011: June
- 2008: March, October

Reviewed Dates:

- 2025: September – Implementation date of January 1, 2026. No changes references updated.
- 2025: June – Implementation date of September 1, 2025. No change references updated.
- 2022: July
- 2020: August
- 2019: March
- 2018: July
- 2017: January, May
- 2010: May
- 2009: May
- 2007: October

Origination Date:

- January 1994

## Coding:

Medically **necessary** with criteria:

| Coding | Description   |
|--------|---|
| 0446T  | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system   |
| 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 |
| A4238  | Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1    |

|       |  |
|-------|--|
| A4239 | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service (authorization required – effective 1/1/2025) |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring   |
| A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system  |
| A9278 | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system   |
| A9279 | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and   |
| E2102 | Adjunctive continuous glucose monitor or receiver  |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver   |
| K0553 | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories,  |
| K0554 | Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system  |
| S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)  |

Considered **Not Medically Necessary**:

| Coding | Description |
|--------|-------------|
|        | None        |

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

### Policy Approach and Special Notes: \*

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Commercial
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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LCD Implantable Continuous Glucose Monitors (I-CGM) (L38743). (2024, 7). Retrieved 5 2025, from CMS Local Coverage Determination: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38743&ver=15>

Provider Manuals. (2024). Retrieved 5 2025, from DMAS: [https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-10/DME%20Chapter%20IV%20%28updated%2010.24.24%29\\_Final.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-10/DME%20Chapter%20IV%20%28updated%2010.24.24%29_Final.pdf)

Standards of Care in Diabetes. (2024). Retrieved 5 2025, from American Diabetes Association (ADA): <https://watermark.silverchair.com/dc24srev.pdf?token=AQECAHi208BE49Ooan9kKhW Ercy7Dm3ZL 9Cf3qfKAc 485ysgAAA1UwggNRBgkqhkiG9w0BBwagggNCMIIDPgIBADCCAzcGCSqGS1b3DQEHATAeBglghkgBZQMEAS4wEQQM2g6dGeNPE6a24pjGAgEQgIIDCKVFZYio4X8DA9fNfqMjYUZHcNZP6f3dhjsKiQZI7JUuo8>

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## Keywords:

Continuous Glucose Monitoring, CGM, CGMS, MiniMed, shp dme, durable medical equipment 10, type 1 diabetes, type 2 diabetes, glycemic control, hypoglycemic, hyperglycemia, diabetes mellitus, Long-term continuous glucose monitoring, Short-term continuous glucose monitoring, gestational diabetes, Eversense, Dexcom, Libre Rio, Freestyle Libre