

Continuous Glucose Monitoring Systems, DME 10

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Effective Date 9/1/2025

Next Review Date 6/2026

Coverage Policy DME 10

Version 10

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

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:
 - o 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)

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- 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: 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

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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:
 - o 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.

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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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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

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