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SHP Continuous Glucose Monitoring Systems

AUTH: SHP Durable Medical Equipment 10 v4 (AC)

MCG Health
Ambulatory Care
25th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of continuous glucose monitoring for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Continuous glucose monitoring 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 insulin injections per day, or use of continuous subcutaneous insulin infusion pump)
 - Individual consistently monitors blood glucose 3 or more times per day.
 - Individual is motivated and knowledgeable about use of continuous glucose monitoring, is adherent to diabetic treatment plan, and participates in ongoing education and support.
 - Type 1 or type 2 diabetes mellitus or gestational diabetes, and short-term continuous glucose monitoring needed, as indicated by **ALL** of the following:
 - Additional information about blood glucose needed, as indicated by **1 or more** of the following:
 - Dawn phenomenon, known or suspected
 - Hypoglycemic unawareness (ie, individual does not have symptoms with hypoglycemia)
 - Nocturnal hypoglycemia, known or suspected
 - Postprandial hyperglycemia, known or suspected
 - Significant change to diabetes treatment regimen (eg, initiation of insulin, change from multiple-dose insulin to insulin pump therapy)

- Unexplained hyperglycemia
 - Monitoring limited to 3 to 14 days
- 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

Document History

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- Revised Dates:
 - 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:
 - 2022: July
 - 2020: August
 - 2019: March
 - 2018: July
 - 2017: January, May
 - 2010: May
 - 2009: May
 - 2007: October
- Effective Date: October 2007

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 0446T - Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
 - CPT 0447T - Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
 - CPT 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
 - HCPCS A4238 - Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
 - HCPCS A9276 - Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
 - HCPCS A9277 - Transmitter; external, for use with interstitial continuous glucose monitoring system
 - HCPCS A9278 - Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
 - HCPCS A9279 - Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
 - HCPCS E2102 - Adjunctive continuous glucose monitor or receiver
 - HCPCS K0553 - Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service
 - HCPCS K0554 - Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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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Codes

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CPT® : 0446T, 0447T, 0448T

HCPCS: A4238, A9276, A9277, A9278, A9279, E2102, K0553, K0554

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