



CONTINUOUS GLUCOSE MONITORING

Effective Date: August 20, 2008

Review Dates: 2/03, 1/04, 7/04, 7/05, 6/06, 6/07,
2/08, 8/08

Date Of Origin: February 26, 2003

Status: Current

Summary of Changes

Clarifications:

- Pg 2, Sec II, B, #2 is now #1, language change: “12 months of sensors will be authorized if the patient meets **one** (a,b,c or d)” from (a or b)

Deletions:

- Pg 2, Sec II, B, #1 deleted

Additions:

- Pg. 2, Sec II, B, #1, c & d, language added/criteria added.

I. DESCRIPTION

Continuous glucose monitoring systems (CGMS) are minimally invasive or noninvasive devices that measure glucose levels in interstitial fluid. The devices provide continuous "real-time" readings and data about trends in glucose levels. This may allow people with diabetes to understand the level of their glucose, and to intervene by eating food or taking insulin to prevent glucose levels from going too high or too low. Continuous glucose monitoring may be a covered benefit as outlined below.

FDA approved indications for CGMS are for continuous or periodic monitoring of glucose levels in the fluid under the skin, in adults, age 18 and over, and in children and adolescents, age 7 to 17, with diabetes mellitus, for the purpose of improving diabetes management. Values are not intended to be used directly for making therapy adjustments, but rather to provide an indication of when a fingerstick may be required. All therapy adjustments should be based on measurements obtained using a home glucose monitor.

The components of the CGMS are:

- 1) Receiver
- 2) Transmitter
- 3) Sensor

II. POLICY/CRITERIA

A. CRITERIA FOR STARTING A CGMS DEVICE:

1. Continuous glucose monitoring devices and real-time glucose sensors are covered when deemed appropriate by the ordering specialist. The device is most likely to benefit those patients who have:
 - hypoglycemic unawareness, hypoglycemic seizures, or nocturnal hypoglycemia
 - diabetes while pregnant or
 - not reached optimal HbA1c target despite best efforts by the patient and the treating physician
2. The device must be ordered by a specialist (maternal fetal medicine, diabetology, endocrinology, or other recognized expert) in management of patients with diabetes.
3. The initial authorization will include purchase of the receiver/transmitter unit and approval for 6 months of the sensors.

B. CRITERIA FOR CONTINUED USE OF CGMS

1. At the end of the initial six (6) month authorization period, purchase of 12 months of sensors will be authorized if the patient meets **one (a, b, c or d)** of the following:
 - a. Patient has met the targeted reduction of % HbA1c from baseline.
 1. $\text{HbA1c} \geq 12\%$ + -----decrease of 2% points
 2. $9\% \leq \text{HbA1c} < 12\%$ -- decrease of 1.5% points
 3. $8\% \leq \text{HbA1c} < 9\%$ -- decrease of 1% points
 4. $7\% \leq \text{HbA1c} < 8\%$ -- decrease of .5% points
 - b. Patient meets targeted reduction in standard deviation of blood glucose measure.

SD% of mean at initiation of device
(7 consecutive days within 1st month):

>100%
90-100%
80-89.9%
70-79.9%
60-69.9%
50-59.9%

Minimum improvement required
by 6 months:

Decrease to 75% of the mean
Decrease to <70% of the mean
Decrease to <65% of the mean
Decrease to <60% of the mean
Decrease to <55% of the mean
Decrease to <50% of the mean

- c. Patient meets improvement in Time in Target by a minimum of 10% (Target range is established between diabetes specialist and patient).
 - d. Patient log shows decrease in hypoglycemic unawareness events or hypoglycemic events.
2. Retrial period:
Patients who fail the six month trial period may retriial the CGMS device.
 3. Use in pregnancy:
Use of the CGMS during the full 9 months of pregnancy is at the discretion of the maternal medicine specialist. Use after pregnancy requires re-authorization as outlined in above.
 4. Other limitations:
 - a. The prescribing provider must agree to review patient downloads via any telemonitoring transmission, fax or mailed data.
 - b. Telephonic patient consultations are reimbursable services.
 - c. Receiver purchase is limited to one every 3 years.
- C. Priority Health will cover 72-hour continuous glucose monitoring for patients with labile blood sugars when specialist (maternal fetal medicine, diabetology, endocrinology, or other recognized expert) stipulates the need for intensive short-term monitoring for improving blood glucose control.

III. MEDICAL NECESSITY REVIEW

- Required for CGMS
- Not required for 72 hour CGMS

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO:** *This policy applies to all fully insured Priority Health HMO plans.*
- ❖ **POS:** *This policy applies to all fully insured Priority Health POS plans.*
- ❖ **PPO:** *This policy applies to all fully insured Priority Health Insurance Company PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a discrepancy between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *For Medicaid members, this policy will apply.*
- ❖ **MiCHILD:** *For MiCHILD members, this policy will apply.*



V. CODING AND BILLING

ICD9 codes

250.00 – 250.93 Diabetes

CPT\HCPCS:

No authorization required:

- 95250 Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading with printout of data).
- 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report

Authorization required:

- A9276* Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
- A9277* Transmitter; external, for use with interstitial continuous glucose monitoring system
- A9278* Receiver (monitor); external, for use with interstitial continuous glucose monitoring system

* *Not covered for PriorityMedicare or PriorityMedicaid*

Not covered:

- S1030 Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
- S1031 Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)

VI. REFERENCES

“Continuous Glucose Monitoring Systems” HAYES, Inc. May 2007

Food & Drug Administration @ <http://www.fda.gov/cdrh/PDF/p980022s015a.pdf>
(Retrieved February 25, 2008)

AMA CPT Copyright Statement

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc. and Priority Health Government Programs, Inc.