



CONTINUOUS GLUCOSE MONITORING

Effective Date: April 1, 2010

**Review Dates: 2/03, 1/04, 7/04, 7/05, 6/06, 6/07,
2/08, 8/08, 8/09, 4/10**

Date Of Origin: February 26, 2003

Status: Current

Summary of Changes

Clarifications:

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Deletions:

- Pg 2, Section II, A, deleted “ordering specialist” and replaced with “ordering provider”.
- Pg 2, Section II, B, deleted language stating “The device must be ordered by a specialist (maternal fetal medicine, diabetology, endocrinology, or other recognized expert) in management of patients with diabetes” and language related to prior authorization which no longer applies.
- Pg 2, Section II, E, (now F), “when specialist (maternal fetal medicine, diabetology, endocrinology, or other recognized expert) stipulates” language deleted.
- Pg 3, Section III, medical necessity review “Required” has been removed for CGMS.

Additions:

- Pg 2, Section II, B, criteria added for newly prescribed and replacement devices.
- Pg 2, Section II, C, criteria added stating: pumps must be ordered through a par DME provider, no prior authorization is required, and devices under warranty that require replacement are not a covered benefit.
- Pg 2, Section II, C (now D), updated to reflect continued use of CGMS following use in pregnancy.
- Pg 3, Section III, medical necessity review “Not required” has been 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. 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

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. Continuous glucose monitoring devices and real-time glucose sensors are covered when deemed appropriate by the ordering provider for either of the following:
 1. HbA1c >7.0, or
 2. Documented hypoglycemic unawareness, hypoglycemic seizures, or nocturnal hypoglycemia.
- B. The following criteria must also be met:
 1. For newly prescribed devices, both of the following:
 - a. Attestation that ordering provider will be managing the CGMS, *AND*
 - b. meeting with diabetes specialist or meeting with certified diabetes educator within 6 months prior to receiving new CGMS device
 2. For replacement devices, both of the following:
 - a. Attestation that ordering provider will be managing the CGMS, *AND*
 - b. member must meet with participating specialist or certified diabetes educator for diabetes self management education if HbA1c >9, recurrent hypoglycemia, diabetes related ER or IP admission in past 12 months prior to approval for replacement
- C. CGMS device must be ordered through a participating DME provider. No prior authorization will be required. Devices under warranty that require replacement are not a covered benefit.
- D. Use in pregnancy:

Use of the CGMS during pregnancy is at the discretion of the maternal medicine specialist. For continued use after pregnancy, criteria listed under II, A and B above must be met.
- E. Other limitations/considerations:
 1. The prescribing provider must agree to review patient downloads via any telemonitoring transmission, fax or mailed data.



- 2. Telephonic patient consultations are reimbursable services.
 - 3. Receiver purchase is limited to one every 3 years.
- F. Priority Health will cover 72-hour continuous glucose monitoring for patients with labile blood sugars and the need for intensive short-term monitoring for improving blood glucose control.

III. MEDICAL NECESSITY REVIEW

- Required Not Required Not Applicable

IV. APPLICATION TO PRODUCTS

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

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

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

- 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 Medicare or Medicaid

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)

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