

**CONTINUOUS GLUCOSE MONITORING**

Effective Date: August 20, 2009

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

Date Of Origin: February 26, 2003

Status: Current

**Summary of Changes**

Clarifications:

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Deletions:

- Pg 2, Section II, Criteria for Continued Use of the CGMS was removed from the policy.

Additions:

- Pg 1, Section I, language added to Description in first paragraph
- Pg 2, Section II, A & B: additional criteria added see #1.

**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 specialist 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. The device must be ordered by a specialist (maternal fetal medicine, diabetology, endocrinology, or other recognized expert) in management of patients with diabetes.
  2. Prior authorization by Priority Health. The authorization will include purchase of the receiver/transmitter unit and sensors.
- C. Use in pregnancy:  
Use of the CGMS during pregnancy is at the discretion of the maternal medicine specialist. Use after pregnancy requires re-authorization as outlined above.
- D. 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.
- E. 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/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:** *Coverage is determined by 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](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).*
- ❖ **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

*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)

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