PriorityHealth

MEDICAL POLICY
No. 91466-R7

CONTINUOUS GLUCOSE MONITORING

Effective Date: August 1, 2017	**Review Dates: 2/03, 1/04, 7/04, 7/05, 6/06, 6/07, 2/08, 8/08, 8/09, 4/10, 4/11, 4/12, 4/13, 5/14, 5/15, 5/16, 5/17, 5/18**
Date Of Origin: February 26, 2003	**Status: Current**

I. POLICY/CRITERIA

A. Continuous glucose monitoring (CGM) devices/systems (including transmitters, sensors, and receivers/monitors) are covered according to InterQual® criteria and must be prior authorized by Priority Health.

B. CGM devices must be ordered through a participating durable medical equipment (DME) provider. Devices under warranty that require replacement are not a covered benefit.

C. Other limitations/considerations:

The mySentry™ Remote Glucose Monitor, a MiniMed accessory, is not a covered benefit.

D. 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.

II. MEDICAL NECESSITY REVIEW

☒ Required* ☐ Not Required ☐ Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.***
- **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); if a coverage determination has not been adopted by CMS, this policy applies.***
- **MEDICAID/HEALTHY MICHIGAN PLAN:** ***For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.***

IV. 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 above.

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 2 to 17, with diabetes mellitus, for the purpose of improving diabetes management.

The components of the CGMS are:
1) Receiver
2) Transmitter
3) Sensor

V. CODING AND BILLING

ICD-10 Codes that may apply:

E08.00 – E08.9 Diabetes mellitus due to underlying condition

E09.00 – E09.9	Drug or chemical induced diabetes mellitus
E10.10 – E10.9	Type 1 diabetes mellitus
E11.00 – E11.9	Type 2 diabetes mellitus
E13.00 – E13.9	Other specified diabetes mellitus
O24.011 – O24.93	Diabetes mellitus in pregnancy, childbirth, and the puerperium
O99.810 – O99.815	Abnormal glucose complicating pregnancy, childbirth and the puerperium

CPT\HCPCS:

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). *No prior authorization required.*

95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report *No prior 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 Medicare*

Billing for Therapeutic CGMs® for Medicare

K0553 Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service

K0554 Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

Not covered:

0446T Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training

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 site and insertion of new implantable sensor, including system activation

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)

S1034 Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices

S1035 Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036 Transmitter; external, for use with artificial pancreas device system
S1037 Receiver (monitor); external, for use with artificial pancreas device system

VI. REFERENCES

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