	DEPARTMENT:	Utilization Management
	SUBJECT:	Continuous Glucose Monitor
	PRODUCT LINE:	All
	POLICY NUMBER:	UM88
	ORIGINAL POLICY EFFECTIVE DATE:	01/01/2017
KMTSJ, Inc.	LAST REVISED DATE:	12/23/2024
	LAST REVIEWED DATE:	12/23/2024

SCOPE:
To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers continuous glucose monitor benefits to all members according policy benefits and medical necessity criteria.

POLICY:
It is the policy of the Cooperative to review prior authorization requests for continuous glucose monitors.

PROCEDURE:
Prior Authorization Required: YES for both short term CGMs and long term CGM receivers. Sensors and transmitters do not require prior authorization if the receiver has been previously approved.

Long Term Continuous Glucose Monitoring Devices

Initial Requests:

Medicare Advantage:

Follow Local Coverage Determination (LCD) Glucose Monitors L33822

Medicaid

PA requests for personal continuous glucose monitoring devices and accessories are considered medically necessary for members who meet all the following criteria:

1. The member has a diagnosis of any type of diabetes, excluding pre-diabetes.
2. The member or the member's caregiver has the cognitive ability to be educated about the device, the willingness to use the device, and the physical capability to use the device.
3. The member has a written prescription dated within the last 12 months from a qualified health care professional on the member's medical team, including the name of the continuous glucose monitor.
4. The prescribed continuous glucose monitor is appropriate for the member's age.

Commercial

PA requests for personal continuous glucose monitoring devices and accessories are considered medically necessary for members who meet all the following criteria:

1. Have type 1 diabetes mellitus, **AND**
2. 18 years of age or older, **AND**
3. Must be compliant with intensive insulin treatment or an insulin pump and adequate self-monitoring of blood glucose with at least four finger sticks per day over the past 6 months, AND

4. Are receiving in-depth diabetes education and are in regular close contact with their diabetes management team (visits at least every 6 months) and have been compliant with recommendations for the preceding 6 months, **AND**
5. Have had recurrent episodes of severe hypoglycemic unawareness (defined as 2 or more episodes of hypoglycemia (blood glucose less than 50 mg/dL) in a 30-day), despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring (at least 4 finger sticks/day)

CGM Supplies:
A9276 CGM sensors
A9277 CGM transmitters

The CGM supplies (transmitters and sensors) do not require prior authorization when the CGM receiver has been previously approved by GHC or another insurer. When the CGM receiver has been previously approved, vendors should only dispense up to 90 sensors and 1 transmitter every 3 months. If the CGM receiver has been previously denied as not meeting criteria, then CGM transmitters and sensors would be denied.

Continued CGM Therapy (Commercial Only):

PA requests for continued use of CGMs is considered medically necessary when the following criteria are met (Replacement of functional features of an existing monitor for an upgrade is not considered medically necessary):

1. Member has type 1 diabetes mellitus, **AND**
2. Member is using the product properly and continues to benefit from it as evidenced by:
   a. A1C has decreased by 1% over a 3-month period or is less than 7%, **OR**
   b. Has had hypoglycemic unawareness (defined as two or more episodes of hypoglycemia (blood glucose less than 50 mg/dL) despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring, **OR**
   c. Nocturnal hypoglycemic unawareness, **AND**
3. Member continues to self-monitor with at least four finger sticks per day, **AND**
4. Member continues to be compliant with diabetic management including follow up with physician and diabetic educator on a quarterly basis.

Exclusions:

Personal continuous glucose monitoring devices are not considered medically necessary in the following situations:

1. Type 2 diabetes
2. Gestational diabetes
3. Nondiabetics after bariatric surgery

4. Replacement of an existing CGM with another CGM for additional features which are not medically necessary
5. Continuous glucose monitoring using an implantable glucose sensor is investigational, unproven and not medically necessary due to lack of U.S. Food and Drug Administration (FDA) approval
6. Continuous glucose monitoring using a noninvasive device such as Freestyle Libre because studies have shown that this device is inaccurate compared to other devices.

Short-term Continuous Glucose Monitoring Devices

Short-term (72 hours to one week) diagnostic use of continuous glucose monitoring devices are considered medically necessary in the following situations:

1. To aid in diagnosis of primary islet cell hypertrophy, persistent hyperinsulinemia hypoglycemia of infancy, **OR**
2. Member has a diagnosis of type 1 diabetes; **AND**
   a. Difficulty controlling blood glucose levels; **AND**
   b. Unresponsive to conventional insulin dose adjustments; **AND**
   c. Documented hypoglycemia unawareness; **OR**
   d. Repeated hypoglycemia (less than 50 mg/dl) and hyperglycemia (greater than 150 mg/dl) at the same time each day

Commercial: For short-term (72 hours to one week) diagnostic use, no more than 2 continuous glucose monitoring periods are considered medically necessary within a 12-month period.

Medicaid: For short-term (72 hours to one week) diagnostic use, no more than 4 continuous glucose monitoring periods are considered medically necessary within a 12-month period.

Reference sources:
Local Coverage Determination (LCD) L33822 Glucose Monitors
Forward Health Topic #19817 Personal Continuous Glucose Monitoring Devices and Accessories

APPROVED: _____ DATE: 12/23/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
11/08/18	Michele Bauer, CMO	Reviewed without changes.
2/21/19	Michele Bauer, CMO	Reviewed without changes
1/2/2020	Michele Bauer, CMO	Reviewed without changes
4/15/2020	Michele Bauer, MD, CMO	Updated policy to include continuation criteria and revised Commercial criteria
4/15/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
1/2/2022	Michele Bauer, MD, CMO	Updated Medicaid criteria with Forward Health changes.
5/2/2022	Michele Bauer, MD, CMO	Added Medicaid criteria for coverage of members under age 21.
7/22/2022	Michele Bauer, MD, CMO	Updated Medicaid criteria to delete requirement of seeing an endocrinologist and to delete requirement of 3 or more insulin injections per day
1/22/2023	Michele Bauer, MD, CMO	Updated prior auth requirements for CGM transmitters and sensors
1/25/2024	Michele Bauer, MD, CMO	Reviewed. No changes.
7/3/2024	Michele Bauer, MD, CMO	Updated Medicare Advantage criteria. Added References.
12/23/2024	Michele Bauer, MD, CMO	Updated Medicaid criteria per ForwardHealth