group health Cooperative of eau claire	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:	01/22/2023
	LAST REVIEWED DATE:	01/22/2023

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

POLICY: It is the policy of Group Health Cooperative of Eau Claire 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:

Medicaid

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 and/or Type 2 diabetes mellitus; **AND**
2. Are 21 years of age or older; **AND**
3. The member is insulin-treated with multiple daily administrations of insulin or a continuous subcutaneous insulin infusion pump **AND**
4. Are motivated to use a personal continuous glucose monitoring device on a near-daily basis and have the ability and readiness, as assessed by their medical team that includes a diabetic provider to make appropriate adjustments to their treatment regimen from the trending information obtained from the continuous glucose monitoring device; **AND**
5. Are receiving in-depth diabetes education and are in regular close contact with their diabetes management team (expectation is that member is seeing their diabetic doctor every 6 months and a diabetic educator or dietician every 6 months).

GHC will consider coverage of a personal continuous glucose monitoring device on a case-by-case basis for members under 21 years old who meet the above criteria despite appropriate modifications in insulin regimen under the ”HealthCheck Other Services” benefit. Success of a personal continuous glucose monitoring device is highly dependent on compliance, especially for members under 21 years old. Documentation for members under 21 years old must include an assessment by an endocrinologist or diabetes nurse educator of readiness of the member to use the device on a near-daily basis, as well as clear documentation that the member or their caregiver is compliant with self-monitoring by checking blood glucose fingerstick levels at least 4 times per day.

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. 25 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**
3. 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.

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Reference source, if applicable: N/A

APPROVED: _____ DATE: 1/22/2023

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
11/08/2018	Michele Bauer, CMO	Reviewed without changes.
02/21/2019	Michele Bauer, CMO	Reviewed without changes
01/02/2020	Michele Bauer, CMO	Reviewed without changes
04/15/2020	Michele Bauer, MD, CMO	Updated policy to include continuation criteria and revised Commercial criteria
04/15/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
01/02/2022	Michele Bauer, MD, CMO	Updated Medicaid criteria with Forward Health changes.
05/02/2022	Michele Bauer, MD, CMO	Added Medicaid criteria for coverage of members under age 21.
07/22/2022	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
01/22/2023	Michele Bauer, MD, CMO	Updated prior auth requirements for CGM transmitters and sensors