

The Department of Vermont Health Access Medical Policy

Subject: Continuous Glucose Monitoring (CGM) in the Interstitial Fluid

Last Review: October 27, 2011

Revision 3:

Revision 2:

Revision 1:

Original Effective: February 25, 2010

Description of Service or Procedure

Continuous glucose monitoring involves the insertion of a disposable sensor into the subcutaneous tissue in the lower abdomen or other area. The sensor measures the glucose in the interstitial or intracellular fluid (ICF) every ten seconds. These readings are either recorded by an external recorder that stores the data until it is downloaded for review or they are sent via a transmitter (wire or wireless) every five minutes to an external monitor for patient interaction.

A. Short term use

Hospitals and offices that own a “hospital-grade” continuous glucose monitoring system (CGMS: software, cables and all parts) use it with multiple patients for 72-hour trial periods. Usually it is the hospital’s or office’s Certified Diabetic Educator (CDE) who inserts the sensor, connects it to a external recorder, and educates the patient. The patient wears this in the outpatient settings for three days. At the end of this trial period, the patient returns to the office or hospital and the sensor is removed. The recorder is attached to the hospital/office equipment for downloading of the data and a report is created which is then assessed by the physician.

The DME vendor (usually the manufacturer) is not involved in these 72-hour cases.

B. Long term use

For CGM longer than 72 hours (including lifetime), the DME vendor may initiate the monitoring in the home. This “personal use” CGM System (CGMS) involves three components: the sensor (disposable), the transmitter (reusable) and the receiver/monitor (reusable). Some sensors function for three days, some for five days, and some for seven days. The reusable transmitter comes with a charger unit. The monitor not only records the data but also notifies the patient of abnormal readings, allowing the patient to adjust insulin and activity per physician direction. All components are purchased (not rented).



Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Continuous glucose monitoring in the interstitial fluid may be covered for beneficiaries:

- When the monitoring is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable with CGM (including use of the CGMS) and who provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.

Coverage Guidelines

A. The **short term** use (less than or equal to 72 hours) of continuous glucose monitoring (CGM) in the interstitial fluid is a Vermont Medicaid covered benefit **subject to prior authorization** for all eligible beneficiaries when **ALL** of the following conditions are met:

1. The CGM is employed in patients with Type I or Type II diabetes who are treated with insulin.
2. Treatment has been tried with split dose (multiple acting) insulin 2 or more times a day or any insulin regimen requiring 3 or more injections per day.
3. Patient is compliant with self-monitoring at a minimum of 4 blood glucose or finger stick blood glucose levels a day.
4. Inadequate glycemic control manifested by **one of the following** problems:
 - Recurrent episodes of severe hypoglycemia (glucose < 50 mg/dl).
 - Significant mismatch between HbA1c and diary of at least one month of patient charted finger stick blood glucose levels.
 - Hypoglycemic unawareness defined as recurrent episodes of severe hypoglycemia (blood glucose < 50 mg/dl) with unawareness that required assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative measures despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring (4 times a day).
 - Recurrent episodes of severe hyperglycemia (blood glucose repeatedly > 180 mg/dl) occurring at the same time each day or during the night despite several changes in insulin regimen.

(Do not report CPT codes 95250 and 95251 in conjunction with 99091.)

B. The long term use (more than 72 hours) of continuous glucose monitoring (CGM) in the interstitial fluid is a Vermont Medicaid covered benefit **subject to prior authorization for all eligible beneficiaries when the following criteria are met:**

1. The beneficiary has an established diagnosis of Type I diabetes **AND**
2. Has completed a prior trial of short term use of CGM **AND**
3. Is on a multiple dose insulin regimen (e.g., split dose insulin 2 times a day or any insulin regimen requiring 3 or more injections per day) or uses the insulin pump **AND**
4. Is in compliance with self-monitoring at a minimum of 4 blood glucose or finger stick blood glucose levels a day **AND**

One of the following:

5. Beneficiary with inadequate glycemic control defined as HbA1c > 7 % despite multiple insulin regimens and compliance with self-monitoring of blood glucose **OR**
6. Glycemic control with HbA1c < 8% may be appropriate for patients with a history of advanced microvascular or macrovascular disease, extensive comorbid conditions (including but not limited to gastrointestinal malabsorption, gastroparesis, renal failure) or those in whom the goal of HbA1c of < 7% is difficult to attain despite strict self monitoring and multiple glucose lowering agents including insulin **OR**
7. the CGM is used to detect daily trends in glucose levels to optimize blood glucose control in order to reduce serious hypoglycemic and hyperglycemic events **OR**
8. Beneficiary has documented hypoglycemic unawareness **OR**
9. High risk pregnancy in beneficiary treated with insulin with poor glycemic control **OR**
10. Insulinoma inoperable or not cured by surgery with frequent and unpredictable severe hypoglycemic episodes.

Clinical guidelines for repeat service or procedure

Providers may bill for short term monitoring (maximum of 72 hours) only once in the same month (30 days) and no more than four times in one calendar year.

Type of service or procedure covered

Continuous glucose monitoring in the interstitial fluid.

Type of service or procedure not covered (this list may not be all inclusive)

- Insulin Pump and CGMS combined into one unit that requires no patient interaction.
- Non-invasive continuous glucose monitoring systems (e.g., “Gluco Watch”).

Coding/Billing Information

Short term use (less than or equal to 72 hours)

CPT Codes

- **95250**

The technical component is covered when performed by a qualified physician, nurse practitioner or physician’s assistant or a Certified Diabetic Educator under their supervision. One unit = 72 hours. Insertion and removal are performed in hospitals, clinics, offices, and Ambulatory Surgical Centers. Reimbursement includes the disposable sensors and use of provider’s equipment (including recording device).

- **95251**

The interpretation and report of the results are covered only when performed by physicians and nurse practitioners (as allowed within their scope of practice). One unit = 72 hours.

Long term use (more than 72 hours; purchase only - vendors do not rent any of the components)

HCPCS codes

- **A9276**, Disposable sensor
- **A9277**, Reuseable external transmitter
- **A9278**, Reuseable external receiver/monitor
- **A9279**, Monitoring feature/device, NOC

References

Standards of Medical Care in Diabetes (2009). *American Diabetes Association*. Retrieved May 4, 2011, from: http://care.diabetesjournals.org/content/32/Supplement_1/S13.full

Continuous Glucose Monitoring. (2007). *The Medical Letter*, 49(1254), 13-15. Retrieved May 4, 2011, from: <http://www.medletter.com/scripts/toc.cgi?type=2007&inst=null>

Weinstein, R.L., et. al. (2007). Accuracy of the 5-day FreeStyle Navigator Continuous Glucose Monitoring System: comparison with frequent laboratory reference measurements. *Diabetes Care*, 30(5): 1125-30

This document has been classified as public information.