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The Department of Vermont Health Access Medical Policy

Subject: Continuous Glucose Monitoring (CGM) in the Interstitial Fluid
Last Review: August 30, 2016
Revision 4: September 28, 2015
Revision 3: January 2, 2015
Revision 2: October 4, 2013
Revision 1: October 27, 2011
Original Effective: February 25, 2010

Description of Service or Procedure

Continuous glucose monitoring (CGM) 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). 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) to an external monitor for patient interaction. These readings are intended to supplement the information obtained from patient self-monitoring of blood glucose (SMBG).

A. Short term trial (CGM Trial)
Hospitals and offices that own a "hospital-grade" continuous glucose monitoring system (CGMS: software, cables and all parts) use it with multiple patients for seven day trial period. Usually it is the hospital's or office's Certified Diabetic Educator (CDE) who inserts the sensor, connects it to an external recorder, and educates the patient. The patient wears this in the outpatient settings for seven 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.

B. Long term use
For CGM longer than seven days (including lifetime), the DME vendor may initiate use in the home. This "personal use" 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

A CGM in the interstitial fluid may be covered for beneficiaries:

- When the CGM is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act and, who is knowledgeable in the use of CGM and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Criteria

CGM may be cover for beneficiaries when the following criteria are met:

A. Medicaid Beneficiaries 21 years and older:
The **CGM trial** (seven days) is a Vermont Medicaid covered benefit **subject to prior authorization** when **ONE** of the following groups are met:

1. Severe hypoglycemic unawareness that required an emergency department visit or hospital admission.

OR

2. All of the below:
   - Established diagnosis of Type I or II diabetes **and** is treated with insulin. **AND**
   - HbA1c is ≥7% and/or erratic fluctuations in their HbA1c. **AND**
   - Completed a diabetes mellitus (DM) management program. **AND**
   - 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. **AND**
   - Patient is compliant with self-monitoring at a minimum of 4 blood glucose or finger stick blood glucose levels a day for 1 month. **AND**
   - Beneficiary is educated in the proper use of the CGM and is capable of using the device.
   - For women only **(pregnant/trying to get pregnant)**:
     - Woman with poorly controlled Type I diabetes taking insulin who is trying to get pregnant
     - High risk pregnancy in a beneficiary treated with insulin with poor glycemic control.

AND

- Inadequate glycemic control demonstrated by **at least one of the following** recurrent episodes of, even after changes are made to their diabetes regimen (such as instituting or switching from multiple daily injections (MDI) to pump therapy):
  - hypoglycemia unawareness (glucose < 70 mg/dl). **OR**
  - severe hypoglycemic (blood glucose < 50 mg/dl) with unawareness that required assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative measures **OR**
  - severe hyperglycemia (blood glucose repeatedly > 180 mg/dl) occurring at the same time each day or during the night **OR**
  - nocturnal hypoglycemia, **OR**
  - dawn phenomenon **OR**
  - post prandial hyperglycemia.

B. Beneficiaries under 21 years of age are exempt from needing CGM trial if the trial is ordered by an endocrinologist.

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

C. Medicaid Beneficiaries 21 years and older:
The **long term** use (more than 7 days) of CGM is a Vermont Medicaid covered benefit **subject to prior authorization** when the following criteria are met:

1. The beneficiary has an established diagnosis of Type I diabetes **AND**
2. Has completed a CGM trial of the 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 for 1 month **AND**
5. Beneficiary is educated in the proper use of the CGM and is capable of using the device. **AND**

One of the following:

6. 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**
7. Beneficiary has documented hypoglycemic unawareness **OR**
8. High risk pregnancy in beneficiary treated with insulin with poor glycemic control **OR**
9. Insulinoma inoperable or not cured by surgery with frequent and unpredictable severe hypoglycemic episodes.
10. CGM long term use must be requested and ordered by an endocrinologist.

D. Beneficiaries under 21 years of age:
The **long term** use (more than 7 days) of CGM is a Vermont Medicaid covered benefit **subject to prior authorization** when the following criteria are met:

1. The beneficiary has an established diagnosis of Type I diabetes **AND**
2. 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**
3. Is in compliance with self-monitoring at a minimum of 4 blood glucose or finger stick blood glucose levels a day for 1 month **AND**
4. Beneficiary is educated in the proper use of the CGM and is capable of using the device. **AND**

One of the following:

5. 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**
6. Beneficiary has documented hypoglycemic unawareness **OR**
7. High risk pregnancy in beneficiary treated with insulin with poor glycemic control **OR**
8. Insulinoma inoperable or not cured by surgery with frequent and unpredictable severe hypoglycemic episodes.
9. CGM long term use must be requested and ordered by an endocrinologist.

Clinical guidelines for repeat service or procedure

Providers may bill for CGM trial (maximum of 7 days) 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").

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