MN. 026.A Continuous Glucose Monitors

Original Implementation Date : 10/07/2025
Version [A] Date : 10/07/2025
Last Reviewed Date: 08/20/2025

***** NOTIFICATION OF PENDING POLICY IMPLEMENTATION *****

Please note that this Policy Bulletin will be implemented on 10/07/2025.

This document provides a 30-day notification of its pending implementation and is not currently implemented.

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

☒ Jefferson Health Plans Medicare Variation.

LCD - Glucose Monitors (L33822) applies to Jefferson Health Plans Medicare LOB.

This policy will align with the state's Preferred Drug List (PDL) for Medicaid and CHIP lines of business and will adhere to regulatory CMS guidelines for Medicare and Individual and Family Plans llnes of business. Continuous Glucose Monitors (CGM) are a covered service under the DME (Durable Medical Equipment) benefit according to the individual's eligibility and the benefit plan.

POLICY STATEMENT

For Health Partners Plans Medicaid and Health Partners Plans CHIP products, the plan follows the DHS Preferred Drug List (PDL) for the preferred Continuous Glucose Monitors (CGM). The following CGM's are considered preferred by the state:

- Dexcom (G6, G7)
- Libre (Freestyle 2 and 3)

For Jefferson Health Plans Medicare Advantage and Jefferson Health Plans Individual and Family Plans products, Continuous Glucose Monitors are covered when deemed medically necessary and member cost sharing will be based on individual's eligibility and the benefit plan.

Coverage for continuous glucose monitors (CGMs), including both preferred and non-preferred products, must align with the guidance established under the Pennsylvania Department of Human Services (DHS) Statewide Preferred Drug List (SWPDL). The DHS-approved SWPDL CGM Policy outlines the applicable prior authorization requirements.
Refer to the **SWPDL CGM Policy for Pennsylvania Medicaid Populations** for detailed criteria. (See Reference Section).

Prior authorization is required if a non-preferred continous glucose monitor is requested for Health Partners Plans Medicaid and Health Partners Plans CHIP. Coverage consideration will be given for members requiring a nonpreferred continuous glucose monitor due to compatibility and /or operability with an insulin pump.

POLICY GUIDELINES

Prior authorization is required for rentals and DME over $500.

For determination of Medical Necessity, the reviewer should use current accepted standards of care (American Diabetic Association. Standards of medical care in diabetes 2025. Centers for Medicare & Medicaid Services 2025) or NCD/LCD; InterQual®.

InterQual®Categories

InterQual® will ask which category of CGM is being requested from the following:

- CGM to be used adjunctively with a self-monitoring blood glucose (SMBG) device.
- Non-adjunctive CGM device with daily SMBG device for daily calibration.
- Non-adjunctive, factory calibrated, integrated CGM.
- Flash monitor (sensor, glucose, invasive, non-adjunctive, factory-calibrated, user initiated].

Within six (6) months prior to ordering the CGM, the treating practitioner must have an in person visit with the member to evaluate their diabetes control and determine appropriateness of the device.

Replacement or renewal of an existing continuous glucose monitoring system, or components for the management of diabetes type I or II require both:

- Documentation confirming that the current continuous glucose monitor/component is malfunctioning, no longer under warranty and cannot be repaired.

- Documentation, showing a recent (within past 6 months) evaluation by a healthcare provider managing member's diabetes with supporting data from the record showing how the member benefits from the use of this device.

When a CGM is covered, the related supply allowance is also covered.

Supplies for an adjunctive CGM integrated into an external insulin infusion pump are covered when the beneficiary meets both the CGM coverage criteria and the coverage criteria for an external insulin infusion pump.

The supplies may be billed monthly using a daily rate. This means that the monthly allowance for supplies is 30 units, 180 units for 6 months.

Transmitters are allowed once every 3 months (1 unit per 3 months).

The receiver has a reasonable useful lifetime of 3 years.

A continuous glucose monitoring system with an implantable interstitial glucose sensor is covered for the management of type 1 or type 2 diabetes mellitus for an individual who is on EITHER of the following treatment programs:

- Insulin regimen which includes long-acting (basal) insulin and rapid-acting (prandial/mealtime) insulin OR multiple daily injections of U500 insulin.

- Continuous subcutaneous external insulin pump.

Continuous Glucose Monitor Sensor Quantity Limit

Label Name (MDDB)	Quantity Limit
FreeStyle Libre 2 Sensor MISC	2/28 day(s)
Dexcom G6 Sensor MISC	3/30 day(s)
Dexcom G7 Sensor MISC	3/30 day(s)
FreeStyle Libre 2 Plus Sensor MISC	2/28 day(s)

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	

THERAPEUTIC (NON-ADJUNCTIVE) CONTINUOUS GLUCOSE MONITORS

HCPCS Codes	Description
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

*Code A4239 includes **all items** necessary for use of the device and includes, but not limited to CGM sensor, CGM transmitter, home Blood glucose monitor, and all related Blood glucose monitor supplies, and batteries.

NON-THERAPEUTIC (ADJUNCTIVE) CONTINUOUS GLUCOSE MONITORS

Code	Description
A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
E2102	Adjunctive continuous glucose monitors or receiver
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
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

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

Medical policies do not constitute a description of benefits. This medical necessity policy assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage. This policy is invoked only when the requested service is an eligible benefit as defined in the Member's applicable benefit contract on the date the service was rendered. Services determined by the Plan to be investigational or experimental, cosmetic, or not medically necessary are excluded from coverage for all lines of business.

DESCRIPTION OF SERVICES

OVERVIEW

- Maintaining glucose levels close to normal reduces the chance of developing microvascular. complications of diabetes.
- Consistent monitoring of glucose levels helps with condition management.
- Monitoring glucose levels can be accomplished through:

1. Self-monitoring blood glucose (SMBG): measures a small amount of blood (usually from the fingertip) using a glucose meter 3 to 4 times per day. SMBG looks at specific glucose values at specific points in time, generating a gross pattern of variability.

2. Continuous glucose monitoring (CGM): measures glucose levels in the interstitial fluid through the use of a sensor placed under the skin. A transmitter sends information about glucose levels to a wireless monitor attached externally. These devices display glucose levels at either 1- or 5- minute intervals with the option to set alarms alerting the individual to abnormal glucose levels.

Greater amounts of data collection may provide more insight regarding glucose patterns.

CLINICAL EVIDENCE

N/A

DEFINITIONS

A **"therapeutic" CGM** is a system approved by the FDA as a replacement for home blood glucose monitors. It performs the medically necessary function of the home glucose monitor to make diabetes treatment decisions.

A "**non-therapeutic" CGM** device is used as an adjunct to home blood glucose monitor testing. It is not a replacement for home blood glucose monitors. It does not perform a medically necessary function and is not used to make diabetes treatment decisions. Any CGM system that does not have the FDA designation would be considered a "non-therapeutic" CGM.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

For Health Partners Plans Medicaid and Health Partners Plans Chip products: Any requests for services that do not meet criteria set in PARP will be evaluated on a case-by-case basis**.**

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New Policy (previously titled RB. 017.C Continuous Glucose Monitors (CGM's).	A	10/07/2025

REFERENCES

1. American Diabetes Association, Diabetes Care 2019, 42 Suppl 1: S1-S204.

2. Beck et al., JAMA 2017, 317: 371-8.

3. U.S. Department of Veterans Affairs, Management of Type 2 Diabetes Mellitus in Primary Care 2017.

4. National Institute for Health and Clinical Excellence (NICE), Diabetes (type 1 and type 2) in children and young people: diagnosis and management. Clinical guidelines 18. 2015. Updated 2016.

5. Peters et al., J Clin Endocrinol Metab 2016, 101: 3922-37

6. National Institute of Diabetes and Digestive and Kidney Diseases, Continuous Glucose Monitoring. 2017 [cited May 28, 2018].

7. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Blood Glucose Testing (190.20) https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=98&ncdver=2&bc=AAAAQAAAAAAA&

8. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Home Blood Glucose Monitors (40.2) https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=222&ncdver=2&bc=AAAAQAAAAAAA&

9. American Diabetes Association. Standards of medical care in diabetes – 2025. Available at: https://professional.diabetes.org/standards-of-care; https://diabetesjournals.org/care/issue/48/Supplement_1

10. Centers for Medicare & Medicaid Services (CMS): LCD - Glucose Monitors (L33822)

11. Centers for Medicare & Medicaid Services (CMS): **Glucose Monitor - Policy Article (A52464)**

12. Grunberger G, Sherr J, Allende M, et al. American Association of Clinical Endocrinology clinical practice guideline: the use of advanced technology in the management of persons with diabetes mellitus. Endocr Pract. 2021 Jun;27(6):505-537.

13. Prior Authorization of Pharmaceutical Services Handbook – SECTION I Pharmacy Prior Authorization General Requirements: https://www.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements

14. Prior Authorization of Pharmaceutical Services Handbook – SECTION II Pharmacy Prior Authorization Guidelines https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx

15. https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/pharmacy-services/documents/clinical-guidelines-sw-pdl/Continuous%20Glucose%20Monitoring%20Products%2020240108.pdf