RB.017.B Continuous Glucose Monitors (CGM's)

Health Partners Plans

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PRODUCT VARIATIONS

This policy applies to all Health Partners Plans (HPP) product lines unless noted below.

POLICY STATEMENT

The **Dexcom G6** Glucose Monitoring System (K0553, K0554) is considered medically necessary for individuals age 2-19 when the below criteria are met:

- The member has established diagnosis of Diabetes Type I
- The member has frequent (at least 2 episodes within 30-day period) unexplained episodes of severe hypoglycemia (blood glucose less than 50 mg/dl) despite member's compliance with diet and insulin regimen adjustments/ OR hypoglycemia unawareness, requiring another person's resuscitative interventions (e.g., glucagon administration).
- Medical necessity criteria are met (American Diabetic Association -2018; Centers for Medicare & Medicaid Services 2018 or NCD/LCD; Interqual).
- The member has been using a blood glucose monitor (BGM) and performing frequent (four or more times a day) testing; and,
- The member is treated with insulin multiple (three or more) daily injections or continuous subcutaneous insulin infusion (CSII) pump; and,
- The member's insulin treatment regimen requires frequent adjustments based on SBGM (self blood glucose monitoring) or CGM testing results; and,
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in person visit with the member to evaluate their diabetes control and determined that criteria above are met.

The **Dexcom G6** Glucose Monitoring System (K0553, K0554) will be considered for reimbursement for adult members when the below criteria are met:

- The member has established diagnosis of Diabetes Type I or Type II
- Medical necessity criteria are met (American Diabetic Association -2018; Centers for Medicare & Medicaid Services 2018 or NCD/LCD; Interqual
- The member is using a blood glucose monitor (BGM) and performing frequent (four or more times a day) testing; and,
- The member is treated with insulin multiple (three or more) daily injections or continuous subcutaneous insulin infusion (CSII) pump; and,
- The member's insulin treatment regimen requires frequent adjustments based on SBGM (self blood glucose monitoring) or CGM testing results; and,
- The member has frequent (at least 2 episodes within 30-day period) unexplained episodes of severe hypoglycemia (blood glucose less than 50 mg/dl) despite member's compliance with diet and insulin regimen adjustments/ OR hypoglycemia unawareness, requiring another person's resuscitative interventions (e.g., glucagon administration).
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in person visit with the patient to evaluate their diabetes control and determined that criteria above are met.

The **FreeStyle Libre Flash** Glucose Monitoring System (K0553 & K0554) is considered medically necessary for individuals 18 years of age or older when the following criteria are met:

- The member has established diagnosis of Diabetes Type I or Type II
- Medical necessity criteria are met (American Diabetic Association -2018; Centers for Medicare & Medicaid Services 2018 or NCD/LCD.
- The member is using a blood glucose monitor (BGM) and performing frequent (four or more times a day) testing; and,
- The member is treated with insulin multiple (three or more) daily injections or continuous subcutaneous insulin infusion (CSII) pump; and,
- The member's insulin treatment regimen requires frequent adjustments based on SBGM (self blood glucose monitoring) or CGM testing results; and,
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in person visit with the patient to evaluate their diabetes control and determined that criteria above are met.

REPLACEMENT/RENEWAL

Replacement or renewal of an existing continuous glucose monitoring system, or components for the management of diabetes type I or II requires information of 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.

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 -2018; Centers for Medicare & Medicaid Services 2018) or NCD/LCD; Interqual.

Continuous Glucose Monitors are a covered service under the DME (Durable Medical Equipment) benefit according to the individual's eligibility and HPP benefit plan.

The **FreeStyle Libre Flash** Glucose Monitoring System (K0553 & K0554) is available through the Pharmacy benefit and does not require prior authorization.

Types of CGM's

Therapeutic (non-adjunctive)

- These CGMs currently include Dexcom 5 and Dexcom 6, and Freestyle Libre 14 day.
- These CGMs use HCPCS codes that start with 'K' (K0553, K0554).
- Dexcom G5 requires fingerstick calibration once per 12 hours whereas the G6 and Libre 14 day do not.
- Can be used for therapeutic decision making.
- Dexcom G6 can interface with some insulin pumps directly.
- Freestyle Libre is an intermittent (or flash) device which does not have alarms or continuous communication (sensor must be scanned).
- The Receiver, K0554, has a reasonable useful lifetime of 3 years.

Non-Therapeutic (adjunctive)

- These CGMs currently include Medtronic Guardian and Sensonics Eversense.
- These CGMs use HCPCS codes that start with 'A' (A9278, A9276. A9277).
- This type of CGM is also called adjunctive and require finger stick glucose testing for calibration (which may mean additional costs for supplies).
- This type of CGM is not covered by Medicare.
- Depending on the jurisdiction, the supplies may be billed monthly using a daily rate. This means that the monthly allowance for A9276 is 30 units, 180 units for 6 months.
    - Transmitters (A9277) are allowed once every 3 months (1 unit per 3 months).
- The receiver, A9278, has a reasonable useful lifetime of 3 years.

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 [Dexcom G5].
- Non-adjunctive, factory calibrated, integrated CGM [Dexcom G6].

- Flash monitor (sensor, glucose, invasive, non-adjunctive, factory-calibrated, user initiated [Freestyle Libre 14 day].
- Suffering from the potential for hypoglycemia and/or experiencing hypoglycemic unawareness

CODING

The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and 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.

For therapeutic CGM's: Dexcom G6 and FreeStyle Libre the codes listed in the table below should be reported

HCPCS Code	Description
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1-month supply = 1 unit of service
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

For non-therapeutic CGM's: Medtronic Guardian and Sensonics Eversense the codes listed in the table below should be reported. These codes should NOT be used to report Dexcom G6 and FreeStyle Libre.

HCPCS Code	Description
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

BENEFIT APPLICATION

This Reimbursement policy does not constitute a description of benefits. Rather, this 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.

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:

- 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.
- 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.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

POLICY HISTORY

Summary	Version	Version Effective Date
Policy language revised for clarity.	B	3/19/2021
This is a new policy.	A	9/1/2020

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