



TITLE: Continuous Glucose Monitor

IDENTIFIER: SHP 1603

EFFECTIVE DATE: 08/01/24

DEPARTMENT: Clinical Policies

Applies to:

 Scripps Health Plan**I. PURPOSE**

The purpose of this policy is to address continuous glucose monitoring coverage (CGM) criteria aligning with the American Diabetes Association and Center for Medicare & Medicaid Services (CMS).

II. POLICY/PROCEDURE

The UM department will follow standard SHPS clinical guideline/review criteria for coverage/benefit determination. SHPS UM department will appropriately utilize health plan criteria, CMS policies regarding National Coverage Determination (NCDs) and Local Coverage Determination (LCDs), MCG™, and any other established/approved guidelines (e.g. UpToDate, Hayes, etc.).

III. GUIDELINE**CONTINUOUS GLUCOSE MONITORS (CGMs)**

A non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone blood glucose monitor (BGM) to confirm testing results. An adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions.

To be eligible for coverage of a CGM and related supplies, the beneficiary must meet all the following initial coverage criteria (1)-(5):

1. The beneficiary has diabetes mellitus; **and**,
2. The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; **and**,
3. The CGM is prescribed in accordance with its FDA indications for use; **and**,
4. The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least **one** of the criteria below:
 - a. The beneficiary is insulin-treated; or,
 - b. The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following:
 - i. Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or,

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- ii. A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.
- 5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.

CGM Continued Coverage

Every six (6) months following the initial prescription of the CGM, the treating practitioner conducts an in-person or telehealth visit with the beneficiary to document adherence to their CGM regimen and diabetes treatment plan.

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.

If any of the initial coverage criteria (1)-(5), or the continued coverage criterion are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

IV. REFERENCES

- A. Article - Glucose Monitor - Policy Article (A52464). *Cms.gov*, 2024, www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464&ver=55.
- B. Article - Response to Comments: Glucose Monitors – DL33822 (A59330). *Cms.gov*, 2023, www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=59330&ver=6 Accessed 18 Sept. 2024.
- C. LCD - Glucose Monitors (L33822). *Cms.gov*, 2024, www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822&ver=67&keyword=glucose%20monitor&keywordType=starts&areaid=s6&docType=NCA. Accessed 18 Sept. 2024.

HISTORY		
Reviewed:	Revised:	
ENDORSEMENTS and APPROVALS		
Approvals		Approval Date
UM Director	DocuSigned by: <i>Deborah Bennett</i>	08/22/24
Medical Director	408332223023466... Signed by: <i>Russell Eane, MD</i>	08/22/24
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