

Short-Term Glucose Monitoring Policy Number: M20160718056 **Effective Date:** 9/1/2016 Sponsoring Department: **Health Care Services** Impacted Department(s): **Health Care Services Type of Policy:** ⊠ Internal ⊠ External **Data Classification:** □Confidential □Restricted ☑Public **Applies to (Line of Business):** ☐ Corporate (All) Health Plus ⊠Essential Plan \boxtimes Medicare, if yes, which plan(s): \boxtimes MAPD; \square PDP; \boxtimes ISNP; \boxtimes CSNP ☐ Commercial, if yes, which type: ☐ Large Group; ☐ Small Group; ☐ Individual ☑ Self-Funded Services (Refer to specific Summary Plan Descriptions (SPDs) to determine any preauthorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.) **Excluded Products within the Selected Lines of Business (LOB) Applicable to Vendors?** Yes \square No \boxtimes **Purpose and Applicability:**

Commercial, Self-Funded and Medicare Advantage:

Clinical Criteria – Short-Term CGM:

Policy:

The patient must have all the following requirements for short-term CGM (72 hours):

To set forth the medical criteria for short-term (intermittent) glucose monitoring.

- Insulin requiring diabetics, on insulin therapy;
- Documentation that patient is performing finger stick glucose monitoring at least four times daily (or has a legitimate reason that such monitoring cannot be performed).

AND must have one or more of the following requirements:



- Frequent episodes of hypoglycemia (<50 mg/dL)
- Documented nocturnal hypoglycemia
- Hypoglycemia unawareness characterized by seizures or loss of consciousness
- Significant disparity between blood glucose levels and HbA1c
- Use of insulin pump
- Gastroparesis
- Early morning fasting hypoglycemia

MediSource, MediSource Connect, Child Health Plus and Essential Plan:

MediSource, MediSource Connect and Child Health Plus cover short-term continuous glucose monitoring utilizing the Commercial criteria above.

Background:

All patients with diabetes mellitus who use insulin should monitor their glucose concentrations to help maintain safe, target-driven glucose control.

CGM systems provide visualization of the current glucose value as well as trends, which indicates the direction of changing glucose. Patients are instructed to log their meals, exercise, and insulin doses. Devices are returned, downloaded in the clinician's office, and data are reviewed with the patient, providing useful information about the frequency of unrecognized hypoglycemia and the extent of within-day and between-day variations in blood glucose. Based on this information, adjustments may be made to the individual's medication, diet, or exercise regimen.

Short-term CGM are clinic-owned devices that can be placed on patients for intermittent or short-term use as a diagnostic and clinical decision-making tool. Short-term CGM can be useful when patients fear hypoglycemia or fear intensifying their medication regimen. It can give patients and their clinicians important data to help them recognize patterns that lead to hypoglycemia or hyperglycemia and help them calibrate insulin doses. Short-term CGM has been shown to assist patients in lowering their A1C, as well as improving their physical activity and making other positive behavior changes.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required?	Yes ⊠	No□		
Pre-authorization is required for this service.				

Definitions

Short-term continuous glucose monitoring (CGM) is a procedure where a probe is inserted subcutaneously and attached to a monitor worn by the patient for at least 72 hours. The interstitial fluid glucose is taken and recorded every five minutes for the 72-hour period. At the end of the 72 hours, the probe is removed, and the monitor is put on a computer and a printout of interstitial fluid glucoses taken every five minutes is generated. From the recording of the glucose levels, the physician can review and adjust the patient's diet, exercise program, and medications in an attempt to gain better control over the diabetes.



References

Related Policies, Processes and Other Documents N/A

Non-Regulatory references

American Diabetes Association (ADA) [web site]. Standards of Medical Care in Diabetes – 2024. Available at: https://ada.silverchair-

cdn.com/ada/content public/journal/care/issue/47/supplement 1/12/standards-of-care-

2024.pdf?Expires=1714158998&Signature=NjPsm7Wn1GYNEa41TkfwpwvnMV6P5pMBPDgHUpPf3OgYr LxQfuo4DObsZZv~1FKg21eVsXbrVcK7wQNAK4FJgmiCY193Spju4-

XA6JHFvbZzQ3BCpBbmNcL8BBTGofNL2B7i9Nal~ZZit3d7KM0pLy1tfcaWcDb2c1YOJ4WDDov1KHbVoI42JWYz1GHYpxuCe7~AXb3WwSJRR22wLV9JwDkjbqf-xPEfv9-

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Hayes, Inc. Medical Technology Directory Report, Continuous Glucose Monitoring Systems; Lansdale, PA; December 2010.

Juvenile Diabetes Research Foundation Continuous Glucose Monitoring Study Group, Beck RW, Buckingham B, Miller K, et al. Factors predictive of use and of benefit from continuous glucose monitoring in type 1 diabetes. Diabetes Care. 2009 Nov; 32(11):1947-53.

Selvin E. Measurements of chronic glycemia in diabetes mellitus. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on March 22, 2024)

Weinstock RS. Glucose monitoring in the ambulatory management of non-pregnant adults with diabetes mellitus. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on March 22, 2024)

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Local Coverage Article: Glucose Monitors (A52464). Available at https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52464&ver=51&bc=0 Accessed March 22, 2024.

Centers for Medicare and Medicaid (CMS [web site]. Local Coverage Determination (LCD): Glucose Monitors (L33822). Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=33822&ver=64 Accessed March 22, 2024.

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 2 – Medicine, Drugs, and Drug Administration. April 2023. Available at: https://www.emedny.org/providermanuals/physician/PDFS/Physician_Procedure_Codes_Sect2.pdf Accessed March 22, 2024.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.



Version Control

Signature / Approval on File? Yes \boxtimes No \square

Revision Date	Owner	Notes
6/1/2024	Health Care Services	Reviewed
1/1/2024	Health Care Services	Revised
6/1/2023	Health Care Services	Reviewed
6/1/2022	Health Care Services	Reviewed
7/1/2021	Health Care Services	Revised
2/1/2021	Health Care Services	Reviewed
2/1/2020	Medical Management	Revised
3/1/2019	Medical Management	Revised
3/1/2018	Medical Management	Revised
3/1/2017	Medical Management	Revised