

Continuous glucose monitors and supplies- Medicare

Policy Number: M20221212131
Effective Date: 1/1/2023
Sponsoring Department: Pharmacy
Impacted Department(s): N/A

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus; Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization 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)

N/A

Applicable to Vendors? Yes No

Purpose and Applicability:

To provide Independent Health members with consistent access to therapeutic and non-therapeutic continuous glucose monitors and supplies as medically necessary for patients with diabetes. Prior authorization is required to assure safe, effective use of this diabetic supply.

Prior authorization applies to members who are newly prescribed a therapeutic or non-therapeutic continuous glucose monitor as part of their diabetes treatment plan (new starts).

Policy:

Coverage for Continuous Glucose Monitoring Systems and supplies may be obtained from an in-network Durable Medical Equipment (DME) provider or Retail Pharmacy.

Coverage is provided for non-therapeutic and therapeutic continuous glucose monitors and supplies. Coverage for therapeutic continuous glucose monitors and supplies is limited to preferred products. FreeStyle Libre, Freestyle Libre 2, Freestyle Libre 3, Dexcom G6, and Dexcom G7 are Independent Health's preferred therapeutic continuous glucose monitors.

Continuous glucose monitors and supplies are available at network retail pharmacies without prior authorization for members using insulin to control their diabetes. A prescription goes through online if the patient's Independent Health prescription history documents concurrent or prior (within the previous 108 days) use of insulin.

Freestyle Libre, Freestyle Libre 2, and Freestyle Libre 3: Members are allowed to fill 2 sensors for a 28-day supply, up to 6 sensors for an 84-day supply. Members are allowed to fill one receiver per year.

Dexcom G6 and Dexcom G7: Members are allowed to fill 3 sensors for a 30-day supply, up to 9 sensors for a 90-day supply. Member may also fill 1 wireless transmitter every 90 days. Members may fill one receiver device every 1 year. (Dexcom G7 sensors include a built-in transmitter)

The prescriber can request authorization using the standard authorization process if the Independent Health prescription history does not document concurrent use of insulin and for members who are obtaining their continuous glucose monitors and supplies from a durable medical equipment (DME) provider. The Pharmacy Services Department may authorize coverage of Continuous Glucose Monitors and supplies when the following criteria are met:

- Member has a diagnosis of diabetes; and
- Member is using insulin or
- Member has a history of problematic hypoglycemia with documentation of at least one of the following:
 - 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
 - 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

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Duration of Approval:

If criteria for authorization are met, approval may be provided indefinitely.

The Office of the Medical Director is responsible for all adverse determinations. Denied authorization requests can be appealed through the Complaint and Appeals process.

Pre-Authorization Required? Yes No

Definitions

- A therapeutic (or non-adjunctive) CGM can be used as a replacement for fingerstick blood glucose testing for diabetes treatment decisions.
- A non-therapeutic (or adjunctive) CGM cannot be used to make insulin-dosing decisions and is used in conjunction with finger stick testing with a standard, home glucose monitor.

- **E2102** ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER
- **E2103** NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER
- **A4238** SUPPLY ALLOWANCE FOR ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE
- **A4239** SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE

References

Related Policies, Processes and Other Documents**Non-Regulatory references**

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Regulatory References

Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) Document L33822 Glucose Monitors. <https://www.cms.gov/medicare-coverage-database/search.aspx>

Version Control

Signature/Approval on File? Yes No

| Revision Date | Owner | Notes |
|---------------|----------|----------------------------------|
| 7/1/2023 | Pharmacy | Revised-L33822 revised 4.16.2023 |
| 11/16/2023 | Pharmacy | Reviewed |
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