Mass General Brigham
Health Plan

# Medical Policy
# Continuous Glucose Monitors

**Policy Number:** 014

| | Commercial and Qualified Health Plans | MassHealth | Medicare Advantage |
|---|---|---|---|
| Authorization Required | | | |
| No Prior Authorization | X | X | X |

**Overview**
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical necessity for continuous glucose monitors.

**Coverage Guidelines**
Medical necessity for Continuous Glucose Monitor is determined through InterQual® criteria. To access the criteria, log in to Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu. Mass General Brigham Health Plan covers continuous glucose monitors for individuals when it is recommended by the member's providers and when the request meets the medical necessity criteria. In addition, the member's endocrinologist is responsible for providing all necessary clinical information for the determination of medical necessity including: medical history, diabetes education received, treatment to date, glucose reading logs, pertinent laboratory testing, treatment plan, and medical necessity rational. The treating endocrinologist must sign a prescription for any requested continuous glucose monitor/supply at least yearly.

**Continuous Glucose Monitors- Long Term –Exclusions**
1. Use of sensors more frequently than every 72 hours.
2. Replacement or repair of home long-term (more than 7 days) continuous glucose monitors when:
    a. It is still under manufacture warranty;
    b. It is lost, stolen, or damaged due to improper care, or misuse, or neglect (Mass General Brigham Health Plan may require proof of the stolen or damaged item. Proof consists of a police report, pictures, or corroborating statement);
    c. The member has a functioning model and a newer or upgraded model is not medically necessary;
3. Devices or device features that are to be principally used for convenience and are not medically necessary;
4. Devices or device features that are considered experimental and investigational.

**Medicare Variations**
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations **(**NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.
**At the time of Mass General Brigham Health Plan's most recent policy review, Medicare has the following:**

- LCD: Glucose Monitors (L33822)
- Local Coverage Article – Policy Article (A5264)

**Definitions**

Continuous Glucose Monitors: Minimally invasive or noninvasive devices that measure glucose levels in the interstitial fluid surrounding skin cells over a short-term period of several days or for long-term use to provide continuous information about glucose fluctuations that is not otherwise captured by intermittent testing. The continuous glucose monitoring systems measure blood glucose with minimal invasiveness through continuous measurement of interstitial fluid (ISF) with a subcutaneously implanted sensor. These devices may require calibration with fingerstick glucose levels. Several CGMS have been approved by the FDA. In addition to stand-alone continuous glucose monitors, several insulin pump systems have included a built-in continuous glucose monitor. Continuous glucose monitoring (CGM) in conjunction with intensive insulin regimens can be a useful tool to lower hemoglobin A1C levels in highly selected patients.

Glycated hemoglobin: Also known as HbA1c, is a form of hemoglobin. (Hemoglobin is the iron-rich protein in red blood cells that gives blood its red color.) In the normal 120-day life span of a red blood cell, glucose molecules react with hemoglobin forming glycated hemoglobin. Individuals with diabetes have higher quantities of glucose in their capillary blood and as a result they also have increased numbers of glycated hemoglobin molecules. The 2018/2019 American Diabetes Association Standards of Medical Care include an HbA1c level >/= 6.5% as one of the criteria for diagnosing diabetes. Once a hemoglobin molecule is glycated, it remains that way. A build-up of glycated hemoglobin within the red blood cells therefore reflects the average level of glucose to which the cell has been exposed during its life cycle. Measuring glycated hemoglobin assesses the effectiveness of therapy for the treatment of diabetes.

Hypoglycemia: The International Hypoglycemia Study Group recommended a blood glucose value of 70 mg/dL or less as sufficiently low for treatment with fast-acting carbohydrates and less than 54 should be considered serious, clinically significant hypoglycemia. Severe hypoglycemia is defined as severe cognitive impairment requiring assistance from another person for recovery.

Optimum Glycemic Control per ADA 2019:

- Lowering A1C for non-pregnant adults to < or about 7% to reduce microvascular and neuropathic complications of diabetes and, possibly, macrovascular disease.
- Lowering A1C for a selected individual adult to <6.5% without causing significant hypoglycemia or other adverse effects of treatment.
- Less stringent A1C goals (e.g. <8%) may be appropriate for an adult patient with a history of: severe hypoglycemia, limited life expectancies, advanced microvascular or macrovascular complications, extensive comorbid conditions, or those with longstanding diabetes in whom the general goal is difficult to obtain despite education, monitoring, and appropriate medications.
- Lowering A1C for children to < 7.5% with special consideration for the unique risks of hypoglycemia in very young children.

**Codes**

**The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.**

**This list of codes applies to commercial and MassHealth plans only.**

| Authorized Codes | Code Description |
|---|---|
| A4238 | Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1-day supply |

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| A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system |
| A9278 | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system |
| A4239 | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service |
| E2102 | Adjunctive continuous glucose monitor or receiver |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver |

**Effective**
March 2023: Off-cycle update. Prior authorization no longer required. Table updated. Medicare language added. References updated.
January 2023: Codes updated.
April 2022: Added codes.
December 2021: Annual update. References updated.
December 2020: Annual update. References updated. InterQual criteria revised.
December 2019: Annual update. References updated.
December 2018: Annual update
April 2018: Added codes.
November 2017: Annual update.
February 2017: McKesson's InterQual® criteria replaced the criteria as indicated in the policy.
July 2016: Annual update
July 2015: Effective date.

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