Mass General Brigham
Health Plan

Medical Policy
Continuous Glucose Monitors

Policy Number: 014

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization Required					
No Prior Authorization	X	X	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 into 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 manufacturer 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 Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies

are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare has the following:**

- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38662)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38664)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38623)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38657)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38659)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38617)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38743)**
- **LCD - Implantable Continuous Glucose Monitors (I-CGM) (L38686)**
- **LCD - Glucose Monitors (L33822)**
- **Article - Glucose Monitor - Policy Article (A52464)**

MassHealth Variation
Mass General Brigham Health Plan uses the guidance from MassHealth for medical necessity determinations for members of the Mass General Brigham ACO. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **As of Mass General Brigham Health Plan's most recent policy review, MassHealth has the following:**

- **Guidelines for Medical Necessity Determination for Diabetes Management Devices: Continuous Glucose Monitoring Systems and Insulin Pumps.**

OneCare and SCO Variation
Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

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.

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
A4239	Supply allowance for nonadjunctive, nonimplanted 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
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
E2102	Adjunctive continuous glucose monitor or receiver
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver

Effective
January 2026: Off-cycle update. Updated prior authorization table and added variation for OneCare and SCO members. Fixed code disclaimer. Added hyperlinks to LCDs and LCA. Clarified MassHealth Variation. References updated.
December 2024: Annual update. Added MassHealth Variation. Reorganized codes. Added LCDs to Medicare Variation.
December 2023: Annual update. References updated.
March 2023: Off-cycle update. Prior authorization no longer required. Table updated. Medicare language added. References updated.
January 2023: Off-cycle update. Codes updated.
April 2022: Annual update. 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: Off-cycle update. Added codes.
November 2017: Annual update.
February 2017: Of-cycle update. McKesson's InterQual® criteria replaced the criteria as indicated in the policy.
July 2016: Annual update.
July 2015: Effective date.

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