Effective:	*10/21/2022*
Last Approved:	*9/14/2022*
Next Review:	*10/31/2023*
Lines Of Business:	*All Lines of Business*

Short-Term Continuous Glucose Monitors

POLICY PURPOSE:

This policy is designed to discuss the medical necessity criteria for short-term continuous glucose monitors (CGMs). Short-term CGMs monitor, measure, and records glucose levels in interstitial fluid and produce data that show trends in glucose measurement.

POLICY POSITION:

Requests for short-term (72 hours to one week) continuous glucose monitoring devices services meeting **ANY** of the following criteria may be considered to be medically necessary:

1. For diagnostic use in persons with diabetes experiencing either of the following despite conventional insulin dosage adjustment:
   a. Hypoglycemic unawareness; OR
   b. Repeated hypo- and hyperglycemia (<50 and >150 mg/dL respectively) at the same time each day.
2. For diagnostic use of either of the following in persons with symptoms suggestive of recurrent hypoglycemia:
   a. Primary islet cell hypertrophy (nesidioblastosis); OR
   b. Persistent hyperinsulinemic hypoglycemia of infancy (PHHI, or congenital hypoglycemia).
3. Requests for short term continuous glucose monitoring devices not addressed in this policy are considered to be experimental/investigational, and therefore, non-covered because safety and efficacy has not been established.
4. All requests for short-term (72 hours to one week) continuous glucose monitoring devices require medical necessity review.

CODING:

Procedure Codes:

CPT Code	Description
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up,

	calibration of monitor, patient training and printout of recording.
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording.
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report.

Diagnosis Codes:

ICD-10 Code	Description
E08.00-E13.9	Diabetes mellitus
O24.011-O24.93	Diabetes mellitus in pregnancy, childbirth and the puerperium
P70.2	Neonatal diabetes mellitus

References:

Aleppo G, Ruedy KJ, Riddlesworth TD, et al.; REPLACE-BG Study Group. REPLACE-BG: A randomized trial comparing continuous glucose monitoring with and without routine blood glucose monitoring in adults with well-controlled type 1 diabetes. Diabetes Care. 2017;40:538–545.

Beck RW, Riddlesworth T, Ruedy K, et al.; DIAMOND Study Group. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults With Type 1 Diabetes Using Insulin Injections: The DIAMOND Randomized Clinical Trial. JAMA. 2017;317(4):371-378.

Chico A, Vidal-Rios P, Subira M, et al. The continuous glucose monitoring system is useful for detecting unrecognized hypoglycemias in patients with type 1 and type 2 diabetes but is not better than frequent capillary glucose measurements for improving metabolic control. Diabetes Care. 2003;26(4):1153-1157.

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Tanenberg R, Bode B, Lane W, et al. Use of the Continuous Glucose Monitoring System to guide therapy in patients with insulin-treated diabetes: A randomized controlled trial. Mayo Clin Proc. 2004;79(12):1521-1526.

Zick R, Petersen B, Richter M, Haug C; SAFIR Study Group. Comparison of continuous blood glucose measurement with conventional documentation of hypoglycemia in patients with Type 2 diabetes on multiple daily insulin injection therapy. Diabetes Technol Ther. 2007;9(6):483-492.

Davis TME, Dwyer P, England M, Fegan PG, Davis WA. Efficacy of Intermittently Scanned Continuous Glucose Monitoring in the Prevention of Recurrent Severe Hypoglycemia. Diabetes Technol Ther. 2020;22(5):367-373. doi:10.1089/dia.2019.0331. Accessed August 3, 2022.

Peters AL, Ahmann AJ, Bettelino T, et al. Diabetes Technology—Continuous Subcutaneous Insulin

Infusion Therapy and Continuous Glucose Monitoring in Adults. Endocrine Society Clinical Practice Guidelines. September 2016. Accessed August 11, 2022.

POLICY HISTORY:

Date	Description
8/11/2022	Annual Review: Removed "(less than one week) Coverage Policy" from the title. Moved criteria from Medical Policy Guidance Section to Policy Position section. Revised denial statement. Replaced the Medical Policy Guidance section with a Policy Purpose section which includes a description of CGMs. Added a diagnosis code subsection. Updated Reference section. Added post-payment audit statement and disclaimer.

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

All revision dates: 9/14/2022, 9/30/2021