

### Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

### Description

A continuous glucose monitoring system (CGMS) is an FDA-approved device that records glucose levels throughout the day and night, using a sensor which is inserted under the skin. The system automatically records an average glucose value every 5 minutes for up to 72 hours, while the person with diabetes continues daily activities at home. The sensor measures the level of glucose in the tissue every 10 seconds and sends the information via a wire to a pager-sized device called a "monitor."

The most important use of continuous blood glucose monitoring is to facilitate adjustments in therapy to improve control.

Situations which support 3 day monitoring with a continuous glucose monitoring device include adjustments in therapy, quantifying the response in a trial of a diabetes therapy, assessing the impact of lifestyle modifications on glycemic control, and monitoring when attempting to tighten control without causing hypoglycemia.

### Criteria

<b>Requires Authorization</b>	<b>Prior authorization is required.</b>
	When medical necessity criteria are met, Neighborhood members are allowed coverage for <ol style="list-style-type: none"> <li>1. Episodic Continuous Glucose Monitoring</li> <li>2. Long Term (greater than 72 hours) Continuous Glucose Monitoring</li> </ol>

#### Episodic Continuous Glucose Monitoring

Intermittent monitoring (72 hours) of glucose levels in interstitial fluid may be considered medically necessary and covered if the following criteria are met:

**Note that 2 (72 hour) monitoring sessions are covered per 12 month period with Prior Authorization.**

- Patients with type I or II diabetes who despite current use of best practices have poorly controlled diabetes, including hemoglobin A1c not in acceptable target range for the patient's clinical situation, unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, or recurrent diabetic ketoacidosis.
- Patients with type I diabetes prior to insulin pump initiation to determine basal insulin levels.
- Women with type I diabetes who are pregnant or about to become pregnant and have poorly controlled diabetes.

NOTE: In the event the ordering practitioner prescribes a third monitoring episode in the twelve month period, submission of current documentation of all of the above criteria will be required in order to consider the request for authorization.

#### Long Term (greater than 72 hours) Continuous Glucose Monitoring

This may be considered medically necessary as an adjunct to finger stick testing of blood glucose when the following criteria are met:

- Type 1 diabetes (as evidenced by submitted C peptide laboratory result, positive antibody test or onset as a child) AND
- Recurrent episodes of severe hypoglycemia (defined as hypoglycemia [blood glucose less than 50 mg/dL]) and clinical documentation of wide fluctuations of blood glucose levels despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring or pregnancy. OR
- Type 1 diabetes with documented compliance with intensive insulin regimen with blood glucose monitoring of 4 or more times a day and have failed to achieve adequate A1C goals.

#### Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

**Covered Codes:** For information on Coding please reference the [Authorization Quick Reference Guide](#)

#### Exclusions

Home Blood Glucose disposable monitors, including test strips A9275 is non-covered because these monitors do not meet the definition of DME. DME is equipment which:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient's home
  - Gluco Watch G2
  - Remote Glucose Monitoring
  - Glucose monitoring in non-diabetic persons following gastric bypass surgery
  - Glucose monitoring for nesidioblastosis (primary islet cell hypertrophy)

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**CMP Cross Reference:**

**Created:** 09/2007  
**Annual Review Month:** March  
**Review Dates:** 3/02/11, 3/10/12, 2/26/13, 3/18/2014, 3/3/2015, 12/15/2016, 1/9/18, 3/6/19  
**Revision Dates:** 7/03/09, 2/22/10, 3/12/13, 3/3/2015, 07/1/2016, 12/15/16  
**CMC Review Date:** 3/09/10, 3/08/11, 3/10/12, 3/12/13, 03/18/14, 3/3/15, 1/10/17, 1/9/18, 3/6/19  
**Medical Director Approval Dates:** 1/15/08, 7/14/09, 3/9/2010, 3/15/11, 4/5/12, 4/1/13, 3/21/14, 3/3/2015, 2/16/2017, 4/12/18, 3/7/19  
**Effective Dates:** 3/21/2014, 3/3/2015, 7/1/2016, 2/16/2017, 4/12/18, 3/7/19

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

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