Clinical Policy: Continuous Glucose Monitors

Reference Number: LA.CP.MP.519c
Date of Last Revision: 2/23

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Continuous glucose monitors (CGM) measure interstitial glucose, which correlates well with plasma glucose. Continuous glucose monitors are indicated for use in patients to monitor blood glucose levels. Blood glucose monitoring (either with self-monitoring of blood glucose or CGM) is a tool used to evaluate whether glycemic targets are being achieved. It enables evaluation of response to both pharmacologic therapy and lifestyle modifications and can therefore help guide treatment decisions and/or self-management. A continuous glucose-monitoring (CGM) device uses a sensor that is attached to the patient. The CGM is programmed to measure the glucose at timed intervals, and the glucose readings are sent via a transmitter to the receiver. The patient receives alerts with the results of the readings, and readings are recorded for later reference. CGM can be done short term (3-7 days) for diagnostic purposes, and long term to maintain tighter control of blood glucose

I. It is the policy of Louisiana Healthcare Connections that coverage for a Continuous glucose monitor is **medically necessary**, when all the following criteria are met

A. Submission of all required documentation. CGM devices require a prior authorization which includes a prescription and documentation of medical necessity by the provider

B. Members who receive this coverage are required to attend regular follow-up visits with a healthcare provider at a minimum of every six months to assess the on-going benefits. Documentation of follow-up visits are required for continued coverage

C. The member exhibits any of the following diagnoses
1. Diagnosis of any type of diabetes with the use of insulin more than two times daily
2. Evidence of level 2 or level 3 hypoglycemia.
3. Diagnosis of glycogen storage disease type 1a.

II. It is the policy of Louisiana Healthcare Connections that CGM sensors are covered, as well. The lifespan of a CGM sensor vary. The sensor may last 7, 10, or 14 days. The rate on file for CGM sensors incorporates these varying lifespans and therefore represent a monthly rate rather than per unit rate.

Coding Implications

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informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
A4238	Supply allowance for adjunctive, nonimplanted 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 nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
E2103*	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
S1030*	Continuous noninvasive glucose monitoring device, purchase
S1031*	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor

*Codes not on DMEPOS FS

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Creation of LHCC custom policy	2/23	4/18/23

References

1. LDH -provider manual-Chapter 18, Durable Medical Equipment

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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