



BlueCross BlueShield of Vermont

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Continuous or Intermittent Glucose Monitoring (CGMS) in Interstitial Fluid Corporate Medical Policy

File name: Continuous or Intermittent Glucose Monitoring (CGMS) in Interstitial Fluid
File code: UM.DME.07
Origination: 01/2005
Last Review: 11/2017
Next Review: 11/2018
Effective Date: 08/01/2018

Description/Summary

Continuous Glucose Monitoring Systems (CGMS) allow for automatic measurement of glucose levels in interstitial fluid every few minutes while the device is in use. These systems may be used continuously or in an intermittent manner for time periods of at least 72 hours and provide much more extensive and detailed glucose data than intermittent capillary glucose testing. These systems may be used as adjuncts to or replacement of capillary blood glucose monitoring.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- Code Table & Instructions](#)

See the BCBSVT prior approval list for durable medical equipment (DME) to determine prior approval requirements for CGMS.

When a service may be considered medically necessary

Intermittent use of Continuous Glucose Monitoring in Interstitial Fluid

The patient must meet the FDA age indications for the specific device.

Intermittent and or continuous monitoring at least 72 hours may be considered **medically necessary** in patients with diabetes mellitus whose diabetes is poorly controlled despite use of current diabetes best practices and capillary glucose monitoring at least 3-4 times per day, as evidenced by any of the following:

Recurring episodes of severe hypoglycemia (less than 54 mg/dl or resulting in cognitive impairment requiring external assistance for recovery), unexplained hypoglycemic episodes, hypoglycemic unawareness, uncontrolled hyperglycemia, or recurrent diabetic ketoacidosis.

Women with diabetes mellitus taking insulin who are pregnant or about to become pregnant with poor glucose control are another subset of patients.

Intermittent monitoring of glucose levels in interstitial fluid may also be considered **medically necessary** in patients with diabetes mellitus prior to insulin pump initiation to determine initial insulin pump settings.

When a service is considered not medically necessary

Continuous glucose monitoring is **not medically necessary** for intermittent glucose monitoring for periods of less than 72 hours.

Any additional software or hardware required for downloading data from blood glucose monitors to computers is **not medically necessary**.

When a service is considered investigational

Glucose monitors that are not FDA-approved, including but not limited to those using infrared spectroscopy, are considered **investigational**.

Policy Guidelines

Supplemental Information

Practice Guidelines and Position Statements

2106 CGM may be a useful supplement to SMBG among individuals with: Hypoglycemia unawareness and/or frequent hypoglycemic episodes

In 2014, the American Diabetes Association made the following recommendations concerning continuous glucose monitoring:

CGM in conjunction with intensive insulin regimens can be a useful tool to lower A1c in selected adults (age at least 25 years) with type 1 diabetes. (Level of evidence A)
Although the evidence of A1c lowering is less strong in children, teens, and younger adults, CGM may be helpful in those groups. Success correlates with adherence to ongoing use of the device. (Level of evidence C)

CGM may be a supplemental tool to SMBG in those with hypoglycemic unawareness and/or frequent hypoglycemic episodes. (Level of evidence E)

In 2016, an estimated 29 million Americans had diabetes, according to the Society's Endocrine Facts and Figures Report. The condition occurs when the body's ability to process sugar is impaired. Among individuals with Type 2 diabetes, the body either makes too little insulin, the hormone that processes sugar, or the body uses insulin inefficiently. An individual develops Type 1 diabetes—the less common form of the condition—when the body produces little to no insulin.

Continuous glucose monitors (CGMs) are primarily used to help in the management of Type 1 diabetes, although the devices can be useful for people with type 2 diabetes, as well. CGMs measure glucose levels in the fluid between the body's cells every few minutes throughout the day and night. The technology can tell the user whether glucose levels are rising or falling, and monitor trends from the past several hours. The devices also feature alarms to warn users when glucose levels are too high or too low.

In 2011, the Endocrine Society published a clinical practice guideline developed by a task force that included the following recommendations on continuous glucose monitoring:

1.0 Real-time continuous glucose monitoring (RT-CGM) in adult hospital settings

1.1 We recommend against the use of RT-CGM alone for glucose management in the intensive care unit or operating room until further studies provide sufficient evidence for its accuracy and safety in those settings.

2.0 Children and adolescent outpatients

2.1 We recommend that RT-CGM with currently approved devices be used by children and adolescents with type 1 diabetes mellitus who have achieved HbA1c levels below 7.0%.

2.2 We recommend RT-CGM devices be used with children and adolescents with type 1 diabetes who have HbA1c levels 7.0% or higher who are able to use these devices on a nearly daily basis.

2.3 We make no recommendations for or against the use of RT-CGM by children with type 1 diabetes who are less than 8 yr of age.

2.4 We suggest that treatment guidelines regarding use of RT-CGM be provided to patients.

2.5 We suggest the intermittent use of CGM systems designed for short-term retrospective analysis in pediatric patients with diabetes in whom clinicians worry about nocturnal hypoglycemia, dawn phenomenon, and postprandial hyperglycemia; in patients with hypoglycemic unawareness; and in patients experimenting with important changes to their diabetes regimen.

3.0 Adult outpatients

3.1 We recommend that RT-CGM devices be used by adult patients with type 1 diabetes who have HbA1c levels of at least 7.0% and who have demonstrated that they can use these devices on a nearly daily basis.

3.2 We recommend that RT-CGM devices be used by adult patients with type 1 diabetes who have HbA1c levels less than 7.0% and who have demonstrated that they can use these devices on a nearly daily basis.

3.3 We suggest that intermittent use of CGM systems designed for short-term retrospective analysis may be of benefit in adult patients with diabetes to detect nocturnal hypoglycemia, the dawn phenomenon, and postprandial hyperglycemia, and to assist in the management of hypoglycemic unawareness and when significant changes are made to their diabetes regimen.

Reference Resources

Blue Cross and Blue Shield Association. Medical Reference Manual for Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid. MPRM# 1.01.20. Last reviewed December 2014.

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12. Ehrhardt NM, Chellappa M, Walker MS, et al. The effect of real-time continuous glucose monitoring on glycemic control in patients with type 2 diabetes mellitus. *J Diabetes Sci Technol*. 2011;5(3):668-675.
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16. Murphy HR, Rayman G, Lewis K, et al. Effectiveness of continuous glucose monitoring in pregnant women with diabetes: randomised clinical trial. *BMJ*. 2008;337:a1680. PMID 18818254
17. Raccach D, Sulmont V, Reznik Y, et al. Incremental value of continuous glucose monitoring when starting pump therapy in patients with poorly controlled type 1 diabetes: the RealTrend study. *Diabetes Care*. 2009;32(12):2245-2250.

18. Battelino T, Conget I, Olsen B, et al. The use and efficacy of continuous glucose monitoring in type 1 diabetes treated with insulin pump therapy: a randomised controlled trial. *Diabetologia*. Dec 2012;55(12):3155-3162. PMID 22965294
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Related Policies

External Insulin Pumps
Medical Equipment and Supplies

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

01/2006	Annual review, CPT codes updated, no other changes.
02/2007	Annual review, clarified language that this policy is specific for 72 hour monitoring provided in an outpatient setting. Reviewed by the CAC 05/2007
01/2008	Annual review. No changes made. To be reviewed by the CAC 03/2008
11/2009	Annual review. Policy revised to adopt the BCBSA Medical Policy in its entirety. Name changed to reflect the expanded scope of policy to address both short-term and long-term use of continuous glucose monitoring. New policy statement added that intermittent (72 hours) glucose monitoring may be considered medically necessary when specific criteria are met; continuous (long-term) monitoring also may be considered medically necessary when specific, but different, criteria are met.
11/2011	Updated and placed in new format. New language on investigational uses of CGMS added. Additional CPT code added for interpretation of physiologic data. New criteria added. Reimbursement language for professional interpretation added.
02/2014	ICD-10 remediated, minor format changes. Prior approval statement revised. RLJ
08/2015	ICD-9 codes removed. Sections headers and standard language updated and clarified.
11/2017	External feedback received. Description Summary updated Added language under medically necessary criteria. Investigational medial criteria updated. Updated eligible provider language. Removed ICD 10 table. Added codes 95250, 95251, K0553, K0554. Revised code descriptors for 95250 & 95251- added 95249.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Gabrielle Bercy-Roberson, MD, MPH, MBA
 Senior Medical Director
 Chair, Health Policy Committee

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 Chief Medical Officer

Attachment I
Code Table & Instructions

Code Type	Number	Description	Policy Instructions
The following codes are considered medically necessary when applicable criteria have been met.			
CPT®	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	
CPT®	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	
CPT®	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	

HCPCS	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Prior approval is required for DME with a purchase price of over \$500.00
HCPCS	A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	
HCPCS	A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	
HCPCS	K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	
HCPCS	K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	
HCPCS	S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	
HCPCS	S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	
The following codes will be denied as not medically necessary			
CPT	99091	Collection and interpretation of physiologic data (e.g. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time.	Not medically necessary