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

Description/Summary
Tight glucose control in patients with diabetes has been associated with improved health outcomes. Continuous Glucose Monitoring Systems (CGMS), also known as Continuous Glucose Monitoring (CGM) Devices, allow for automatic measurement of glucose levels in interstitial fluid every few minutes while the device is in use. Several devices are available to measure glucose levels automatically and frequently (e.g., every 5-10 minutes). The devices measure glucose in the interstitial fluid and are approved as adjuncts to or replacements for traditional self-monitoring of blood glucose levels. Devices can be used on a long-term (continuous) or short-term (intermittent) basis. Short-term use is generally conducted over a 72-hour period.

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

Long-term CGM Device Monitoring of Glucose Levels in Interstitial Fluid:

Long-term CGM device monitoring of glucose levels in interstitial fluid, as a technique of diabetic monitoring, may be considered medically necessary when the following situations occur, despite use of best practices:
  • patients with type 1 diabetes who have demonstrated an understanding of the
technology, are motivated to use the device correctly and consistently, areexpected to adhere to a comprehensive diabetes treatment plan supervised by a qualified provider, and are capable of using the device to recognize alerts and alarms; OR

- patients with type 1 diabetes who have recurrent, unexplained, severe (generally blood glucose levels <50 mg/dL) hypoglycemia or impaired awareness of hypoglycemia that puts the patient or others at risk; OR

- patients with poorly controlled type 1 diabetes who are pregnant. Poorly controlled type 1 diabetes includes unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis.

Long-term CGM device monitoring of glucose levels in interstitial fluid may be considered medically necessary in patients with type 2 diabetes who are willing and able to use the device and have adequate medical supervision and who experience significant hypoglycemia on multiple daily doses of insulin or an insulin pump in the setting of insulin deficiency

Short-term (Intermittent) CGM Device Monitoring of Glucose Levels in Interstitial Fluid:

Short-term CGM device monitoring of glucose levels in interstitial fluid may be considered medically necessary in patients with type 1 diabetes whose diabetes is poorly controlled, despite current use of best practices (see Policy Guidelines section). Poorly controlled type 1 diabetes includes the following clinical situations: unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis.

Short-term CGM device monitoring of glucose levels in interstitial fluid may be considered medically necessary in patients with type 1 diabetes prior to insulin pump initiation to determine basal insulin levels.

Short-term CGM device monitoring of glucose levels in interstitial fluid may be considered medically necessary in patients with type 2 diabetes who require multiple daily doses of insulin whose diabetes is poorly controlled, despite current use of best practices (see Policy Guidelines section). Poorly controlled type 2 diabetes includes the following clinical situations: unexplained hypoglycemic episodes, hypoglycemic unawareness, and persistent hyperglycemia and A1C levels above target

Short-term CGM device monitoring of glucose levels in interstitial fluid may be considered medically necessary in patients with type 2 diabetes who require multiple daily doses of insulin to determine basal insulin levels prior to insulin pump initiation.

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

When a service is considered not medically necessary

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.

The use of implantable CGM devices is considered investigational.

Other uses of long-term and short-term CGM monitoring of glucose levels in interstitial fluid as a technique of diabetic monitoring are considered investigational.

Replacement of lost, stolen or destroyed Durable Medical Equipment
We will replace one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

• the Durable Medical Equipment, prosthetic or orthotic’s absence would put the member at risk of death, disability or significant negative health consequences such as a hospital admission;
• the Durable Medical Equipment is still under warranty.

Note: In order to replace a stolen item, we require you to submit documentation, such as a police report, with the request.

Exclusions
We do not cover the replacement of a lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic:

• if the criteria above have not been met; AND
• for more than one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year.

Policy Guidelines

Short-term intermittent monitoring is generally conducted over 72-hour periods. It may be repeated subsequently depending on the patient’s level of diabetes control.

Best practices in diabetes control include compliance with a self-monitoring blood glucose regimen of 4 or more fingersticks each day and use of an insulin pump or multiple daily injections of insulin. During pregnancy, 3 or more insulin injections daily could be considered best practice for patients not on an insulin pump prior to the pregnancy. Prior short-term (72-hour) use of an intermittent glucose monitor would be considered a part of best practices for those considering long-term use of a continuous glucose monitor.

Significant hypoglycemia may include recurrent, unexplained, severe (generally blood glucose levels <50 mg/dL) hypoglycemia or impaired awareness of hypoglycemia that puts the patient or others at risk.

Women with type 1 diabetes taking insulin who are pregnant or about to become pregnant with poorly controlled diabetes are another subset of patients to whom the policy statement on intermittent monitoring may apply.
Reference Resources


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 may be 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 compete, see policy guidelines above.

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
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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01/2006</td>
<td>Annual review, CPT codes updated, no other changes.</td>
</tr>
<tr>
<td>02/2007</td>
<td>Annual review, clarified language that this policy is specific for 72 hour monitoring provided in an outpatient setting. Reviewed by the CAC 05/2007</td>
</tr>
<tr>
<td>01/2008</td>
<td>Annual review. No changes made. To be reviewed by the CAC 03/2008</td>
</tr>
<tr>
<td>11/2009</td>
<td>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.</td>
</tr>
<tr>
<td>02/2014</td>
<td>ICD-10 remediated, minor format changes. Prior approval statement revised. RLJ</td>
</tr>
<tr>
<td>08/2015</td>
<td>ICD-9 codes removed. Sections headers and standard language updated and clarified.</td>
</tr>
<tr>
<td>11/2018</td>
<td>Clarified wording and reviewed references.</td>
</tr>
<tr>
<td>03/2019</td>
<td>Updated procedure codes, removed PA requirement for the following: A9276, A9277, A9278, K0553, K0554.</td>
</tr>
<tr>
<td>04/2020</td>
<td>Remove A9274-PA required over dollar threshold requirement.</td>
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12/2020 | Policy reviewed. Aligned with BCBSA MPRM 1.01.20 with updated language for Diabetes Type I and Type II indications. Removed “Continuous glucose monitoring is not medically necessary for intermittent glucose monitoring for periods of less than 72 hours.”

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Eligible providers

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

Approved by BCBSVT Medical Directors Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Kate McIntosh, MD, FAAP
Senior Medical Director

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Attachment I

Code Table & Instructions

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number</th>
<th>Description</th>
<th>Policy Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>95249</td>
<td>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</td>
<td></td>
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<tr>
<td>CPT®</td>
<td>95250</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>CPT®</td>
<td>95251</td>
<td>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report</td>
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<tr>
<td>HCPCS</td>
<td>A9274</td>
<td>External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories</td>
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<tr>
<td>HCPCS</td>
<td>A9276</td>
<td>Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1-day supply</td>
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<td>HCPCS</td>
<td>A9277</td>
<td>Transmitter; external, for use with interstitial continuous glucose monitoring system</td>
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<tr>
<td>HCPCS</td>
<td>A9278</td>
<td>Receiver (monitor); external, for use with interstitial continuous glucose monitoring system</td>
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<tr>
<td>HCPCS</td>
<td>K0553</td>
<td>Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1-month supply = 1 Unit of Service</td>
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<td>HCPCS</td>
<td>K0554</td>
<td>Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system</td>
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<td>HCPCS</td>
<td>S1030</td>
<td>Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT® code)</td>
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<tr>
<td>HCPCS</td>
<td>S1031</td>
<td>Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT® code)</td>
<td></td>
</tr>
</tbody>
</table>

Prior approval is required for DME with a purchase price over the dollar threshold.

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 |