Continuous Glucose Monitoring (CGM) Criteria

Continuous Glucose Monitoring (CGM) is an FDA-approved device with three components (transmitter, receiver and sensors) used by placement of a sensor, subcutaneously, to continuously monitor and record glucose levels obtained from interstitial fluid. Real-time readings allow the member to monitor alerts indicating glucose issues and take immediate corrective action. This device does not replace finger stick readings.

This criteria refers to outpatient chronic interstitial real-time CGM. It does not include acute CGM in a hospital setting. Only long-term use is approved for coverage. CGM is not covered for convenience of member, provider or caretaker.

Criteria: **ALL OF** the following must be met.

1. Member has a diagnosis of Type 1 or Type 2 diabetes mellitus requiring the use of insulin 3 or more times a day or an insulin pump.
2. Ability to comply with at least 4x daily blood glucose monitoring is documented.
3. The member has demonstrated the ability to use such a device on a daily basis and analyze the data to make adjustments.
4. CGM is expected to be used continuously, for at least 6 days a week during most weeks.
5. Treatment guidelines are provided to patients to allow them to safely and effectively take advantage of the information provided to them by the monitor.
6. **AT LEAST ONE** of the following are documented:
   a. Hypoglycemic unawareness: patient is not aware of symptoms of hypoglycemia, but may be witnessed by others.
   b. Recurrent episodes of at least moderately severe hypoglycemia with a blood glucose <60 mg/dl
   c. Nocturnal hypoglycemia
   d. Despite good compliance and understanding, HbA1c levels remain above 7.0%
   e. Refractory postprandial hyperglycemia
   f. Recurring diabetic ketoacidosis
7. The requested device must be FDA-approved for the purpose and **recommended by the provider managing the member’s diabetes**, patient requested.
**Codes:**
A9276 – Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
A9277 – Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278 – Receiver (monitor); external, for use with interstitial continuous glucose monitoring system

**References Used:**


Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

**Change History:**

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<tr>
<th>Change Date:</th>
<th>Changed By:</th>
<th>Description of Change:</th>
<th>New Version Number:</th>
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<tr>
<td>1/15/16</td>
<td>CAC</td>
<td>Remove paragraph regarding investigational and non-coverage of artificial pancreas units (CGM and insulin pump therapies).</td>
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