Continuous Glucose Monitoring of Interstitial Fluid

I. Policy

University Health Alliance (UHA) will reimburse for Continuous Glucose Monitoring System (CGMS) when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

A continuous glucose monitoring system (CGMS) continuously monitors and records interstitial fluid glucose levels. Some CGMSs are designed for short-term diagnostic or professional use, referred to as intermittent monitoring. These devices store glucose measurements for review at a later time. Other CGMSs are designed for long-term patient use and display information in real-time, allowing the patient to take action based on the data.

Intermittent monitoring with a CGMS can be beneficial in patients with diabetes to detect nocturnal hypoglycemia, the dawn phenomenon, and postprandial hyperglycemia and to assist in the management of hypoglycemic unawareness when significant changes are made to their diabetes regimen (such as instituting new insulin or pump therapy).

Glucose measurements provided during continuous monitoring are intended to be an adjunct to, rather than replacement for, standard self-monitoring of blood glucose with fingerstick blood samples, as they enable patients to monitor their glucose trends over time. For this reason, CGMS is most effective when used consistently every day or nearly every day.

III. Criteria/Guidelines

A. Long-term continuous monitoring of glucose levels in interstitial fluid is covered (subject to Limitations and Administrative Guidelines) when the following criteria are met:

1. CGMS is ordered and follow-up care will be provided by an endocrinologist, or in the absence of an endocrinologist, by a physician with experience and expertise in the use of CGMS;

2. The patient has type 1 diabetes;

3. The patient has been utilizing best practices for at least 3 months, including all of the following:
   a. Completion of a comprehensive diabetes self-management program, including carbohydrate counting;
   b. Compliance with an intensive insulin therapy, including use of an insulin pump or multiple daily injections, i.e., at least 3 injections per day;
   c. Glucose self-testing an average of at least 4 times per day; and
   d. Frequent self-adjustment of insulin dose based on glucose measurement and carbohydrate count and/or content of meal.
4. It is anticipated that the patient will use CGMS consistently on a nearly daily basis.

B. Continuous monitoring of glucose levels in interstitial fluid may be covered concurrently with initiation of an insulin pump when the criteria listed in A.1 to 4 above and when criteria for insulin pumps are met.

C. Replacement of CGMS is covered when the following criteria are met:
   1. Documentation from the patient’s medical record supports that the CGMS is malfunctioning, out of warranty and cannot be repaired
   2. The request for replacement is initiated by the treating physician
   3. The patient has continued to use continuous subcutaneous insulin infusion and CGMS

D. Intermittent monitoring, i.e., up to 72 hours, of glucose levels in interstitial fluid is covered (subject to Limitations and Administrative Guidelines) for patients with type 1 and type 2 diabetes when the following criteria are met:

   1. Monitoring is performed by an endocrinologist or in the absence of an endocrinologist, by a physician with experience and expertise in the use of intermittent monitoring of glucose in interstitial fluid; and
   2. Diabetes is suboptimally controlled despite current use of best practices (see criteria II.A.3.a-d above). Suboptimally controlled diabetes includes (but is not necessarily limited to) the following:
      a. Glycosylated hemoglobin level (HbA1c) greater than 7 percent;
      b. Repeated and unpredictable hypoglycemia;
      c. Wide fluctuations in preprandial blood glucose;
      d. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl;
      e. Severe glycemic excursions; or
      f. Hypoglycemic unawareness.
   3. It is performed prior to insulin pump initiation to determine basal insulin levels.

### IV. Limitations/Exclusions

A. Intermittent monitoring is generally conducted in 72-hour periods. It may be repeated at a subsequent time depending on the patient’s level of diabetes control.

B. CGMS is covered for patients with type 1 diabetes; however, coverage for patients with type 2 diabetes who are on continuous subcutaneous insulin infusion (insulin pump therapy) will be considered on a case-by-case basis

C. Replacement of CGMS for the sole purpose of receiving an upgrade in technology is not covered.

D. D. Sensors are not covered when coverage criteria for CGMS are not met.
E. **NOTE:**

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

V. **Administrative Guidelines**

A. Prior authorization is required for CGMS. The following documentation from the medical record must be submitted:

1. For initial CGMS:
   a. Documentation stating that the patient has type 1 diabetes; and
   b. Documentation supporting that the patient is utilizing best practices, if an insulin pump has not been previously approved by UHA.

2. For replacement CGMS:
   a. Documentation supporting that CGMS is malfunctioning and out of warranty; and
   b. Summary of CGMS use over the last month downloaded from the device, or documentation supporting compliance with use, if a summary cannot be downloaded from the device.

3. To request prior authorization, please go to UHA’s website: [https://uhahealth.com/page/prior-authorization-forms](https://uhahealth.com/page/prior-authorization-forms) to submit via online.

B. Prior authorization is not required for office-based intermittent monitoring.

C. This policy may apply to the following codes. Inclusion of a code in the table below does not guarantee that it will be reimbursed.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>95250</td>
<td>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording.</td>
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<tr>
<td>95251</td>
<td>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report</td>
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### VI. Policy History

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>M.DIA.02.120717</th>
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<tr>
<td>Current Effective Date:</td>
<td>09/01/2016</td>
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<tr>
<td>Original Document Effective Date:</td>
<td>07/17/2012</td>
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<td>Previous Revision Dates:</td>
<td>09/01/2016</td>
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<td>PAP Approved:</td>
<td>07/17/2012</td>
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**HCPCS Code** | **Description**
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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
S1036 | Transmitter; external, for use with artificial pancreas device system
S1037 | Receiver (monitor); external, for use with artificial pancreas device system