



Subject: **Glucose Monitoring (Continuous, Interstitial Fluid)***

Effective Date: **September 11, 2007**

Department(s): **Utilization Management**

Policy: Continuous glucose monitoring in the interstitial fluid with an implanted or non-implanted sensor, in insulin-treated diabetics, is reimbursable under Plans administered by QualCare, Inc. under the conditions outlined in this Policy.

Objective: To assure proper and consistent reimbursement and to delineate criteria for coverage of a medically necessary diabetes supply.

Procedure:

- I. For short-term use up to 14 days, documentation must include the following:
 - A. The patient has insulin-treated diabetes (**ICD-9 250.0 – 250.9 ICD-10 E10.1-E10.9**).
 - B. Difficult to control blood glucose levels (e.g. hypo- or hyperglycemic episodes unresponsive to adjustments in therapy, asymptomatic nocturnal hypoglycemia)

Note: up to six separate sessions in any given 12-month period are reimbursable when the above criteria are met

- II. For long-term use documentation must include the following:
 - A. There is a diagnosis of insulin-treated diabetes (ICD-9 250.0-250.93; ICD-10 E10.1-10.9, E11.0-E11.9)
 - B. Completion of a diabetes self-management education program.

C. Insulin injections are administered ≥ 3 times per day or the patient is using an insulin pump for at least three months.

D. Fingersticks are being performed ≥ 4 times per day.

AND

E. ANY of the following:

- hemoglobin A1c is $>7\%$;
- history of recurring hypoglycemic episodes,
- hypoglycemic episodes of which the patient is unaware
- wide fluctuations in blood glucose before mealtime
- dawn phenomenon with fasting blood glucose levels frequently exceeding 200 mg/dl
- history of severe glycemic excursions

III. For replacement requests, documentation must be received from a physician that includes both of the following:

- The monitor or component is malfunctioning, is no longer under warranty and cannot be repaired.
- A clinical evaluation within the previous six months by the physician including a recommendation for continued use of a continuous glucose monitor.

IV. Relevant codes are **HCPCS A9276 – A9279**, and **CPT 95250, 95251**.

The following devices or products are not covered as they have not been demonstrated to improve health outcomes and are therefore not medically necessary:

- Remote glucose monitoring (ie my Sentry)
- Diabetes management software for downloading and/or analyzing blood glucose monitoring results

References

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Approved By/Date: QM Committee 06/11/13

Revised By/Date: MMcNeil, MD 03/03/16

Approved By/Date: QM Committee 04/19/16

Revised By/Date: MMcNeil, MD 05/24/17

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.