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 $\geq 3$ times per day or the patient is using an insulin pump for at least three months.

D. Fingersticks are being performed $\geq 4$ 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 sixth 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


Standards of Medical Care in Diabetes-2012. American Diabetes Association. Diabetes Care 2012;25(S1):s11-s63


Eisenbarth GS. Update in Type 1 Diabetes. J Clin Endocrinol Metab 2007;92(7):2403-2407 (Jul)


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