

	<p align="center">Continuous Glucose Monitors (CGMs)</p>	
<p align="center">Guideline # 10596</p>	<p align="center">Categories Administration / Non-Clinical →TCHP Utilization Management</p>	<p align="center">This Guideline Applies To: Texas Children's Health Plan</p>
		<p align="center">Document Owner Lisa Fuller</p>

GUIDELINE STATEMENT: Texas Children's Health Plan (TCHP) performs authorization on Continuous Glucose Monitors (CGMs)

DEFINITIONS:

Self-Blood Glucose Monitoring (SBGM) is the process of manually obtaining blood or urine samples to determine glucose levels using single use disposable testing supplies.

A **Therapeutic Continuous Glucose Monitor (CGM) (CPT code E2103)** is a device used for monitoring blood glucose levels on a continual basis for persons with either type I or type II diabetes. A glucose sensor is inserted under the skin to measure glucose levels that is connected to a transmitter which displays the information on a monitoring device. The therapeutic CGM is a replacement for the self-blood glucose monitoring. The supplies for a therapeutic CGM are CPT code A4239.

An **Adjunctive Continuous Glucose Monitor (CPT E2102)** is a device used only in conjunction with an insulin pump. There are no stand alone adjunctive CGM available. The user of an adjunctive CGM must still check blood glucose levels with a SBGM before making changed to treatment. Supplies used for an adjunctive CGM are CPT code A4238.

In this guideline, the term “**Continuous Glucose Monitor**” or “**CGM**” applies to both therapeutic and adjunctive continuous glucose monitors unless otherwise specified.

PRIOR AUTHORIZATION GUIDELINE

1. All requests for prior authorization of Continuous Glucose Monitors (CGMs) are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.

2. A CGM device and its related supplies are a benefit in the home setting when services are provided by home health DME and medical supplier (DME) providers.
 - 2.1. A CGM device is a benefit once every 3 years.
 - 2.2. The supply allowance for supplies used with the CGM system encompasses all items necessary for the use of the device. The DME provider is responsible for delivering the appropriate items and quantities to the member to initiate and continue usage of the therapeutic CGM.

3. To request prior authorization for a Continuous Glucose Monitoring device, clinical documentation to support the medical necessity for the selected Continuous Glucose Monitoring device must be provided.
 - 3.1. Prior authorization is required for a CGM device.
 - 3.2. Prior authorization requests for the purchase of Continuous Glucose Monitoring device and its related supplies requires submission of a completed, detailed, signed order by the treating physician/provider who is familiar with the member prior to supplying any medical equipment or supplies.
 - 3.3. The initial order from a health-care provider who is managing the member's diabetes is valid for an initial 6 month period.
 - 3.3.1 If the member demonstrates compliance with the use of the CGM and treatment plan, an additional 6 month order may be submitted.
 - 3.4. An adjunctive CGM device (E2102) must be used with an external insulin infusion pump. The device and the supplies for an adjunctive CGM (A4238) will only be covered when the client meets both the CGM coverage criteria and the coverage criteria for an external insulin infusion pump.

4. Long term use of CGM for members who have Type I or Type II diabetes may be considered. All of the following medical necessity criteria must be met:
 - 4.1. The member has been using a SBGM and performing frequent (at least four times per day) testing.
 - 4.2. Insulin injections are utilized three or more times per day or the member is on an insulin pump.
 - 4.3. The member's insulin treatment regimen requires frequent adjustment due to SBGM or CGM testing results.
 - 4.4. The member is able, or has a caregiver who is able, to learn to use the device, hear and view CGM alerts, and respond appropriately.
 - 4.5. A member with hypoglycemia unawareness or several episodes of hypoglycemia per day may also qualify for therapeutic CGM if the above criteria are not met.

5. The prescribing provider should also verify that the member’s condition meets the manufacturer’s recommendations for appropriate age range, testing and calibration requirements, and any other manufacturer recommendations prior to prescribing the CGM device.
6. CGM devices that have been purchased are expected to last a minimum of three years and may be considered for replacement when three years have passed or the equipment is no longer repairable.
 - 6.1. The replacement of the equipment may also be considered when it has been lost or irreparably damaged.
 - 6.2. A copy of the police or fire report, when appropriate, and the measures to be taken to prevent a reoccurrence must be submitted.
7. When a CGM device is approved, the related supplies for blood glucose monitoring are also covered.
 - 7.1. CGM supplies (which include sensors and transmitter) are covered once per calendar month. Prior authorization for the initiation of CGM monthly supplies is not required when the client already owns a CGM receiver.
8. For CGM, limited SBGM testing supplies are covered during CGM use according to **Table A**.
 - 8.1 Testing supplies should be provided through a DME supplier.
 - 8.2 Adjunctive CGM is allowed SBGM testing supplies up to the limits allowed in Texas Medicaid Provider Procedure Manual (TMPPM)

Table A: TCHP SBGM Testing Supply Limits During Therapeutic CGM Use

CPT Code	Description	TCHP Limit
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor	1 per year
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor	1 per year
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	1 per year
A4253	Blood glucose test or reagent strips for home blood glucose monitor (Box of 50)	2 per year
A4256	Normal, low and high calibrator solution / chips or just “Calibrator solution/chips”	2 per 2 years
A4258	Spring-powered device for lancet, each or just “Lancet device each”	2 per 2 years

A4259	Lancets, per box of 100 or just “Lancets per box”	1 per year
A9275	Home glucose disposable monitor	1 per year

9. The following services are not a benefit

9.1. Rental of CGM devices (see section 10 for short term use)

9.2. Non-medical items, even if the items may be used to serve a medical purpose:

9.2.1 Smart devices (smart phones, tablets, personal computers, etc.) used as CGM monitors

9.2.2 Medical supplies used with non-covered equipment. An exception would be for the transmission and receiving of data, using a smart device application, from a client’s personally owned smart device, who meet the medical criteria for telemonitoring services.

9.3. Continuous Glucose Monitoring for purposes other than Type I or II diabetes or diabetes in pregnancy may be considered on a case by case basis on medical review.

10. Short term use of Continuous Glucose Monitoring is a benefit with prior authorization (CPT codes 95250 and 95251) once in a 12 month period. This includes use for diagnostic purposes to establish or modify a member’s treatment plan.

10.1. The rental or purchase of CGM equipment is considered part of procedure code 95250 and is not reimbursed separately

10.2. CGM may be authorized for members with Type I diabetes or diabetes during pregnancy if all of the following conditions are met. The member must:

10.2.1. Be compliant with their current treatment regimen

10.2.2. Use insulin 3 or more times per day or utilize an insulin pump

10.2.3. Document self-blood glucose measurements at least 4 times per day

10.2.4. Meet at least one of the following conditions:

- Frequent unexplained hypoglycemic episodes
- Unexplained large fluctuations in daily preprandial blood glucose
- Episodes of ketoacidosis or hospitalization for uncontrolled glucose

10.3. Additional courses of short term continuous glucose monitoring may be considered with documentation of medical necessity that the member has a change in condition and meets the above criteria.

- 10.4. Short term Continuous Glucose Monitoring for purposes other than Type I diabetes or diabetes during pregnancy may be considered on a case by case basis with director review.
11. Requests that do not meet the criteria established by this guideline will be reviewed by a TCHP Medical Director/Physician Reviewer on a case by case basis and the denial policy will be followed.
12. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

RELATED DOCUMENTS:**REFERENCES:****Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedure Manual – Accessed July 27, 2023

https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2023/2023-07-july/2_06_DME_and_Supplies.pdf

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