Children's Hospital and Health System
Chorus Community Health Plans (CCHP)
Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee	☐ CHW - Fox Valley
☐ CHHS Foundation	☐ CHW - Surgicenter
☐ CHW – Community Services Division	☒ Chorus Community Health Plans
☐ Children's Medical Group - Primary Care	☐ Children's Specialty Group
☐ Children's Medical Group - Urgent Care	☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: CONTINUOUS GLUCOSE MONITORING DEVICES

INCLUDED PRODUCT(S):

Medicaid	**Individual and Family**
☒ BadgerCare Plus	☒ Commercial
☒ Care4Kids Program	☒ Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of continuous glucose monitoring (CGM) devices.

POLICY:

Continuous glucose monitoring may be indicated for **1 or more** of the following:

1. Type 1 or type 2 diabetes mellitus, and long-term continuous glucose monitoring needed, as indicated by **ALL** of the following:
    a. Intensive insulin regimen (3 or more insulin injections per day, or use of continuous subcutaneous insulin infusion pump)
    b. Patient (or parent/guardian/caregiver if patient is a minor) is motivated and knowledgeable about use of continuous glucose monitoring, is adherent to diabetic treatment plan, and participates in ongoing education and support
2. Type 1 or type 2 diabetes mellitus, and short-term continuous glucose monitoring needed, as indicated by **ALL** of the following:

a. Additional information about blood glucose needed, as indicated by **1 or more** of the following:
    i. Dawn phenomenon, known or suspected
    ii. Hypoglycemic unawareness (i.e. memberdoes not have symptoms with hypoglycemia)
    iii. Nocturnal hypoglycemia, known or suspected
    iv. Postprandial hyperglycemia, known or suspected
    v. Significant change to diabetes treatment regimen (i.e. initiation of insulin, change from multiple-dose insulin to insulin pump)
    vi. Unexplained hyperglycemia
b. Monitoring limited to 3-14 days

For all other uses, CCHP considers continuous glucose monitoring NOT medically necessary.

As the lifespan of a CGM receiver is expected to be at least three years, CCHP will replace a CGM receiver if three or more years have passed since the last receiver was dispensed.

REFERENCES

1. Centers for Medicare and Medicaid Services, Ruling No. CMS-1286-R. 12 January 2017, www.cms.gov/regulations-and-guidance/guidance/rulings
2. ForwardHealth Update No 2021-53, Expanded Coverage for Personal Continuous Glucose Monitoring Devices and Accessories, December 2021
3. Hayes Health Technology Assessment, Continuous Glucose Monitoring Systems, October 2019, Copyright © 2022 Hayes, LLC
    - See references from Hayes Technology Assessment
4. MCG Guideline ACG: A-126 (AC), Continuous Glucose Monitoring (CGM); MCG Health, Ambulatory Care 25rd Edition, Copyright © 2022 MCG Health, LLC
    - See references from MCG Guideline