

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

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: CONTINUOUS GLUCOSE MONITORING DEVICES

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

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:

Effective: 3/22

Revised: 9/23

Last reviewed: 9/23

Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES

Developed by: CCHP Medical Directors

- 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. member does 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

Effective: 3/22

Revised: 9/23

Last reviewed: 9/23

Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES
Developed by: CCHP Medical Directors