Medical Coverage Policy | Glucose Monitoring Devices and Supplies

EFFECTIVE DATE: 10|01|2026
POLICY LAST REVIEWED: 06/03|2026

OVERVIEW

This policy addresses coverage guidelines for:

1. Home Glucose Monitors and Supplies: Provide a single, instant blood sugar snapshot via fingersticks.
2. Non-implantable Continuous Glucose Monitors (CGMs) and Supplies: Uses an external sensor that is attached to the skin to provide real-time blood sugar alerts without routine fingersticks.
3. Implantable CGMs and Supplies: Uses a sensor that is implanted under the skin to provide real-time blood sugar alerts without routine fingersticks.

MEDICAL CRITERIA

Home Glucose Monitors

Medicare Advantage Plans

Clinical guidelines for approval of non-Abbott branded products are found on the Blue Cross & Blue Shield of Rhode Island's (BCBSRI) Pharmacy Benefit Management Program's website at **covermymeds.com**

Commercial Products

Not applicable

Non-Implantable Continuous Glucose Monitors

Medicare Advantage Plans and Commercial Products

Not applicable

Implantable Continuous Glucose Monitors

Medicare Advantage Plans and Commercial Products

Not applicable

PRIOR AUTHORIZATION

Home Glucose Monitors

Medicare Advantage Plans

Prior authorization is required only for non-Abbott branded products. Contact the BCBSRI Pharmacy Benefit Management Vendor at 1-800-693-6651. Requests can also be sent via fax to 855-212-8110 or at **covermymeds.com**

Commercial Products

Not applicable

Non-Implantable Continuous Glucose Monitors

Medicare Advantage Plans

Not applicable

Commercial Products

Effective 10/1/2025, Dexcom and Abbott FreeStyle Libre branded non-implantable continuous glucose monitoring devices obtained from a retail pharmacy no longer requires prior authorization through Blue Cross & Blue Shield of Rhode Island's (BCBSRI) Pharmacy Benefit Management Program vendor.

Note: Prior authorization through BCBSRI's Pharmacy Benefit Management Program vendor may still be required for Self-Funded Commercial Products.

Dexcom and Abbott FreeStyle Libre devices obtained from a Durable Medical Equipment Provider, or other non-implantable continuous glucose monitors that have been approved by the Food and Drug Administration (FDA) do not require prior authorization.

Implantable Continuous Glucose Monitors

Medicare Advantage Plans

Effective 3/1/2026, prior authorization is no longer required for Medicare Advantage Plans for use of I-CGM.

Commercial Products

Effective 3/1/2026, prior authorization is no longer recommended for Commercial Products for use of I-CGM.

POLICY STATEMENT

Home Glucose Monitors

Medicare Advantage Plans

Home blood glucose meters and test strips are covered and are limited to Abbott branded products. The list below identifies the examples of covered Abbott branded products:

Abbott Monitor	Abbott Test Strips – See quantity limits in Coding section below
FreeStyle Freedom Lite Meter	FreeStyle InsuLinx Test Strips
FreeStyle InsuLinx Glucose System	FreeStyle Lite Test Strips
FreeStyle Lite Meter	FreeStyle Precision Neo Test strips
Precision Xtra Monitor	FreeStyle Test Strips
	Precision Xtra Test Strips

Any home blood glucose monitors other than Abbott branded products (including test strips) is covered when the coverage criteria is met.

Commercial Products

There is no benefit limitation regarding brands; all brands of home blood glucose monitors and supplies are covered.

Non-Implantable Continuous Glucose Monitors

Medicare Advantage Plans

The use of a non-implantable CGM device defined as "adjunctive" or "non-adjunctive" CGMs are covered.

***NOTE**: An adjunctive CGM requires the user to verify their glucose levels or trends displayed on a CGM with a blood glucose monitor (BGM) prior to making treatment decisions. A nonadjunctive CGM can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results.*

Medicare approved continuous glucose monitoring devices:

- Do not require prior authorization, and
- Can be obtained through either the Durable Medical Equipment (DME) or Pharmacy benefit (if the member has pharmacy benefits through BCBSRI).

Commercial Products

The use of a non-implantable CGM device defined as "adjunctive" or "nonadjunctive" is a covered service.

***NOTE**: An adjunctive CGM requires the user to verify their glucose levels or trends displayed on a CGM with a blood glucose monitor (BGM) prior to making treatment decisions. A nonadjunctive CGM can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results.*

Dexcom and Abbott FreeStyle Libre branded non-implantable continuous glucose monitoring devices can be obtained through retail pharmacies through BCBSRI's Pharmacy Benefit Management Program vendor. Effective 10/1/2025, prior authorization is not required and coverage will be through the member's pharmacy benefit.

> **Note:** Prior authorization through BCBSRI's Pharmacy Benefit Management Program vendor is still required for Self-Funded Commercial Products.

These glucose monitoring devices may also be obtained through a DME provider, prior authorization is not required and is covered under the member's Durable Medical Equipment benefit.

Implantable Continuous Glucose Monitors

Medicare Advantage Plans and Commercial Products

The use of I-CGM devices are covered.

The following are not covered:

- Alcohol or peroxide (A4244, A4245), betadine or phisoHex (A4246, A4247) are not covered since these items are not required for the proper functioning of the device.
- Urine test reagent strips or tablets (A4250), when used in conjunction with a CGM, are not covered.
- Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings are not covered as durable medical equipment for use in the home because their need for frequent professional re-calibration makes them unsuitable for home use.
- Glucose monitors that are not designed for use in the home must be coded A9270 and will be denied as statutorily not covered (no benefit category).
- Home blood glucose disposable monitor, including test strips (A9275) is not covered because this type of monitor does not meet the definition of DME.

Modifiers for Equipment and Supplies for Home Glucose Monitors, Non-Implantable CGMs, and Implantable CGMs

Per Centers for Medicare and Medicaid Services (CMS) guidelines, for ALL types of blood glucose monitoring equipment and related supplies, the following modifiers must be added to the HCPCS supply code(s) on every claim submitted to ensure claim reimbursement:

- Use modifier KX if the beneficiary is insulin treated; or,
- Use modifier KS if the beneficiary is non-insulin treated.

The KX modifier must not be used for a beneficiary who is not treated with insulin injections.

Diabetic equipment and supplies are provided in accordance with Rhode Island General Law §27-20-30. The details of the law can be found in the ***Diabetes Self-Management Education Mandate*** policy. Please see the Related Policies Section.

BCBSRI maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to BCBSRI upon request. Failure to produce the requested information may result in denial or retraction of payment.

COVERAGE

Benefits may vary by groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable office visit benefits/coverage, Diagnostic Imaging, Lab, and Machine Tests benefits/coverage, Medical Equipment, Medical Supplies and Prosthetic Devices benefits/coverage, Diabetic equipment/supplies benefits/coverage, and Pharmacy benefits/coverage.

NOTE: Home Glucose Monitoring

1. Medicare Advantage Plans: Meters and test strips are covered but limited to Abbott OneTouch branded.
2. Commercial Products: There is no benefit limitation regarding brands; all brands are covered.

BACKGROUND

Home Blood Glucose Monitors

A blood glucose monitor (glucometer) is a portable, battery-operated device used to determine the blood glucose level by exposing a reagent strip to a small blood sample. The patient uses a disposable lancet, draws a drop of blood, places it on a reagent strip, and inserts it into the monitor, which provides the patient with a direct readout of the blood glucose level. Test results may also be stored in memory on the device for download or viewing at a later time. The test strips may be separate items that are inserted into the monitor or self-contained in a cylinder or disk-type mechanism.

Blood glucose monitors with integrated voice synthesizers are devices that measure capillary whole blood for determination of blood glucose levels. Results are displayed on a screen but are also digitized and converted to sound output.

Blood glucose monitors with integrated lancing and/or blood sampling are devices that measure capillary whole blood for determination of blood glucose levels. The lancing device for obtaining the capillary blood sample is integrated into the glucose monitor rather than a separate accessory.

Insulin-treated means that the member is receiving insulin injections to treat their diabetes. Insulin does not exist in an oral form and therefore members taking oral medication to treat their diabetes are not insulin treated.

Implantable and Non-Implantable Continuous Glucose Monitors

Tight glucose control in patients with diabetes has been associated with improved health outcomes. Several devices are available to measure glucose levels automatically and frequently (e.g., every 5-10 minutes). The devices measure glucose in the interstitial fluid and are approved as adjuncts to or replacements for traditional self-monitoring of blood glucose levels. Devices can be used on a long-term (continuous) or short-term (often referred to as intermittent) basis.

The advent of blood glucose monitors for use by patients in the home revolutionized the management of diabetes. Using fingersticks, patients can monitor their blood glucose levels both to determine the adequacy of hyperglycemia control and to evaluate hypoglycemic episodes. Tight glucose control, defined as a strategy involving frequent glucose checks and a target hemoglobin A1c (HbA1c) level in the range of 7%, is now considered the goal for most adults with diabetes.

Tight glucose control requires multiple daily measurements of blood glucose (ie, before meals and at bedtime), a commitment that some patients may find difficult to meet. The goal of tight glucose control has to be balanced with an associated risk of hypoglycemia. Hypoglycemia is known to be a risk in patients with type 1 diabetes. While patients with insulin-treated type 2 diabetes may also experience severe hypoglycemic episodes, there is a lower relative likelihood of severe hypoglycemia compared with patients who had type 1 diabetes. An additional limitation of periodic self-measurements of blood glucose is that glucose levels are seen in isolation, and trends in glucose levels are undetected. For example, while a diabetic patient's fasting blood glucose level might be within normal values, hyperglycemia might be undetected postprandially, leading to elevated HbA1c values.

A non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results. An adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions. On February 28, 2022, CMS determined that both non-adjunctive and adjunctive CGMs may be classified as DME.

A CGM is intended for an individual that has been diagnosed with Diabetes mellitus. The treating practitioner should conclude that the individual or caregiver has sufficient training using a CGM, prescribed in accordance with the Food and Drug Administration (FDA) indications for use to improve glycemic control. A CGM may be prescribed for the following indications:

1. The individual is insulin-treated; or,
2. History of problematic, recurrent level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persists despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or,
3. History of one problematic level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia

*Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the individual to evaluate their diabetes control and determined that the criteria above is met.

As of this review, there is only one Food and Drug Administration (FDA) approved implantable therapeutic continuous glucose monitoring system (I-CGM). The Eversense Continuous Glucose Monitoring System was approved by the FDA in June 2018. This implantable CGM is a prescription device that provides real-time glucose monitoring every five minutes for up to 90 days at a time for people with diabetes. However, it is expected that additional devices are in the development and/or FDA approval process and soon may be publicly available. Hence, this policy is written to reflect coverage criteria and accompanying evidentiary review and analysis on I-CGM devices in an agnostic manner without the endorsement of any specific product.

Measurements of glucose in the interstitial fluid have been developed as a technique to measure glucose values automatically throughout the day, producing data that show the trends in glucose levels. Although devices measure glucose in the interstitial fluid on a periodic rather that a continuous basis, this type of monitoring is referred to as continuous glucose monitoring (CGM).

Currently, CGM devices are of two designs: real-time CGM (rtCGM) provides real-time data on glucose level, glucose trends, direction, and rate of change and, intermittently scanned (isCGM) devices that show continuous glucose measurements retrospectively. These devices are also known as flash-glucose monitors (FGM).

Approved devices now include devices indicated for pediatric use and those with more advanced software, more frequent measurements of glucose levels, or more sophisticated alarm systems. Devices initially measured interstitial glucose every 5 to 10 minutes and stored data for download and retrospective evaluation by a clinician. With currently available devices, the intervals at which interstitial glucose is measured ranges from every 1 to 2 minutes to 5 minutes, and most provide measurements in real-time directly to patients. While CGM potentially eliminates or decreases the number of required daily fingersticks, it should be noted that, according to the U.S. Food and Drug Administration (FDA) labeling, some marketed monitors are not intended as an alternative to traditional self-monitoring of blood glucose levels but rather as adjuncts to monitoring, supplying additional information on glucose trends not available from self-monitoring while other devices are factory calibrated and do not require fingerstick blood glucose calibration. Devices may be used intermittently (ie, for periods of 72 hours) or continuously (ie, on a long-term basis).

Multiple CGM systems have been approved by FDA through the premarket approval process. The following is not an all-inclusive list:

Device	Manufacturer	Approval or Clearance	Indications
Continuous Glucose Monitoring System (CGMS®)	MiniMed (now Medtronic)	1999	3-d use in physician's office. Not available; Minimed CGMs have largely being phased out.

GlucoWatch G2® Biographer	Cygnus	2001	Not available since 2008
Guardian®-RT (Real-Time) CGMS	MiniMed (now Medtronic)	2005	Not available; it was a predecessor to Guardian Connect system (see below) which offered more advanced features.
Dexcom® STS CGMS system	Dexcom	2006	Not available; discontinued by Dexcom in 2020.
Paradigm® REAL-Time System (second-generation called Paradigm Revel System)	MiniMed (now Medtronic)	2006	Integrates CGM with a Paradigm insulin pump. Not available; replaced by newer Medtronic models.
FreeStyle Navigator® CGM System	Abbott	2008	Not available since 2011
Dexcom® G4 Platinum	Dexcom	2012	Adults ≥18 y; can be worn for up to 7 d; Not available; Dexcom stopped selling the G4 Platinum and G5 Mobile systems and their components in 2020, and all support and software for these older systems ceased by the end of that year. Individuals needed to transition to newer systems, such as the Dexcom G6 or Dexcom G7, to continue using a CGM from Dexcom.
		2014	Expanded to include patients with diabetes 2-17 y; Not available (see above)
Dexcom®G5 Mobile CGM	Dexcom	2016a	Replacement for fingerstick blood glucose testing in patients ≥2 y. System requires at least 2 daily fingerstick tests for calibration purposes, but additional fingersticks are not necessary because treatment decisions can be made based on device readings; Not available since 2020 (see above)
Dexcom® G6 Continuous Glucose Monitoring System	Dexcom	2018	Children, adolescents, and adults ≥ 2 years; indicated for the management of diabetes in persons age ≥2 years. Intended to replace fingerstick blood glucose testing for diabetes treatment decisions. Intended to autonomously communicate with digitally connected devices, including automated insulin dosing (AID) systems with 10-day wear. Dexcom G6 system is still available, but Dexcom is in the process of transitioning users to the Dexcom G7 system (see below); availability may be limited or change over time.

Freestyle Libre® Flash Glucose Monitoring System	Abbott	2017	Adults ≥18 y. Indicated for the management of diabetes and can be worn up to 10 days It is designed to replace blood glucose testing for diabetes treatment decisions; The FreeStyle Libre 2 and FreeStyle Libre 3 systems are being discontinued and replaced with the FreeStyle Libre 3 Plus and Freeestyle Libre 2 Plus sensors. The current FreeStyle Libre 2 and 3 sensors will be available until September 30, 2025. After this date, users will need a new prescription for the updated Plus versions.
		2018	Adults ≥18 y. Extended duration of use to 14 days. Not available (see above)
Freestyle Libre® 2 Flash Glucose Monitoring System	Abbott	2020	Children, adolescents, and adults ≥2 years, including pregnant women; FreeStyle Libre 2 system is being discontinued and replaced with the Plus sensor (see above).
Guardian Connect	Medtronic MiniMed	2018	Adolescents and adults (14-75 years) Continuous or periodic monitoring of interstitial glucose levels. Provides real-time glucose values, trends, and alerts through a Guardian Connect app installed on a compatible consumer electronic mobile device; Not available; being discontinued by Medtronic, with the last transmitter sale on April 25, 2025, and the app removed from app stores on October 24, 2025.
Eversense Continuous Glucose Monitoring System	Senseonics	2018/2019	Adults ≥18 y. Continually measuring glucose levels up to 90 days. Use as an adjunctive device to complement, not replace, information obtained from standard home blood glucose monitoring devices. Adults ≥18 y. Continually measuring glucose levels up to 90 days. Indicated for use to replace fingerstick blood glucose measurements for diabetes treatment decisions. Historical data from the system can be interpreted to aid in providing therapy adjustments.

Eversense E3 Continuous Glucose Monitoring System	Senseonics	2022	Adults ≥18 y. Continually measuring glucose levels up to 180 days. The system is indicated for use to replace fingerstick blood glucose measurements for diabetes treatment decisions. The system is intended to provide real-time glucose readings, provide glucose trend information, and provide alerts for the detection and prediction of episodes of low blood glucose (hypoglycemia) and high blood glucose (hyperglycemia). The system is a prescription device. Historical data from the system can be interpreted to aid in providing therapy adjustments. These adjustments should be based on patterns and trends seen over time. Now called Eversense 365 (see below).
FreeStyle Libre® 3 Continuous Glucose Monitoring System	Abbott	2022	Children, adolescents, and adults ≥2 years, including pregnant women; FreeStyle Libre 2 and FreeStyle Libre 3 sensors will be available until September 30, 2025; being transitioned to FreeStyle Libre 3 Plus or FreeStyle Libre 2 Plus sensor
Dexcom® G7 Continuous Glucose Monitoring System	Dexcom	2022	Children, adolescents, and adults ≥2 years, including pregnant women
Dexcom® Stelo Glucose BiosensorSystem (OTC)	Dexcom	2024	Over-the-counter (OTC) Adults 18 years and older not on insulin Helps to detect normal (euglycemic) and low or high (dysglycemic) glucose levels. May also help the user better understand how lifestyle and behavior modification, including diet and exercise, impact glucose excursion. The user is not intended to take medical action based on the device output without consultation with a qualified healthcare professional.
Eversense 365 Continuous Glucose Monitoring (CGM) System	Senseonics	2024	Indicated for continually measuring glucose levels for up to 1 year in people (18 years or older) with diabetes. The system is indicated for use to replace fingerstick blood glucose measurements for diabetes treatment decisions.
Abbott Lingo and Libre Rio Continuous Glucose Monitoring (CGM) Systems (OTC)	Abbott	2024	Abbott Lingo is designed for individuals 18 years and older for overall health and wellness. Libre Rio is for adults with Type 2 diabetes who do not use insulin and typically manage their diabetes through lifestyle modifications.

Dexcom G7 15-Day Continuous Glucose Monitoring (CGM) System	Dexcom	2025	Adults over the age of 18 with type 1, type 2, and gestational diabetes, offering 15.5 days of wear time (including a 12-hour grace period).

CGM: continuous glucose monitoring; OTC: over the counter.
As a supplement to the G4 premarketing approval.

*Insulin-treated means that the member is receiving insulin injections to treat their diabetes. Insulin does not exist in an oral form and therefore members taking oral medication to treat their diabetes are not insulin treated.

CODING

Test Strips and Lancets for Covered Home or Continuous Glucose Monitoring

Medicare Advantage Plans and Commercial Products

Modifiers

Per Centers for Medicare and Medicaid Services (CMS) guidelines, for blood glucose monitoring equipment and related supplies, the following modifiers **MUST BE** added to the HCPCS supply code(s) on every claim submitted to ensure claim reimbursement:

- Use modifier KX if the member is insulin treated; or,
  - The KX modifier must not be used for a member who is not treated with insulin injections.
- Use modifier KS if the member is non-insulin treated.

Diabetic Testing Supply Limits – Test Strips (A4253) and Lancets (A4259)

Insulin Dependency	Unit Limit	Timeframe
Insulin Dependent	500	3 months
Non-Insulin Dependent	200	3 months

Home Glucose Monitoring

Medicare Advantage Products

1. The following HCPCS codes are covered when filed for Abbott branded products; OR,
2. The following HCPCS codes are covered when filed for non-Abbott branded products when the coverage criteria above is met:

Note: To ensure correct claims processing, claims must be filed with the HCPCS and NDC for the device dispensed.

A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4259 Lancets, per box of 100*
A4271 Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests
E0607 Home blood glucose monitor
E2100 Blood glucose monitor with integrated voice synthesizer
E2101 Blood glucose monitor with integrated lancing/blood sample
E2104 Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge

***Note:** There is no benefit limitation regarding brands of lancets.

Commercial Products

The following HCPCS codes are covered
A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4259 Lancets, per box of 100*
A4271 Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests
E0607 Home blood glucose monitor
E2100 Blood glucose monitor with integrated voice synthesizer
E2101 Blood glucose monitor with integrated lancing/blood sample
E2104 Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge

***Note:** There is no benefit limitation regarding brands; all brands of home blood glucose monitors and supplies are covered.

Non-Implantable Continuous Glucose Monitoring
Medicare Advantage Plans and Commercial Products
Non-Adjunctive, Non-Implantable Continuous Glucose Monitoring
The following HCPCS codes represent non-adjunctive devices and supplies and are covered for Medicare Advantage Plans and Commercial Products:

A4239 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
- **NOTE:** Up to a 90-day supply of HCPCS code A4239 may be billed and is reimbursable by BCBSRI.

E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver

NOTE: The following are classified as "non-adjunctive" CGM devices. Therefore, claims for the devices and associated supplies must be filed with HCPCS codes A4239 and E2103.
- Dexcom G5 Mobile CGM
- Dexcom G6 CGM System
- Abbott Freestyle Libre Flash Glucose Monitoring System

NOTE FOR COMMERCIAL PRODUCTS: Dexcom and Abbott Freestyle Libre branded glucose monitoring devices are covered through BCBSRI's Pharmacy Benefit Management Program vendor, when obtained under a Pharmacy benefit. They are also available through a Subscriber's DME benefit. Please note that not all BCBSRI Subscribers hold pharmacy benefits through BCBSRI.

It is considered incorrect to file claims for the above non-adjunctive devices and associated supplies with HCPCS codes A9276 – A9278. BCBSRI requires that these devices and their associated supplies be billed under HCPCS codes A4239 and E2103.

Please note that BCBSRI also requires Pricing, Data Analysis and Coding contractor (PDAC) approval for devices and supplies to be considered covered. Continuous Glucose Monitor systems that have not been reviewed and listed on the Product Classification List for HCPCS code E2103 will not be covered.

Adjunctive, Non-Implantable Continuous Glucose Monitoring
The following HCPCS codes represent adjunctive devices and supplies and are covered for Medicare Advantage Plans and Commercial Products:

A4238 Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
- **NOTE:** Up to a 90-day supply of HCPCS code A4238 may be billed and is reimbursable by BCBSRI.

E2102 Adjunctive, non-implanted continuous glucose monitor or receiver

It is considered incorrect to file claims for the above adjunctive devices and associated supplies with HCPCS codes A9276 – A9278. BCBSRI requires that these devices and their associated supplies be billed under HCPCS codes E2102 and A4238.

Supplies for Non-Implantable Continuous Glucose Monitoring
The following HCPCS codes are not covered for Medicare Advantage Plans according to CMS, and they are covered for Commercial Products. However, HCPCS codes A9276 - A9278 are not used to bill for supplies used with codes E2102 (adjunctive, non-implanted CGM or receiver) and E2103 (non-adjunctive, non-implanted CGM or receiver).

A9276 Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment

interstitial continuous glucose monitoring system, one unit = 1 day supply

A9277 Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system

A9278 Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system

S1030 Continuous non-invasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)

S1031 Continuous non-invasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)

Implantable Continuous Glucose Monitors

Medicare Advantage Plans and Commercial Products

The following code(s) are covered:

0446T Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training

0447T Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision

0448T Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation

NOTES:

- CPT code 0446T is globally reimbursed for both the procedure and the I-CGM device.
- It is inappropriate to file an E&M (Evaluation and Management) service with CPT code 0446T unless the E&M service is a separately identifiable visit on the same day, which would be filed with modifier 25 (significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day of the procedure or other service), which will reduce payment of the E&M service by 50%. Refer to the Related Policies section for further details.

Medicare Advantage Plans and Commercial Products

The following codes are covered:

95249 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording

95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording

95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

RELATED POLICIES

Artificial Pancreas Device System
Coding and Payment Guidelines / Modifiers
Diabetes Self-Management Education Mandate
Durable Medical Equipment
Medicare Advantage Plans National and Local Coverage Determinations

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Provider Update, April/December 2022
Provider Update, April/December 2021

REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) for Home Blood Glucose Monitors (40.2)
2. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Implantable Continuous Glucose Monitors (I-CGM) (L38623)
3. Centers for Medicare and Medicaid Services. Local Coverage Article (LCA) for Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (A58116)
4. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Glucose Monitors (L33822)
5. Centers for Medicare and Medicaid Services. Local Coverage Article (LCA) for Glucose Monitor – Policy Article (A52464)
6. Writing Team for the Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications Research Group. Effect of intensive therapy on the microvascular complications of type 1 diabetes mellitus. JAMA. May 15 2002; 287(19): 2563-9. PMID 12020338
7. American Diabetes Association. Standards of Medical Care in Diabetes. 2025. Accessed June 23, 2025.
8. Gehlaut RR, Dogbey GY, Schwartz FL, et al. Hypoglycemia in Type 2 Diabetes--More Common Than You Think: A Continuous Glucose Monitoring Study. J Diabetes Sci Technol. Apr 27 2015; 9(5): 999-1005. PMID 25917335
9. Floyd B, Chandra P, Hall S, et al. Comparative analysis of the efficacy of continuous glucose monitoring and self-monitoring of blood glucose in type 1 diabetes mellitus. J Diabetes Sci Technol. Sep 01 2012;6(5): 1094-102. PMID 23063035
10. Gandhi GY, Kovalaske M, Kudva Y, et al. Efficacy of continuous glucose monitoring in improving glycemic control and reducing hypoglycemia: a systematic review and meta-analysis of randomized trials. J Diabetes Sci Technol. Jul 01 2011; 5(4): 952-65. PMID 21880239
11. Langendam M, Luijf YM, Hooft L, et al. Continuous glucose monitoring systems for type 1 diabetes mellitus. Cochrane Database Syst Rev. Jan 18 2012; 1(1): CD008101. PMID 22258980
12. Poolsup N, Suksomboon N, Kyaw AM. Systematic review and meta-analysis of the effectiveness of continuous glucose monitoring (CGM) on glucose control in diabetes. Diabetol Metab Syndr. 2013; 5:39. PMID 23876067
13. Wojciechowski P, Ryś P, Lipowska A, et al. Efficacy and safety comparison of continuous glucose monitoring and self-monitoring of blood glucose in type 1 diabetes: systematic review and meta-analysis. Pol Arch Med Wewn. Oct 2011; 121(10): 333-43. PMID 22045094
14. Yeoh E, Choudhary P, Nwokolo M, et al. Interventions That Restore Awareness of Hypoglycemia in Adults With Type 1 Diabetes: A Systematic Review and Meta-analysis. Diabetes Care. Aug 2015; 38(8):1592-609. PMID 26207053
15. Benkhadra K, Alahdab F, Tamhane S, et al. Real-time continuous glucose monitoring in type 1 diabetes: a systematic review and individual patient data meta-analysis. Clin Endocrinol (Oxf). Mar 2017; 86(3):354-360. PMID 27978595
16. Lind M, Polonsky W, Hirsch IB, et al. Continuous Glucose Monitoring vs Conventional Therapy for Glycemic Control in Adults With Type 1 Diabetes Treated With Multiple Daily Insulin Injections: The GOLD Randomized Clinical Trial. JAMA. Jan 24 2017; 317(4): 379-387. PMID 28118454
17. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults With Type 1 Diabetes Using Insulin Injections: The DIAMOND Randomized Clinical Trial. JAMA. Jan 24 2017; 317(4): 371-378. PMID 28118453
18. Riddlesworth T, Price D, Cohen N, et al. Hypoglycemic Event Frequency and the Effect of Continuous Glucose Monitoring in Adults with Type 1 Diabetes Using Multiple Daily Insulin Injections. Diabetes Ther. Aug 2017; 8(4): 947-951. PMID 28616804
19. Polonsky WH, Hessler D, Ruedy KJ, et al. The Impact of Continuous Glucose Monitoring on Markers of Quality of Life in Adults With Type 1 Diabetes: Further Findings From the DIAMOND Randomized Clinical Trial. Diabetes Care. Jun 2017; 40(6): 736-741. PMID 28389582
20. Laffel LM, Kanapka LG, Beck RW, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adolescents and Young Adults With Type 1 Diabetes: A Randomized Clinical Trial. JAMA. Jun 162020; 323(23): 2388-2396. PMID 32543683

21. Pratley RE, Kanapka LG, Rickels MR, et al. Effect of Continuous Glucose Monitoring on Hypoglycemia in Older Adults With Type 1 Diabetes: A Randomized Clinical Trial. JAMA. Jun 16 2020; 323(23): 2397-2406. PMID 32543682
22. Leelarathna L, Evans ML, Neupane S, et al. Intermittently Scanned Continuous Glucose Monitoring for Type 1 Diabetes. N Engl J Med. Oct 20 2022; 387(16): 1477-1487. PMID 36198143
23. Yan J, Zhou Y, Zheng X, et al. Effects of intermittently scanned continuous glucose monitoring in adult type 1 diabetes patients with suboptimal glycaemic control: A multi-centre randomized controlled trial. Diabetes Metab Res Rev. May 2023; 39(4): e3614. PMID 36670050
24. Gupta A, Mukherjee S, Kumar Bhadada S, et al. Impact of short-term application of continuous glucose monitoring system(CGMS) on long-term glycemic profile in adolescents and adults with type 1 diabetes mellitus: An open-label randomized control cross over study. Diabetes Res Clin Pract. Apr 2024; 210:111610. PMID 38484983
25. Roussel R, Riveline JP, Vicaut E, et al. Important Drop in Rate of Acute Diabetes Complications in People With Type 1 or Type 2 Diabetes After Initiation of Flash Glucose Monitoring in France: The RELIEF Study. Diabetes Care. Jun 2021; 44(6): 1368-1376. PMID 33879536
26. Riveline JP, Roussel R, Vicaut E, et al. Reduced Rate of Acute Diabetes Events with Flash Glucose Monitoring Is Sustained for 2 Years After Initiation: Extended Outcomes from the RELIEF Study. Diabetes Technol Ther. Sep 2022; 24(9): 611-618. PMID 35604792
27. Feig DS, Donovan LE, Corcoy R, et al. Continuous glucose monitoring in pregnant women with type 1diabetes (CONCEPTT): a multicentre international randomised controlled trial. Lancet. Nov 25 2017; 390(10110): 2347-2359. PMID 28923465
28. Newman SP, Cooke D, Casbard A, et al. A randomised controlled trial to compare minimally invasive glucose monitoring devices with conventional monitoring in the management of insulin-treated diabetes mellitus (MITRE). Health Technol Assess. May 2009; 13(28): iii-iv, ix-xi, 1-194. PMID 19476724
29. Voormolen DN, DeVries JH, Evers IM, et al. The efficacy and effectiveness of continuous glucose monitoring during pregnancy: a systematic review. Obstet Gynecol Surv. Nov 2013; 68(11): 753-63.PMID 24193194
30. Voormolen DN, DeVries JH, Sanson RME, et al. Continuous glucose monitoring during diabetic pregnancy (GlucoMOMS): A multicentre randomized controlled trial. Diabetes Obes Metab. Aug 2018;20(8): 1894-1902. PMID 29603547
31. Secher AL, Ringholm L, Andersen HU, et al. The effect of real-time continuous glucose monitoring in pregnant women with diabetes: a randomized controlled trial. Diabetes Care. Jul 2013; 36(7): 1877-83.PMID 23349548
32. Murphy HR, Rayman G, Lewis K, et al. Effectiveness of continuous glucose monitoring in pregnant women with diabetes: randomised clinical trial. BMJ. Sep 25 2008; 337: a1680. PMID 18818254
33. Kong SY, Cho MK. Effects of Continuous Glucose Monitoring on Glycemic Control in Type 2 Diabetes: A Systematic Review and Meta-Analysis. Healthcare (Basel). Feb 29 2024; 12(5). PMID 38470682
34. Beck RW, Riddlesworth TD, Ruedy K, et al. Continuous Glucose Monitoring Versus Usual Care in Patients With Type 2 Diabetes Receiving Multiple Daily Insulin Injections: A Randomized Trial. Ann Intern Med. Sep 19 2017; 167(6): 365-374. PMID 28828487
35. Haak T, Hanaire H, Ajjan R, et al. Flash Glucose-Sensing Technology as a Replacement for Blood Glucose Monitoring for the Management of Insulin-Treated Type 2 Diabetes: a Multicenter, Open-Label Randomized Controlled Trial. Diabetes Ther. Feb 2017; 8(1): 55-73. PMID 28000140
36. Yaron M, Roitman E, Aharon-Hananel G, et al. Effect of Flash Glucose Monitoring Technology on Glycemic Control and Treatment Satisfaction in Patients With Type 2 Diabetes. Diabetes Care. Jul 2019; 42(7): 1178-1184. PMID 31036546
37. Martens T, Beck RW, Bailey R, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Patients With Type 2 Diabetes Treated With Basal Insulin: A Randomized Clinical Trial. JAMA. Jun 082021; 325(22): 2262-2272. PMID 34077499
38. Aleppo G, Beck RW, Bailey R, et al. The Effect of Discontinuing Continuous Glucose Monitoring in Adults With Type 2 Diabetes Treated With Basal Insulin. Diabetes Care. Dec 2021; 44(12): 2729-2737.PMID 34588210

39. Lind N, Christensen MB, Hansen DL, et al. Comparing Continuous Glucose Monitoring and Blood Glucose Monitoring in Adults With Inadequately Controlled, Insulin-Treated Type 2 Diabetes (Steno2tech Study): A 12-Month, Single-Center, Randomized Controlled Trial. Diabetes Care. May 012024; 47(5): 881-889. PMID 38489032
40. Eeg-Olofsson K, Svensson AM, Franzén S, et al. Real-world study of flash glucose monitoring among adults with type 2 diabetes within the Swedish National Diabetes Register. Diab Vasc Dis Res. 2023; 20(1): 14791641211067418. PMID 36715353
41. Guerci B, Roussel R, Levrat-Guillen F, et al. Important Decrease in Hospitalizations for Acute Diabetes Events Following FreeStyle Libre System Initiation in People with Type 2 Diabetes on Basal Insulin Therapy in France. Diabetes Technol Ther. Jan 2023; 25(1): 20-30. PMID 36094418
42. Haak T, Hanaire H, Ajjan R, et al. Use of Flash Glucose-Sensing Technology for 12 months as a Replacement for Blood Glucose Monitoring in Insulin-treated Type 2 Diabetes. Diabetes Ther. Jun 2017;8(3): 573-586. PMID 28401454
43. Wilkie G, Melnik V, Brainard L, et al. Continuous glucose monitor use in type 2 diabetes mellitus in pregnancy and perinatal outcomes: a systematic review and meta-analysis. Am J Obstet Gynecol MFM. Jul 2023; 5(7): 100969. PMID 37061044
44. Machry RV, Rados DV, Gregório GR, et al. Self-monitoring blood glucose improves glycemic control in type 2 diabetes without intensive treatment: A systematic review and meta-analysis. Diabetes Res Clin Pract. Aug 2018; 142: 173-187. PMID 29857093
45. Ehrhardt NM, Chellappa M, Walker MS, et al. The effect of real-time continuous glucose monitoring on glycemic control in patients with type 2 diabetes mellitus. J Diabetes Sci Technol. May 01 2011; 5(3): 668-75. PMID 21722581
46. Vigersky RA, Fonda SJ, Chellappa M, et al. Short- and long-term effects of real-time continuous glucose monitoring in patients with type 2 diabetes. Diabetes Care. Jan 2012; 35(1): 32-8. PMID 22100963
47. Price DA, Deng Q, Kipnes M, et al. Episodic Real-Time CGM Use in Adults with Type 2 Diabetes: Results of a Pilot Randomized Controlled Trial. Diabetes Ther. Jul 2021; 12(7): 2089-2099. PMID34089138
48. Wada E, Onoue T, Kobayashi T, et al. Flash glucose monitoring helps achieve better glycemic control than conventional self-monitoring of blood glucose in non-insulin-treated type 2 diabetes: a randomized controlled trial. BMJ Open Diabetes Res Care. Jun 2020; 8(1). PMID 32518063
49. Aronson R, Brown RE, Chu L, et al. IMpact of flash glucose Monitoring in pEople with type 2 Diabetes Inadequately controlled with non-insulin Antihyperglycaemic ThErapy (IMMEDIATE): A randomized controlled trial. Diabetes Obes Metab. Apr 2023; 25(4): 1024-1031. PMID 36546594
50. Rama Chandran S, Rahman N, Gandhi M, et al. Intermittently scanned continuous glucose monitoring provides no benefit over structured self-monitoring of blood glucose in type 2 diabetes not on prandial insulin, in the context of diabetes self-management education: GLucose monitoring programme SingaporE (GLiMPSE). Diabetes Res Clin Pract. May 2024; 211: 111678. PMID 38642860
51. Metzger BE, Buchanan TA, Coustan DR, et al. Summary and recommendations of the Fifth International Workshop-Conference on Gestational Diabetes Mellitus. Diabetes Care. Jul 2007; 30 Suppl 2: S251-60. PMID 17596481
52. Balaji B, Hannah W, Popova PV, et al. The Use of Continuous Glucose Monitoring in Comparison to Self-Monitoring of Blood Glucose in Gestational Diabetes: A Systematic Review. J Diabetes Sci Technol. Jul 23 2025: 19322968251357873. PMID 40698417
53. Amylidi-Mohr S, Zennaro G, Schneider S, et al. Continuous glucose monitoring in the management of gestational diabetes in Switzerland (DipGluMo): an open-label, single-centre, randomised, controlled trial. Lancet Diabetes Endocrinol. Jul 2025; 13(7): 591-599. PMID 40441173
54. Valent AM, Rickert M, Pagan CH, et al. Real-Time Continuous Glucose Monitoring in Pregnancies With Gestational Diabetes Mellitus: A Randomized Controlled Trial. Diabetes Care. Sep 01 2025; 48(9):1581-1588. PMID 40730104
55. Renard E, Riveline JP, Hanaire H, et al. Reduction of clinically important low glucose excursions with along-term implantable continuous glucose monitoring system in adults with type 1 diabetes prone to hypoglycaemia: the France Adoption Randomized Clinical Trial. Diabetes Obes Metab. May 2022;24(5): 859-867. PMID 34984786

56. Kropff J, Choudhary P, Neupane S, et al. Accuracy and Longevity of an Implantable Continuous Glucose Sensor in the PRECISE Study: A 180-Day, Prospective, Multicenter, Pivotal Trial. Diabetes Care. Jan 2017; 40(1): 63-68. PMID 27815290
57. Christiansen MP, Klaff LJ, Brazg R, et al. A Prospective Multicenter Evaluation of the Accuracy of a Novel Implanted Continuous Glucose Sensor: PRECISE II. Diabetes Technol Ther. Mar 2018; 20(3):197-206. PMID 29381090
58. Food and Drug Administration (FDA). Summary of Safety and Effectiveness Data: Eversense Continuous Glucose Monitoring System (2018). https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P160048. Accessed October May 16, 2024.
59. Garg SK, Liljenquist D, Bode B, et al. Evaluation of Accuracy and Safety of the Next-Generation Up to180-Day Long-Term Implantable Eversense Continuous Glucose Monitoring System: The PROMISE Study. Diabetes Technol Ther. Feb 2022; 24(2): 84-92. PMID 34515521
60. Bailey TS, Liljenquist DR, Denham DS, et al. Evaluation of Accuracy and Safety of the 365-DayImplantable Eversense Continuous Glucose Monitoring System: The ENHANCE Study. Diabetes Technol Ther. May 2025; 27(5): 407-411. PMID 39869118
61. Sanchez P, Ghosh-Dastidar S, Tweden KS, et al. Real-World Data from the First U.S. Commercial Users of an Implantable Continuous Glucose Sensor. Diabetes Technol Ther. Dec 2019; 21(12): 677-681. PMID 31385732
62. Deiss D, Irace C, Carlson G, et al. Real-World Safety of an Implantable Continuous Glucose Sensor Over Multiple Cycles of Use: A Post-Market Registry Study. Diabetes Technol Ther. Jan 2020; 22(1): 48-52. PMID 31418587
63. Tweden KS, Deiss D, Rastogi R, et al. Longitudinal Analysis of Real-World Performance of an Implantable Continuous Glucose Sensor over Multiple Sensor Insertion and Removal Cycles. Diabetes Technol Ther. May 2020; 22(5): 422-427. PMID 31697182
64. Irace C, Cutruzzolà A, Nuzzi A, et al. Clinical use of a 180-day implantable glucose sensor improves glycated haemoglobin and time in range in patients with type 1 diabetes. Diabetes Obes Metab. Jul2020; 22(7): 1056-1061. PMID 32037699
65. ADA Standards of Care: 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes -2025. Accessed September 24, 2025.
66. Grunberger G, Sherr J, Allende M, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: The Use of Advanced Technology in the Management of Persons With Diabetes Mellitus. Endocr Pract. Jun 2021; 27(6): 505-537. PMID 34116789
67. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm - 2023 Update. Endocr Pract. May2023; 29(5): 305-340. PMID 37150579
68. Blonde L, Umpierrez GE, Reddy SS, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan-2022 Update. Endocr Pract. Oct 2022; 28(10): 923-1049. PMID 35963508
69. ADA Standards of Care. 7. Diabetes Technology: Standards of Care in Diabetes - 2025. Accessed September 26, 2025.
70. ADA Standards of Care. 14. Children and Adolescents: Standards of Care in Diabetes - 2025. Accessed September 27, 2025.
71. McCall AL, Lieb DC, Gianchandani R, et al. Management of Individuals With Diabetes at High Risk for Hypoglycemia: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. Feb 15 2023;108(3): 529-562. PMID 36477488
72. Peters AL, Ahmann AJ, Battelino T, et al. Diabetes Technology-Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. Nov 2016; 101(11): 3922-3937. PMID 27588440
73. National Institute for Health and Care Excellence. (2022) Type 1 Diabetes in Adults: Diagnosis and Management. Accessed June 26, 2025.
74. National Institute for Health and Care Excellence. 2022. Type 2 Diabetes in Adults: Management. Accessed June 27, 2025.

75. Centers for Medicare & Medicare Services. Durable Medical Equipment (DME) Center. Accessed June 25, 2025.

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