OVERVIEW
This policy addresses coverage of continuous and short-term (also known as intermittent) glucose monitoring. Home blood glucose monitors are not addressed in this policy. Please see the Related Policies Section.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
BlueCHiP for Medicare and Commercial Products
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products
The use of short-term (also known as intermittent), glucose monitoring for a minimum of 72 hours is a covered service.

BlueCHiP for Medicare
Effective January 1, 2017, The Dexcom G5® Mobile CGM System is the only continuous glucose monitoring (CGM) that is covered to replace finger stick blood glucose monitor (BGM) testing for diabetes. All other CGM devices are not covered.

In addition to the DME receiver included in the Dexcom G5® Mobile CGM System, an alternative option for displaying the received data is with a smart device using the Dexcom G5® app on a member-owned smart device such as a smart phone or tablet. Smart phones or tablets are not covered.

BlueCHiP for Medicare and Commercial Products
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) are not covered since they are not used with a glucose monitor.
- 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 these monitors do not meet the definition of DME.

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.
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 and Diabetic equipment/supplies benefits/coverage.

BACKGROUND
Tight glucose control in patients with diabetes has been associated with improved 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 traditional self-monitoring of blood glucose levels.

The advent of blood glucose monitors for use by patients in the home over 20 years ago revolutionized the management of diabetes. Using fingersticks, patients could monitor their blood glucose level both to determine the adequacy of hyperglycemia control and to evaluate hypoglycemic episodes. The blood glucose monitors that require fingerstick are meter devices that read color changes produced on specially treated reagent strips by glucose concentrations in the patient’s blood. These home blood glucose monitors are not the focus of this policy.

Continuous glucose monitoring (CGM) uses a tiny sensor placed under the skin in the belly area. It can be implanted quickly and is usually not painful. The sensor measures the amount of glucose in interstitial fluid. A transmitter on the sensor then sends the information to a wireless, pager-like monitor that can be worn on a belt. The monitor displays glucose levels at 1-, 5- and 10-minute intervals. If the patient’s glucose drops to a dangerously low level, or a high preset level, the monitor will sound an alarm.

In the past, only doctors could see the readings the CGM systems collected. Now, anyone can use the device as part of at-home diabetes care. The patient can download data on their computer, tablet or smartphone to see patterns and trends in their glucose levels. This information can help the patient and physician create the best diabetic management plan.

CGM is intended to complement, not replace, information obtained from fingerstick values. It can help unveil dynamic glucose patterns unseen with meters alone. Generally, the patient will need to continue to measure their blood glucose with a regular home meter a few times a day to ensure the monitor remains accurate. The sensor under the skin should be replaced every 3 to 7 days.

Intermittent (or short-term) monitoring is generally conducted in 72-hour periods and uses the same equipment as continuous monitoring.

Several continuous glucose monitoring systems have been approved by FDA through the premarket approval process:

- The Continuous Glucose Monitoring System (CGMS®) (MiniMed) in 1999 (approved for 3-day use in a physician’s office).
- The GlucoWatch G2® Biographer in 2001. Of note, neither the GlucoWatch nor the autosensors have been available after July 31, 2008.
- The Guardian®-RT (Real-Time) CGMS (Medtronic, MiniMed) in July 2005. (MiniMed was purchased by Medtronic).
- The DexCom® STS CGMS system (DexCom) was approved by FDA in March 2006.
- The Paradigm® REAL-Time System (Medtronic, MiniMed) was approved by FDA in 2006. This system integrates a CGM with a Paradigm insulin pump. The second generation integrated system is called the MiniMed Paradigm Revel System.
- The FreeStyle Navigator® CGM System (Abbott) was approved in March 2008.
The DexCom G4 Platinum (DexCom) CGM was approved for use in adults 18 years and older in October 2012. The device can be worn for up to 7 days. In February 2014, FDA expanded use of the Dexcom Platinum CGM to include patients with diabetes, age 2 to 17 years old.

Blue CHiP for Medicare
On December 20, 2016 the Food & Drug Administration (FDA) granted premarket approval to Dexcom, Inc. for an expanded indication for their Dexcom G5® Mobile Continuous Glucose Monitoring (CGM) System. The Dexcom G5® Mobile CGM System is now indicated to replace fingerstick blood glucose monitor (BGM) testing for diabetes treatment decisions, referred to by the FDA as "non-adjunctive" use. The Dexcom G5® Mobile CGM System is currently the only FDA-approved device with a "non-adjunctive" indication.

On January 12, 2017 the Centers for Medicare & Medicaid Services (CMS) issued CMS Ruling 1682R addressing the benefit category for non-adjunctive CGM systems. CMS Ruling 1682R classified CGM systems into therapeutic and non-therapeutic systems. Therapeutic CGM are defined as CGM used as a replacement for fingerstick blood glucose testing for diabetes treatment decisions i.e., non-adjunctive use. Non-therapeutic CGM are devices used as an adjunct to BGM testing (i.e., primary therapeutic decisions regarding diabetes treatment must be made with a standard home BGM, not the CGM).

Medicare does not cover any other CGM devices and the supplies associated with these devices.

CODING
Modifiers:
Claims for equipment and supplies should be submitted with the KX modifier for insulin dependent members.
Claims for equipment and supplies should be submitted with the KS modifier for non-insulin dependent members.

BlueCHiP for Medicare
For claims prior to 7/1/2017
The DME component for the Dexcom G5® Mobile CGM system is the receiver. The receiver must be billed using the following code:
• E1399 - Durable Medical Equipment, Miscellaneous
  Note: When billing this code, suppliers must enter "Dexcom G5® Receiver" in the narrative field of the claim.

The supply allowance for supplies used with the Dexcom G5® Mobile CGM System encompasses all items necessary for the use of the device and includes, but is not limited to: CGM sensor, CGM transmitter, home blood glucose monitor and related BGM supplies (test strips, lancets, lancing device, and calibration solutions) and all batteries. The supply allowance must be billed using the following code:
• A9999 – Durable Medical Equipment, Miscellaneous Supply
  Note: Claims for A9999 must be billed as one (1) unit of service per month. When billing this code, suppliers must enter "Supplies used with Dexcom G5® Receiver" in the narrative field on the claim.

For claims with date of service 7/1/2017 claims must be filed with the following new HCPCS code
K0553 Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
K0554 Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system

The following codes are not covered as these are for use with other CGM systems:
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)
A9276 Sensor; invasive (e.g. subcutaneous) disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system

**Commercial Products**
The following codes are covered:
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)
A9276 Sensor; invasive (e.g. subcutaneous) disposable, for use with interstitial continuous glucose monitoring system, on unit = 1 day supply
A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring

**BlueCHiP for Medicare and Commercial Products**
The following codes are covered:
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

The following code is not medically necessary:
0446T Creation of a subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training (New code effective 1/1/2017)

**RELATED POLICIES**
Artificial Pancreas Device System
Diabetes Self-Management Education Mandate
Glucose Monitoring - Home

**PUBLISHED**
Provider Update, June 2017
Provider Update, July 2016
Provider Update, November 2015
Provider Update, January 2015
Provider Update, March 2012
Provider Update, May 2011
Provider Update, July 2010

**REFERENCES**
2. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Glucose Monitors (L11530)
3. Blue Cross and Blue Shield Technology Evaluation Center (TEC). Use of Intermittent or Continuous Interstitial Fluid Glucose Monitoring in Patients with Diabetes Mellitus. TEC Assessments 2003; Volume 18, Tab 16.


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.