Clinical Policy: Continuous Glucose Monitoring

Reference Number: WA.PHAR.133
Effective Date: 09/15/2023
Last Review Date: 06/2023, 10/2023, 01/2024, 07/2024, 11/2024, 04/2025
Line of Business: HIM*, Medicaid

Coding Implications

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

***For Health Insurance Marketplace members**, if request is for True Metrix®, this policy does not apply. The True Metrix meter is covered at no cost by the manufacturer by billing BIN # 015251, PCN # PRX2000, ID #HB224289445, Group #TRUEport22. Call 1-855-282-4888 for additional information.*

Description

This policy describes the medical necessity guidelines for continuous glucose monitoring. Self-monitoring of blood glucose and continuous glucose monitoring (CGM) are two techniques that persons with diabetes use at home help them maintain blood glucose within a safe range. Real-time CGM is advanced technology that continuously measures insterstitial fluid glucose levels and can therefore provide current glucose level as well as the direction and rate of change. Some CGM systems are designed for short-term diagnostic or professional use. Other CGM systems are designed for long-term patient use. This policy addresses the latter.

Policy/Criteria

I. It is the policy of Coordinated Care of Washington. Inc., and Coordinated Care Corporation that Freestyle Libre products may be considered **medically necessary** in patients who meet the criteria described in the clinical policy below. If all criteria are not met, but there are documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be approved on a case-by-case basis up to the initial or reauthorization duration. Members new to Coordinated Care who are requesting regimens for continuation of therapy should be reviewed following the reauthorization criteria listed below.

A. Adults with Type 2 Diabetes

1. Freestyle Libre continuous glucose monitor system may be approved when one of the following criteria are met:
   a. Unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan for six months (intensive insulin therapy; testing blood glucose 4 or more times per day); **or**
   b. Suffering from one or more severe (blood glucose < 50 mg/dl or symptomatic) episodes of hypoglycemia despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day); **or**
   c. Unable to recognize or communicate about symptoms of hypoglycemia.

   Approval Duration: If any above criteria are met, the request may be approved for **12 months**

B. Pregnancy

1. Freestyle Libre continuous glucose monitor system may be approved in pregnant women who have any of the following:
   a. Type 1 diabetes; **or**
   b. Type 2 diabetes and on insulin prior to pregnancy; **or**
   c. Gestational diabetes and blood glucose is not well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) during pregnancy and require insulin.

   Approval Duration: If any criteria are met, the request may be approved for **duration of pregnancy.**

C. Other Diagnosis

1. Freestyle Libre continuous glucose monitor system may be approved when one of the following criteria are met:
   a. Children/adolescents less than 19 years old; **or**
   b. Adults with Type 1 diabetes

   Approval Duration: If any criteria are met, the request may be approved for **12 months**

Reauthorization Criteria

II. Freestyle Libre Continuous glucose monitor system may be authorized when one of the following criteria are met:
   a. Member has demonstrated improved glycemic control **or**
   b. Member has had a reduction in severe episodes of hypoglycemia; **or**
   c. Member is unable to recognize or communicate about symptoms of hypoglycemia

   Approval Duration: If any criteria are met, the request may be approved for **12 months**

Preferred Monitoring System
Freestyle Libre Reader
Freestyle Libre 2 Reader
Freestyle Libre 3 Reader
Freestyle Libre 14-Day Sensor
Freestyle Libre 2 Plus 15-Day Sensor
Freestyle Libre 2 14-Day Sensor
Freestyle Libre 3 14-Day Sensor
Freestyle Libre 3 Plus 15-Day Sensor

Dose and Quantity Limits (All Indications)
FreeStyle Libre Readers: 1 Reader per 30 days; limit 1 per year
FreeStyle Libre Sensors: 2 sensors every 28 days

Dose and Quantity Limits (All Indications)
Freestyle Libre Plus Sensors: 2 sensors every 30 days

Reviews, Revisions, and Approvals	Date	Approval Date
Policy adopted from WA.CP.MP.501. Preferred Freestyle Libre CGM products added. Removed HCPCS Code from policy and references to Health Care Authority (HCA). Minor grammatical updates made.	08/23	06/23
Changed "all" to "one" in continuation criteria Updated Freestyle Libre Reader quantity to say 1 Reader per 30 days, limit 1 per year.	10/02	10/23
Updated Quantity Limit for Freestyle Libre Sensors to 2 sensors every 28 days	12/23	01/24
Added Freestyle Libre 3 Readers to the list of Preferred Monitoring Systems	06/24	06/24
Added the Freestyle Libre 2 Plus and Freestyle Libre 3 Plus Sensors to the policy	10/24	11/24
Information pertaining to the Ambetter Line of Business added to policy	04/25	05/25

References

1. Skelly A, Brodt E, Junge M, Schwartz N, Winter C, Ferguson A; Aggregate Analytics, Inc. Glucose Monitoring Update. Washington Health Technology Assessment. December 2017.
2. Skelly A, Schenk Kisser J, Mayfield J, Olson C, Ecker E; Spectrum Research, Inc. Glucose Monitoring: Self-monitoring in individuals with insulin dependent diabetes, 18 years of age or under. Washington Health Technology Assessment. January, 2011.
3. Washington State Health Care Authority. Home Infusion Therapy and Parenteral Nutrition Program Billing Guide. https://www.hca.wa.gov/assets/billers-and-providers/Home-infusion-therapy-bg-20211001.pdf Revision effective October 1, 2021.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and

limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.