Y. Continuous Glucose Monitor

A Continuous Glucose Monitoring system (CGM) is a U.S. Food and Drug Administration (FDA) approved device that records blood sugar levels throughout the day and night. There are several approved devices that can provide up to 288 blood sugar measurements every 24 hours. The system is used to measure an average blood sugar for three to seven days (depending on the model you have), while the person with diabetes continues daily activities at home.

1. Members 18 years of age or older and meets ALL of the following:

    a. Diagnosis of diabetes (Type I & II); And

    b. Using insulin analog injections at least 4 times daily or on insulin pump; And

    c. Currently self-monitoring blood glucose at least 4 times daily documented for at least greater than or equal to eight (8) weeks; And

    d. Worked with an endocrinologist or a mid-level provider working with an endocrinologist, And

    e. Meets at least one of the following:

        i. Failure of 3-7 day diagnostic Continuous Glucose Monitor use to reconcile hypoglycemia and subsequent treatment plan change (documented by scanned glucose meter downloads in the medical record); Or

        ii. Two or more episodes of severe hypoglycemia per week (blood glucose <55 mg/dl) persisting despite therapy changes over at least the two months proceeding in the request; Or

        iii. Severe hypoglycemic unawareness with blood glucose <55 mh/dl at least twice monthly over two months or once weekly in the last month (defined as documented Emergency Room (ER) visits, use of glucagon emergency kit, or loss of consciousness); Or

        iv. Nocturnal hypoglycemia (blood glucose <55 mg/dl) refractory to insulin dose changes at least 2 times per week over the past two months; Or

        v. Recurrent hypoglycemia seizures (1 or more hypoglycemia seizures in the past year); Or

        vi. Patient with HgbA1c >7.5 and show compliance with plan of care as determined by endocrinologist to achieve tighter glucose control.

2. Member is less than 18 years of age and meets ALL of the following:

    a. Diagnosis of Type I diabetes; And

b. Provide clinical documentation indicating the member is using an insulin pump or multiple or multiple daily shot schedule – three or more shots daily or is a newly diagnosed diabetic member; And

c. Currently self-monitoring blood glucose testing at least 4 times daily

   i. Documented for ≥8 weeks; Or

   ii. Patient is ≤ 5 years old and newly diagnosed (within last 60 days)

d. Documented consistent visits with an endocrinologist

   i. Every 3 months, over last 6-12 months and at least one (1) in-between phone contact with diabetes educator; Or

   ii. Newly diagnosed (within last 60 days) and at least 4 visits and 2 calls documented in the last 8 weeks; Or

   iii. Being discharged from hospital and endocrinologist documents need for immediate CGM

e. Ordered by an endocrinologist or a (mid-level provider (such as a physician assistant (PA) or nurse practitioner (NP)) working under the direct supervision of the endocrinologist; and

f. Meets at least one of the following:

   i. Hypoglycemia unawareness-hypoglycemia requiring assistance from an adult and/or injection Glucagon or visit to ER at least twice within the last year; Or

   ii. Under six (6) years of age or determined not competent to request assistance due to functional status specifically documented in medical records; Or

   iii. Nocturnal hypoglycemia refractory to insulin dose changes at least 3 episodes documented in the last 3 months; Or

      a. Hypoglycemia defined as <65 for children under 8 years of age

      b. Defined as <55 for all others

   iv. Seizure associated with Hypoglycemia – one or more episode in last 12 months; Or

   v. Difficulty in accomplishing the target A1C, in a setting with a family and member in spite of working closely with endocrinologist and diabetes educator over the last 6 months. Must not be due to documented substantial non-compliance; Or

   vi. Patient with HgbA1c >7.5 and highly motivated as determined by endocrinologist to achieve tighter glucose control.

3. ALL ages, Utilization Limits, replacement of the transmitter and/or receiver is allowed only when ALL of the following are met:

    a. The member has successfully utilized long-term CGM as a supplement to self-monitoring of blood glucose, and benefitted from such monitoring (i.e. there is evidence the member has achieved improved glycemic control and/or experienced reduced incidences of hyperglycemia and hypoglycemia); And

    b. Replacement with a comparable device is needed due to a malfunction; And

    c. Since repair estimates are not possible for this equipment, documentation of malfunction is documented by clinical team; And

    d. Must supply documentation that the member is using the CGM as directed by the endocrinologist or a mid-level provider (such as a physician assistant (PA) or nurse practitioner (NP)) working with an endocrinologist, And

    e. Sensors approved for 6 months at a time. Sensors are supplied monthly for 6 months, And

    f. A review of usage is required at month 5 prior to submitting by reauthorization at 6 months, And

    g. Ongoing recommendation for CGM must be provided by an endocrinologist or a mid-level provider (such as a physician's assistant (PA) or nurse practitioner (NP)) working with an endocrinologist