

Continuous Glucose Monitors and Supplies

Indications for Approval:

Diabetes mellitus type 1 or 2 and meets all of the following criteria:

- 1) The patient is currently using a blood glucose monitor (BGM) and is testing four or more times per day.
- 2) The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump.
- 3) The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or continuous glucose monitors (CGM) testing results.
- 4) Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that the above criteria are met.

Continuation of Therapy Criteria:

Treating practitioner must submit documentation that an in-person visit with the beneficiary has occurred every six (6) months or more frequently to assess adherence to their CGM regimen and diabetes treatment plan.

Preferred Products:

- FreeStyle Libre.
- DexCom G6 will only be covered for the following:
 - 1) Patients less than or equal to 17 years of age; or
 - 2) Greater than or equal to 75 years of age; or
 - 3) Have a medical reason why Freestyle Libre® cannot be used.

Approval Length: One year

Quantity limits apply (reference formulary for device specific limits).

Approved by the Pharmacy & Therapeutic (P&T) Committee (pending).

References:

National Coverage Determination (NCD) for Home Blood Glucose Monitors (40.2):

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=222&ncdver=2&bc=AgAAQAAAAAAAA&>

Local Coverage Determination (LCD): Glucose Monitors (L33822):

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33822&ver=21&DocID=L33822&bc=gAAAABAAAAAAAA&>