Medical Coverage Policy
Policy Number – MP23-034E
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Continuous Glucose Monitoring (CGM)

Background

CGM measures glucose levels in the interstitial fluid by means of a small catheter inserted into subcutaneous tissues. These readings help detect fluctuations in glucose levels. This helps in diabetes management by allowing fine-tuning of insulin dosage and schedules.

There are many different FDA approved devices available for short term as well as long-term CGM.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

CGM devices may be considered medically necessary if the following criteria are met:

I. Diagnosis of Type 1, Type 2, or gestational diabetes
II. Completion of a comprehensive diabetic education program
III. Treatment regimen includes daily insulin injections per day or an insulin pump

Limitations of coverage

I. Replacement of a CGM receiver may be cost shared per TRICARE policy, if both the following criteria are met:
    a. Documentation confirming that the monitor/component is malfunctioning, no longer under warranty, and cannot be repaired; AND
    b. Documentation of evaluation by provider managing the diabetes, done within last 6 months, recommending continued use of CGM.

TRICARE policy

TRICARE Policy Manual Chapter 8, Section 5.3

4.0 POLICY

United States (US) Food and Drug Administration (FDA) approved CGMS devices may be cost-shared when used according to FDA approved indications and it is documented that prior to initial prescription of CGMS the recipient of the device has met ALL of the following criteria or most current

recommendations for CGMS use from the American Diabetes Association (ADA) Standards of Care in Diabetes:

4.1 Diagnosis of diabetes (type 1, type 2, gestational, or other rare form); and

4.2 TRICARE authorized provider has examined the beneficiary in person and evaluated the beneficiary's diabetes control within six months prior to ordering the CGMS; and

4.3 Beneficiary has completed a comprehensive diabetic education program including training on use of the prescribed device(s); and

4.4 Treatment regimen includes daily insulin injections or insulin pump therapy.

5.0 CGMS devices and supplies

5.1 Therapeutic CGMS is defined as a device that is approved by the FDA for non-adjunctive use (i.e., used as a replacement for finger stick BGM testing). Therapeutic CGMS devices and all related supplies shall be reported using Healthcare Common Procedure Coding System (HCPCS) codes K0553-K0554.

5.2 Non-therapeutic CGMS is defined as a device that is approved by the FDA for use to complement, not replace, information obtained from finger stick testing. Non-therapeutic CGMS devices and all related supplies shall be reported using the following HCPCS codes: A9276, A9277, and A9278.

5.3 Replacement of a CGMS receiver may be cost-shared when BOTH of the following criteria are met:

- There is documentation confirming that the monitor/component is malfunctioning, is no longer under warranty, and cannot be repaired. (See Section 2.1 for additional information on Durable Equipment (DE)); and

- Evidence of an evaluation by a TRICARE-authorized individual professional provider (e.g., physician, nurse practitioner, etc.) managing the diabetes within the last six months that includes a recommendation supporting the continued use of a CGMS.

5.4 The contractor shall ensure the provisions of 32 CFR 199.9 and the TRICARE Operations Manual (TOM), Chapter 13, are followed to prevent fraud and abuse.

6.0 Reimbursement Considerations

6.1 Consistent with the requirement that TRICARE reimburse consistent with Medicare whenever practicable, therapeutic (non-adjunctive) CGMS and supplies shall be reported utilizing HCPCS codes K0553-K0554 (or subsequent codes if replaced or renumbered). Devices that are labeled for use as therapeutic (non-adjunctive), even if the patient continues to perform glucose self-testing (e.g., finger sticks), shall be reported utilizing these codes.

6.2 Adjunctive (non-therapeutic) CGMS and supplies should be reported with HCPCS codes A9276 - A9278 (or subsequent codes if replaced or renumbered), with providers reminded of the requirement to

use the most appropriate code for the service rendered. Only those devices which are not labeled by the FDA for therapeutic use (i.e., adjunctive, or only labeled to complement but not replace standard blood glucose monitoring) may be reported utilizing these codes.

6.3 The contractor shall reimburse CGMS using the rate on the Durable Medical Equipment (DME), Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule. If there is no DMEPOS fee schedule rate, the allowable charge shall be established in accordance with the TRICARE Reimbursement Manual (TRM), Chapter 1, Section 1139; Chapter 3, Section 1; and Chapter 5.

6.4 When reimbursement is made in accordance with the TRM, Chapters 3 and 5, especially when the state prevailing or billed rate is used, the contractor shall ensure the provisions of 32 CFR 199.9(b)(2), (b)(7), (c)(11) and the TOM, Chapter 13, are followed to prevent fraud and abuse.

Coding information

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; physician or other qualified health care professional (office) provided equipment, 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; analysis, interpretation and report
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)

A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

References

1. TRICARE Policy Manual Chapter 8, Section 5.3 TRICARE Manuals - Display Chap 8 Sect 5.3 (Change 41, Aug 15, 2025)
2. MCG Health. Continuous Glucose Monitoring. Ambulatory Care 29th edition. ACG: A-0126 (AC). Last updated 6/11/2025

Review history

September 2025: Updated criteria and references

September 2024: Updated references

Approved by:

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Chief Medical Officer

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