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 three or more insulin injections per day or an insulin pump
IV. Documented blood glucose self-testing on average of four times or more per day
V. One or more of the following criteria are present:
    a. Glycosylated hemoglobin level is greater than 7.0% or less than 4.0%
    b. History of unexplained large fluctuations in daily glucose values before meals
    c. History of early morning fasting hyperglycemia
    d. Hypoglycemic unawareness
    e. History of recurrent, unexplained, severe hypoglycemic events (blood glucose less than 50 mg/dl)
    f. Nocturnal hypoglycemia
    g. Recurrent episodes of ketoacidosis
    h. Pregnant with gestational diabetes

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

U.S. 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 being prescribed the CGMS the recipient of the device has diabetes, and a 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 a TRICARE authorized provider documents that ALL of the following criteria have been met:

4.1 Completion of a comprehensive diabetic education program; and

4.2 Treatment regimen including at least three insulin injections per day or insulin pump therapy, with frequent self-adjustment of insulin doses in the last three months (except for Type I diabetes, gestational diabetes, and rare forms of diabetes which have no time requirement for the self-adjustment of insulin); and

4.3 Documented blood glucose self-testing on average of at least four times per day prior to initiation of CGMS therapy;

4.4 And ANY one or more of the following:

4.4.1 Glycosylated hemoglobin level (HBA1c) is greater than 7.0% or less than 4.0%;

4.4.2 History of unexplained large fluctuations in daily glucose values before meals;

4.4.3 History of early morning fasting hyperglycemia ("dawn phenomenon");

4.4.4 History of severe glycemic excursions;

4.4.5 Hypoglycemic unawareness;

4.4.6 History of recurrent, unexplained, severe hypoglycemic events (i.e., blood glucose less than 50 mg/dl);

4.4.7 History of recurrent episodes of ketoacidosis;

4.4.8 Hospitalizations for uncontrolled glucose levels;

4.4.9 Frequent nocturnal hypoglycemia; or

4.4.10 The beneficiary is pregnant and has poorly controlled diabetes or gestational diabetes.

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 fingerstick BGM testing).

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 fingerstick 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); 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.

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 107, Jan 6, 2023) (health.mil)
2. MCG Health. Continuous Glucose Monitoring. Ambulatory Care 27th edition. ACG: A-0126 (AC). Last updated 9/21/2023

Review History

September 2024: Updated references

Approved by:

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Chief Medical Officer

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