VENTURA COUNTY HEALTH CARE PLAN

Medical Policy: CONTINUOUS GLUCOSE MONITORING

Effective Date: 11/10/2016
Reviewed/Updated: 2/9/17; 2/8/18; 2/14/19; 2/11/21; 2/17/22; 2/2/23; 2/8/24, 2/20/25
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MEDICAL POLICY- CONTINUOUS GLUCOSE MONITORING

Continuous glucose monitoring is designed as an adjunct to and not a replacement for finger stick measurements. Ideally, measurements via the glucose monitor should be cross-checked with a finger stick measurement prior to insulin adjustments.

No authorization is required for contracted DME providers for the following: continuous glucose monitor machine and initial and refills supplies of continuous glucose monitoring (Dexcom: A9277, A9278, A9276, Freestyle Libre: K0554, K0553).

Authorization is required for non-contracted DME providers. VCHCP will approve continuous glucose monitoring equipment for non-contracted durable medical equipment (DME) providers under the following conditions:

1) Type 1 or Type 2 diabetic **-AND**
2) Age 8 years or older (based on assessed capability of being trained to use the device in an appropriate manner) **-AND**
3) Device is approved for use by FDA **–AND**
4) Under consultation with an endocrinologist or other diabetes specialist -AND
5) The device is ordered through a VCHCP contracted DME vendor -AND
6) Best practices are being followed include a regimen of 3 or more finger sticks each day, adherence to proper diet and exercise as well as dietary and diabetic counseling and monitoring - AND
7) **One** of the following:
   a) Documented extreme (“brittle”) diabetes, defined as recurrent fluctuations in blood glucose measurements (i.e., symptomatic glucose levels < 50 mg/dL, >300 mg/dL)
   b) Poorly controlled blood glucose levels (unexplained hypoglycemic episodes; recurrent diabetic ketoacidosis) refractory to multiple adjustments in self-monitoring of blood glucose and insulin administration in compliant patients
   c) Frequent hospitalizations for poorly controlled diabetes
   d) Pregnant and incapable of, or poorly compliant in, self-monitoring (including one-month post-partum) or are poorly controlled despite best practices (see #6 above)
   e) Documented and clinically significant Hypoglycemic Unawareness after dietary, blood glucose and behavioral adjustments and medical management (e.g. carbohydrate absorption inhibitors)
   f) Frequent nocturnal hypoglycemia despite appropriate modifications in insulin therapy and best practices (see #6 above)

g) The patient is legally blind and blood glucose levels are poorly controlled despite best practices (special device required)

Patient is to remain on appropriate dosage per treating provider.

Attachments: None

History:

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
2/13/20	Yes	Howard Taekman, MD	Patient is to remain on appropriate dosage per treating provider. No authorization is required for supplies refills of continuous glucose monitoring (A9277, A9278, A9276).
2/11/21	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
11/10/22	Yes	Howard Taekman, MD Robert Sterling, MD	Updated to remove prior authorization for contracted DME providers for the following: continuous glucose monitoring machine and supplies refills of continuous glucose monitoring (Dexcom: A9277, A9278, A9276, Freestyle Libre: K0554, K0553).
2/2/23	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
11/9/23	Yes	Howard Taekman, MD Robert Sterling, MD	Added indication for Type 2 diabetics
2/8/24	Yes	Howard Taekman, MD Robert Sterling, MD	Updated to clarify no prior authorization for contracted DME providers for CGM

			machine & initial and refills of CGM supplies
2/20/25	Yes	Howard Taekman, MD and Robert Sterling, MD	Updated to add “diabetes, defined as”