Quartz

Continuous Glucose Monitoring Devices

Last Revision/Review Date: January 20, 2021 **P&P #**

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

1. Diagnosis of diabetes mellitus.
2. Prescription from an Endocrinologist or other provider with expertise in the management of CGM systems (e.g. Certified Diabetic Educator (CDE).
3. Participation in a diabetic education program with a CDE or other expert in the management of diabetes.
4. The person's age falls within the FDA approved uses for the requested device.

B. Criteria for Medical Necessity

1. Initial purchase of a Continuous Glucose Monitoring Device is considered medically necessary when ONE of the following are met:

   a. Diagnosis of type 1 diabetes mellitus and **ONE** of the following:
      i. Age ≤18 years; **OR**
      ii. Current pregnancy; **OR**
      iii. Poor blood sugar control (A1c > 7 % or recurrent hypoglycemia despite changes to the insulin regimen)

   OR

   b. Diagnosis of type 2 diabetes mellitus **OR** gestational diabetes with evidence of adherence to an intensive insulin therapy regimen with at least three insulin injections per day, requiring frequent self-adjustments of insulin and documentation of at least **ONE** of the following:
      i. A1c > 7% (not applicable to gestational)
      ii. Recurrent nocturnal hypoglycemia (< 70 mg/dL) or > 2 severe hypoglycemic events (< 50 mg/dL) in the past 30 days
      iii. Dawn phenomenon (recurrent morning FBG > 200 mg/dL)
      iv. Recurring severe glycemic excursions or fluctuations in blood sugar before mealtimes
      v. Clinically documented extreme insulin sensitivity.

2. **Continuation/renewal** of coverage for Continuous Glucose Monitoring Devices is considered medically necessary when **BOTH** of the following are met:
    a. Person has been evaluated within the past 12 months by an Endocrinologist or other diabetes specialist; **AND**
    b. There is documentation supporting regular use of the device (average of at least 5 days per week) over the prior month.