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**Continuous Glucose Monitoring**

**MP9091**

**Covered Service:** Yes—when meets criteria below

**Prior Authorization Required:** Yes—as shown below

**Additional Information:** None

**Medicare Policy:** Dean Health Plan covers when Medicare also covers the benefit.

**BadgerCare Plus Policy:** Dean Health Plan covers when BadgerCare Plus also covers the benefit.

**Dean Health Plan Medical Policy:**

1.0 Long term continuous glucose monitoring as an adjunct to standard care requires prior authorization through the Quality and Care Management Division and may be indicated when ALL of the following are present:

1.1 Age 8 years or older with Type 1 diabetes mellitus and long-term continuous glucose monitoring is needed, as indicated by ALL of the following:

   1.1.1 Intensive insulin regimen (3 more insulin injections per day, or use of continuous subcutaneous insulin infusion pump); and

   1.1.2 Patient consistently monitors blood glucose 3 or more times per day; and

   1.1.3 Patient is motivated and knowledgeable about use of continuous glucose monitoring, and is adherent to diabetic treatment plan.

1.2 An initial 4 week trial of long-term continuous glucose monitoring may be appropriate for children under the age of 8 with Type 1 diabetes mellitus who meet ALL the following criteria:

   1.2.1 Intensive insulin regimen (3 more insulin injections per day, or use of continuous subcutaneous insulin infusion pump); and

   1.2.2 There is consistent monitoring of the patient’s blood glucose 3 or more times per day; and

   1.2.3 There is documentation that the member and/or family are motivated to use the device on a near-daily basis.
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1.2.4 For children under the age of 8, continued continuous glucose monitoring use beyond this initial 4 week trial requires proof of near-daily use of the device.

2.0 Short-term continuous glucose monitoring (up to 7 days) does not require prior authorization and is indicated by **ALL** of the following:

2.1 Additional information about blood glucose needed, as indicated by **1 or more** of the following:

2.1.1 Dawn phenomenon (abnormal early-morning increase in blood sugar), known or suspected; or

2.1.2 Hypoglycemic unawareness; or

2.1.3 Nocturnal hypoglycemia, known or suspected; or

2.1.4 Postprandial hyperglycemia; known or suspected; or

2.1.5 Significant change to diabetes treatment regimen (eg. initiation of insulin, change from multiple-dose insulin to insulin pump therapy); or

2.1.6 Unexplained hyperglycemia.

3.0 Long-term continuous glucose monitoring for personal use at home is unproven and not medically necessary for patients with Type 2 diabetes or gestational diabetes.

4.0 Long-term use of continuous glucose monitoring devices is considered experimental and investigational for all other indications.

**Committee/Source** | **Date(s)**
--- | ---
**Originated** | —
**Revised:** | —
Utilization Management Committee | August 20, 1992
UMC/ NCFA-Pub. 60B, 4/1998 | October 14, 1993
UMC/Diabetes Nurse Spec’ts | June 24, 1998
Utilization Management Committee/ HS/DMERC Sup.Man. | March 8, 1995
Utilization Management Committee/ Endocrinology | May 12, 1999
Spec’lists UMC/ Pharmacy Department | September 8, 1999
UMC/ Pharm & Endocrinology | December 13, 2000
UMC/ Pharmacy Department | November 14, 2001
UMC/ MedAff/Endocrinology | February 13, 2002
Utilization Management Committee/Medical Affairs/ Pharmacy | July 10, 2002
Utilization Management Committee/Medical Affairs | January 12, 2005
Utilization Management Committee/Medical Affairs/Dean | November 9, 2005
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<td>April 12, 2006</td>
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Effective: 11/01/2016