Continuous Glucose Monitors and Supplies

Indications for Approval:
Diabetes mellitus type 1 or 2 and meets all of the following criteria:

1) The patient is currently using a blood glucose monitor (BGM) and is testing four or more times per day.

2) The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump.

3) The beneficiary’s insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or continuous glucose monitors (CGM) testing results.

4) Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that the above criteria are met.

Continuation of Therapy Criteria:
Treating practitioner must submit documentation that an in-person visit with the beneficiary has occurred every six (6) months or more frequently to assess adherence to their CGM regimen and diabetes treatment plan.

Preferred Products:
- FreeStyle Libre.
- DexCom G6 will only be covered for the following:
  1) Patients less than or equal to 17 years of age; or
  2) Greater than or equal to 75 years of age; or
  3) Have a medical reason why Freestyle Libre® cannot be used.

Approval Length: One year

Quantity limits apply (reference formulary for device specific limits).

Approved by the Pharmacy & Therapeutic (P&T) Committee (pending).

References:

National Coverage Determination (NCD) for Home Blood Glucose Monitors (40.2):

Local Coverage Determination (LCD): Glucose Monitors (L33822):