Texas Children's	Continuous Glucose Monitors (CGMs)	
Guideline # 10596	***Categories*** Administration / Non-Clinical →TCHP Utilization Management	***This Guideline Applies To:*** Texas Children's Health Plan ***Document Owner*** Lisa Fuller

GUIDELINE STATEMENT: Texas Children's Health Plan (TCHP) performs authorization on Continuous Glucose Monitors (CGMs)

DEFINITIONS:

Self-Blood Glucose Monitoring (SBGM): the process of manually obtaining blood or urine samples to determine glucose levels using single use disposable testing supplies.

Therapeutic Continuous Glucose Monitor (CGM) (CPT code E2103): a device used for monitoring blood glucose levels on a continual basis for persons with either type I or type II diabetes. A glucose sensor is inserted under the skin to measure glucose levels that is connected to a transmitter which displays the information on a monitoring device. The therapeutic CGM is a replacement for the self-blood glucose monitoring. The supplies for a therapeutic CGM are CPT code A4239.

Adjunctive Continuous Glucose Monitor (CPT E2102): a device used only in conjunction with an insulin pump. There are no stand alone adjunctive CGM available. The user of an adjunctive CGM must still check blood glucose levels with a SBGM before making changed to treatment. Supplies used for an adjunctive CGM are CPT code A4238.

In this guideline, the term "**Continuous Glucose Monitor**" or "**CGM**" applies to both therapeutic and adjunctive continuous glucose monitors unless otherwise specified.

PRIOR AUTHORIZATION GUIDELINE

1. All requests for prior authorization of Continuous Glucose Monitors (CGMs) are received via online submission, fax, or mail by the Utilization Management Department and processed during normal business hours.

2. A CGM device and its related supplies are a benefit in the home setting when services are provided by medical supplier durable medical equipment (DME) providers.

2.1. A CGM device is a benefit once every 3 years.

2.2. The supply allowance for supplies used with the CGM system encompasses all items necessary for the use of the device. The DME provider is responsible for delivering the appropriate items and quantities to the member to initiate and continue usage of the therapeutic CGM.

3. Prior authorization is required for a CGM device. Initial criteria for approval include:

3.1. CGM must be prescribed by the practitioner performing the glucose monitoring.

3.2. CGM is prescribed in accordance with its FDA indications for use.

3.3. Clinical documentation of an in-person or Medicaid-approved telehealth visit with the treating practitioner within 6 months of that practitioner's CGM order.

3.4. Treating practitioner support that the member has sufficient training to use the CGM.

3.5. Documentation of one of the following conditions:

3.5.1. Diagnosis of diabetes mellitus that is insulin-treated.

3.5.2. Diagnosis of diabetes mellitus that is not treated with insulin AND at least one of the following:

- More than one level 2 hypoglycemic events (glucose <54 mg/dL) that persist despite more than one attempt to adjust medication or modify the diabetes treatment plan; or
- A history of one level 3 hypoglycemic event (glucose <54 mg/dL) that is characterized by an altered mental and/or physical state that requires third-party assistance for treatment of the hypoglycemia

3.5.3. Hypoglycemia unawareness

3.5.4. Several episodes of hypoglycemia per day

3.6. Criteria for continued coverage includes an in-person or Medicaid approved telehealth visit every 6 months with the treating practitioner to document adherence to the CGM regimen and diabetes treatment plan.

4. An adjunctive CGM device (E2102) must be used with an external insulin infusion pump. The device and the supplies for an adjunctive CGM (A4238) will only be covered when the client meets both the CGM coverage criteria and the coverage criteria for an external insulin infusion pump

5. CGM devices that have been purchased are expected to last a minimum of three years and may be considered for replacement when three years have passed or the equipment is no longer repairable.

6.1. The replacement of the equipment may also be considered when it has been lost or irreparably damaged.

6.2. A copy of the police or fire report, when appropriate, and the measures to be taken to prevent a reoccurrence must be submitted.

6. When a CGM device is approved, the related supplies for blood glucose monitoring are also covered.

6.1. CGM supplies (which include sensors and transmitter) are covered once per calendar month. Prior authorization for the initiation of CGM monthly supplies is not required when the client already owns a CGM receiver.

7. For CGM, limited SBGM testing supplies are covered during CGM use according to **Table A.**

8.1 Testing supplies should be provided through a DME supplier.

8.2 Adjunctive CGM is allowed SBGM testing supplies up to the limits allowed in Texas Medicaid Provider Procedure Manual (TMPPM)

Table A: TCHP SBGM Testing Supply Limits During Therapeutic CGM Use

CPT Code	Description	TCHP Limit
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor	1 per year
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor	1 per year
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	1 per year
A4253	Blood glucose test or reagent strips for home blood glucose monitor (Box of 50)	2 per year
A4256	Normal, low and high calibrator solution / chips or just “Calibrator solution/chips”	2 per 2 years
A4258	Spring-powered device for lancet, each or just “Lancet device each”	2 per 2 years
A4259	Lancets, per box of 100 or just “Lancets per box”	1 per year
A9275	Home glucose disposable monitor	1 per year

8. The following services are not a benefit

8.1. Rental of CGM devices (see section 10 for short term use)

8.2. Non-medical items, even if the items may be used to serve a medical purpose:

9.2.1 Smart devices (smart phones, tablets, personal computers, etc.) used as CGM monitors

9.2.2 Medical supplies used with non-covered equipment. An exception would be for the transmission and receiving of data, using a smart device application, from a client's personally owned smart device, who meet the medical criteria for telemonitoring services.

8.3. Continuous Glucose Monitoring for purposes other than Type I or II diabetes or diabetes in pregnancy may be considered on a case by case basis on medical review.

9. Short term use of Continuous Glucose Monitoring is a benefit with prior authorization (CPT codes 95250 and 95251) once in a 12 month period. This includes use for diagnostic purposes to establish or modify a member's treatment plan.

9.1. The rental or purchase of CGM equipment is considered part of procedure code 95250 and is not reimbursed separately

9.2. CGM may be authorized for diabetes mellitus or diabetes during pregnancy if the member meets all of the following conditions:

9.2.1. Be compliant with their current treatment regimen

9.2.2. Use daily insulin or be on an insulin pump

9.2.3. Document daily self-blood glucose measurements

9.3. For members with diabetes mellitus that do not use insulin, the must meet at least one of the following conditions:

- Frequent unexplained hypoglycemic episodes
- Unexplained large fluctuations in daily preprandial blood glucose
- Episodes of ketoacidosis or hospitalization for uncontrolled glucose

9.4. Additional courses of short term continuous glucose monitoring may be considered with documentation of medical necessity that the member has a change in condition and meets the above criteria.

9.5. Short term Continuous Glucose Monitoring for purposes other than diabetes mellitus or diabetes during pregnancy may be considered on a case by case basis with medical director review.

10. Requests that do not meet the criteria established by this guideline will be reviewed by a TCHP Medical Director/Physician Reviewer on a case by case basis and the denial policy will be followed.

11. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and

exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

RELATED DOCUMENTS:

REFERENCES:

Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedure Manual – Accessed February 5, 2025

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Huang, E. S., O'Grady, M., Basu, A., Winn, A., John, P., Lee, J., et.al. (2010). The cost effectiveness of continuous glucose monitoring in type 1 diabetes. Diabetes Care, 33(6), 1269-1274.

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