

Continuous glucose monitoring (CGM) and external insulin pumps

Adjudication Guideline

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1. Abstract

1.1 For Members

Continuous Glucose Monitoring System (CGM)

CGM stands for Continuous Glucose Monitoring. It is a system that provides real-time information about a patient's glucose levels throughout the day and night. A small sensor is inserted under the patient's skin, usually on the abdomen or arm, to measure interstitial fluid glucose levels. This data is then transmitted wirelessly to a display device, such as a smartphone or insulin pump, allowing the patient to monitor their glucose levels continuously.

It is important to note that specific criteria for CGM indication may vary depending on the healthcare provider, regional guidelines, and individual patient needs.

External Insulin pump:

An external insulin pump is a medical device used by individuals with diabetes to administer insulin in a controlled manner.

Use an external insulin pump should be made in consultation with a healthcare provider who specializes in diabetes management. They will assess the individual's specific medical history, lifestyle, and needs to determine if an external insulin pump is the most appropriate treatment option.

The specific requirements and coverage criteria of the patient's insurance provider must be met, which may include prior authorization, clinical review, or additional documentation as requested.

1.2 For Medical Professionals

Continuous Glucose Monitoring System (CGMS)

A minimally invasive, continuous glucose monitoring system (CGMS) is considered medically necessary for the management of difficult to control insulin-treated diabetes mellitus (e.g., hypo- or hyperglycemic episodes unresponsive to adjustments in therapy, asymptomatic nocturnal hypoglycemia) for up to 14 days under the core medical benefits of the plan.

External Insulin Pumps

External insulin pump is considered medically necessary for the management of type 1 and type 2 diabetes with long term use of insulin.

Types of Continuous glucose monitors CGM (monitoring, sensors, and pump devices) and external insulin pump:

1. Freestyle Libre:

Is a continuous glucose monitoring (CGM) device indicated for replacing blood glucose testing and detecting trends and tracking patterns aiding in the detection of episodes of hyperglycemia and hypoglycemia, facilitating both acute and long-term therapy adjustments.

2. Dexcom:

Device that tracks the glucose levels continuously throughout the day and night, to Measures glucose levels up to every five minutes using a sensor inserted just underneath the skin, and wirelessly transmits glucose readings to a receiver.

3. Omnipod:

Omnipod provides non-stop insulin delivery through an insulin pump with no multiple daily injections. Get up to 3 days (72 hours) of continuous insulin delivery.

4. Accu Check solo:

Accu-Chek Solo micropump is an external, portable insulin infusion pump controlled by a connected Device.

5. Medtronic:

Provides a variety of infusion sets to fit patient needs, this device connects to a glucose sensor. It collects data measured by the sensor and wirelessly sends this data to the pump.

2. Scope

Continuous glucose monitors (CGM) continually monitor the glucose (sugar) in your blood through an external device that's attached to your body and gives real-time updates.

CGM is recommended for diabetes as per below criteria:

Type 1 Diabetes:

CGM is recommended for all adults and children with type 1 diabetes.

Type 2 Diabetes:

CGM is recommended for adults with type 2 diabetes on multiple daily insulin injections if any of the following apply:

- They have recurrent hypoglycemia or severe hypoglycemia
- They have impaired hypoglycemia awareness.
- They have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring.
- They would otherwise be advised to self-measure at least 8 times a day.

Diabetes in Pregnancy:

- CGM is recommended to all women with Type 1 diabetes.
- CGM is recommended to pregnant women who or on insulin therapy but do not have type 1 diabetes.

Table A. Types of CGM and criteria:

Types of CGM	Medical indications	Criteria
Freestyle Libre (Sensor and Monitoring device)	<ul style="list-style-type: none"> Type 1 DM <p>OR</p> <ul style="list-style-type: none"> Type 2 DM on multiple daily insulin injections with indications specified under the scope section. <p>OR</p> <ul style="list-style-type: none"> Pregnant women who are on insulin therapy. 	<ul style="list-style-type: none"> Exclude refills for patients who have skin irritations and allergy.
Dexcom (Sensor, transmitter, and receiver device)	<ul style="list-style-type: none"> Type 1 DM <p>AND</p> <ul style="list-style-type: none"> Pediatrics population until 2-4 years old 	<ul style="list-style-type: none"> Pediatric patients 4 – 12 years old requires a justification to not utilize the current alternative (Freestyle Libre) Continue Dexcom sensor for patients already using Dexcom device.
OMNIPOD (Pump device)	<ul style="list-style-type: none"> Type 1 DM <p>AND</p> <ul style="list-style-type: none"> Pediatrics population \geq 2 years old is the recommended target patient. 	<ul style="list-style-type: none"> Exclude Patients under hydroxyurea. Exclude dialysis patients. Exclude Other medical complications e.g., renal, cardiac, and neuropathic diseases.
Accu Check solo (Pump device)	<ul style="list-style-type: none"> Type 1 DM only <p>AND</p> <ul style="list-style-type: none"> Pediatrics population 2-12 years old is the recommended target patient. 	<ul style="list-style-type: none"> Excludes patients who have skin irritations and allergy. Excludes dialysis patients. Excludes history of serious psychological or psychiatric condition
Medtronic (Sensor, pump, reservoir)	<ul style="list-style-type: none"> Type 1 DM only <p>AND</p>	<ul style="list-style-type: none"> Exclude patients who require less than eight

	<ul style="list-style-type: none"> Recommended for pediatric age 7 years and older 	<p>units or more than 250 units of insulin a day.</p> <ul style="list-style-type: none"> Excludes side effect of skin irritations and allergy.
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Table B. Frequency of CGM consumables/appliances:

Product name	HCPCS	HCPCS description	Frequency
Freestyle libre	A9276	Sensor; invasive, disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Every 14 days
	A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	1 per 4 years
Dexcom	K0553	Sensor: Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	1 per month
	K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	1 per 4 years
	A9277	Transmitter; external, for use with non-durable medical equipment interstitial CGM system	1 every 3 months
Omnipod	A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	12 per year
	E0784	External ambulatory infusion pump, insulin	1 per 4 years

Table B. Frequency of CGM consumables/appliances(continued):

Product name	HCPCS	HCPCS description	Frequency as per item description
Accu Check solo	E0784	starter Kit (Insulin Pump)	1 per 4 years
	E1399	Pump Base	2 per year
	A4225	Reservoir (8 pcs)	12 per year
	A4230	Insulin pump: Infusion Set Cannula (10 pcs)	12 per year
Medtronic	S1034	Insulin pump: Artificial pancreas device system including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all the devices	1 per 4 years
	S1036	Transmitter; external, for use with artificial pancreas device system	Every year
	S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	1 per month
	A4230	Infusion set for external insulin pump, non-needle cannula type (Box)	1 per month
	A4232	Reservoir; Syringe with needle for external insulin pump	1 per month

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- Thiqā: covered.
- Enhanced: Covered, if with “Medical appliances and Medical equipment” benefit.
- Basic: Not covered

3.2 Requirements for Coverage

The specific requirements and coverage criteria of the patient's insurance provider must be met, which may include prior authorization, clinical review, or additional documentation as requested.

3.3 Non-Coverage

- Non-diabetic patient
- Visitor plan
- Policies with no Medical appliances and equipment benefits.

3.4 Payment and Coding Rules

Kindly apply Regulator payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Code	Code Description
CODE-010	Activity/diagnosis inconsistent with clinician specialty
MNEC-004	Service is not clinically indicated based on good clinical practice
MNEC-003	Diagnoses are not covered
AUTH-001	Prior approval is required and was not obtained

5. Appendices

5.1 References

- <https://www.medtronic.com/content/dam/medtronic-wide/public/canada/products/diabetes/780g-gs3-system-user-guide.pdf>
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- PND/AA/MC/25/UAE-02

5.2 Revision History

Date	Change(s)
18/02/2024	Release of V1.0 <ul style="list-style-type: none"> • New version
20/01/2025	Release of V1.1 <ul style="list-style-type: none"> • Table A Updated-Device age

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