

DRUG POLICY

Continuous Glucose Monitors (CGMs)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable.

DESCRIPTION

Continuous Glucose Monitors (CGM) are devices that measure glucose values in interstitial fluid at predetermined intervals, providing real-time data every 5 minutes. This technique provides data that show trends in glucose measurements, in contrast to the isolated glucose measurements of the traditional blood glucose devices. The glucose measurements and trends aid in the dosing of insulin required to achieve glycemic control in individuals with diabetes. Although devices measure glucose in interstitial fluid on a periodic rather than a continuous basis, this type of monitoring is referred to as continuous glucose monitoring.

A non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results. An adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions.

Preferred CGM brands are Dexcom and Freestyle Libre.

All other non-preferred CGM products will require a prior authorization with medical record support providing rationale for why these products are indicated and meet all coverage criteria including use of both preferred CGM products.

POLICY

To be eligible for coverage of a CGM and related supplies, the beneficiary must meet all of the following initial coverage criteria (1)-(5):

1. The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,

2. The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; and,
3. The CGM is prescribed in accordance with its FDA indications for use; and,
4. The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below:
 - a. The beneficiary is insulin-treated; or,
 - b. The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following (see the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS section of the LCD-related Policy Article (A52464)):
 - i. Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or,
 - ii. A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.

If any of the initial coverage criteria (1)-(5), or the continued coverage criterion are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

PROCEDURES AND BILLING CODES

E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver

E2102 Adjunctive, non-implanted continuous glucose monitor or receiver

A4239 Supply allowance for non-adjunctive, non-implanted CGM, includes all supplies and accessories

A4238 Supply allowance for adjunctive, non-implanted CGM, includes all supplies and accessories

When a CGM (code E2102 or E2103) is covered, the related supply allowance (code A4238 or A4239) is also covered.

Please note: Per Medicare Guidelines the following HCPCS code or modifier is non covered

*A9276 Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial cgm system

*A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system

*A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system

REFERENCES

Local Coverage Determination (LCD) L33822 – Continuous Glucose Monitors

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822&ver=70&keyword=continuous%20glucose%20monitor&keywordType=starts&areald=all&docType=MCD,F,P&contractOption=all&sortBy=relevance&bc=1>

POLICY HISTORY

Original Effective Date: January 1, 2026

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