



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Continuous Glucose Monitoring

MP9091

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Applies to members of all ages

WellFirst Health Medical Policy:

- 1.0 Continuous glucose monitoring (CGM) for members who require insulin with Type 1 or 2 diabetes requires prior authorization through the Health Services Division and may be considered medically necessary when **ALL** of the following are present:
 - 1.1 The medical record documentation supports that the member meets **ONE (1)** of the following criteria:
 - 1.1.1 Member has demonstrated hypoglycemic unawareness; **OR**
 - 1.1.2 Undetected hypoglycemia poses an occupational safety risk; **OR**
 - 1.1.3 Member has suboptimal diabetes control (e.g. glycated hemoglobin HbA1c $\geq 7\%$) and meets **ONE (1)** of the following:
 - 1.1.3.1 Member is unable to test capillary glucose readings due to a physical or cognitive limitation; **OR**
 - 1.1.3.2 Member has widely fluctuating glucose levels; **OR**
 - 1.1.3.3 Member fails to test with sufficient frequency (e.g. at least once per day)
 - 1.1.4 Member is expected to benefit from ongoing (CGM) use based upon a documented CGM trial; **OR**
 - 1.1.5 Member has gestational diabetes
 - 1.2 Member is under the care of a Certified Diabetic Educator (CDE) and/or a provider with expertise in diabetes management; **AND**
 - 1.3 Member or caregiver will be or have been instructed regarding the use of CGM; **AND**
 - 1.4 Provider has assessed and documented the member's and/or caregiver's knowledge, motivation and willingness to properly utilize CGM; **AND**

All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

1.5 Provider's documentation indicates that CGM may lead to considerable improvement in glycemic control and/or significant reduction in risk of symptomatic or unrecognizable hypoglycemia.

2.0 Clinical rationale and documentation for the use of CGM for other indications requires documentation of any extenuating circumstances and will be evaluated on a case by case basis.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	December 19, 2019
Revised:	Medical Policy Committee/Health Services Division	September 18, 2019
Reviewed	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	September 18, 2019 December 16, 2020

Effective: 01/01/2021