

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:

2. Scope

The scope of the guideline for Continuous Glucose Monitors (CGMs) and insulin pump refers to the specific recommendations and best practices for the use and management of CGMs and insulin pumps in the treatment and management of diabetes.

2.1 Overview

➤ Continuous Glucose Monitoring System (CGMs)

Continuous glucose monitors (CGMs) are devices that for monitoring glucose levels in diabetics. It consists of a sensor applied to the skin that measures glucose levels continuously in interstitial fluid. Data is sent to a receiver or smartphone for real-time tracking without fingerstick tests.

➤ 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.

2.2 Coverage criteria:

Continuous Glucose Monitoring is recommended for diabetes as per the criteria below:

1. Type 1 Diabetes all adults and children
2. 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.
3. Diabetes in Pregnancy:
 - CGM is recommended to all women with type 1 diabetes.
 - CGM is recommended to pregnant women who or on insulin therapy.

External Insulin pumps is recommended for type 1 diabetes adults and children.

2.3 Types of CGM and external insulin pumps

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

Freestyle Libre

Continuous glucose monitoring (CGM) device for monitoring glucose levels in diabetics. It consists of a sensor applied to the skin that measures glucose levels continuously in interstitial fluid. Data is sent to a receiver or smartphone for real-time tracking without fingerstick tests.

Types of CGM	Medical indications	Age	Exclusion criteria	Code	Frequency
Freestyle Libre Monitoring device 	Type 1 DM OR Type 2 DM on multiple daily insulin injections with indications specified under the scope section. OR Pregnant women who are on insulin therapy.	6 years and older	Patients who have skin irritations and allergies.	A9276 Sensor	
				Free style libre 1	1 sensor/14 days
				Free style libre 2 plus	15 days
				A9278 Receiver	1 every 4 years

Sibionics C1

Continuous glucose monitoring (CGM) device includes sensor and transmitter to monitor glucose levels continuously for adults above 18 years old .

Types of CGM	Medical indications	Age	Exclusion criteria	Code	Frequency
Sibionics GS1 <i>Monitoring device</i> 	Type 1 DM OR Type 2 DM on multiple daily insulin injections with indications specified under the scope section. OR Pregnant women who are on insulin therapy.	6 years and above	People who regularly require less than 0.1 U/h of basal insulin	A9276 Sensor	Every 14 days

Dexcom

The 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.

Types of CGM	Medical indications	Age	Exclusion criteria	Code	Frequency
Dexcom Monitoring device  Sensors: 	Patient with Type-1 diabetes on intensive multiple insulin injection regimen AND Can't tolerate or use libre-Free style sensor due to associated moderate Or severe contact allergy/dermatitis at the sensor applications sites	2 to 12 years old	Diabetics patients on Free style or Medtronic Insulin pump should continue to utilize the Medtronic sensor system.	K0553 G7 sensor (1 box-1 sensor)	1 sensor every 10 days = 3 box every month
				K0554 Receiver (monitor)	1 every 4 years
				A9277 Transmitter	4 per one year

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.

Two models : Omnipod Dash and Omnipod 5 system

Cannot be used as a continuous glucose monitor

Types of CGM	Medical indications	Age	Exclusion criteria	Code	Frequency
Omnipod <i>Insulin pump only</i> 	Type-1 diabetes	Omnipod DASH	Exclude patients with medical complications e.g., renal, cardiac, and neuropathic diseases	E0784 External ambulatory infusion pump	1 per 4 years
		Omnipod 5 6 years and above		A9274 External ambulatory insulin delivery system	12 per year

Medtronic:

Type of insulin pump that is used by individuals with diabetes to deliver insulin continuously throughout the day, provides a variety of infusion sets to fit patient needs.

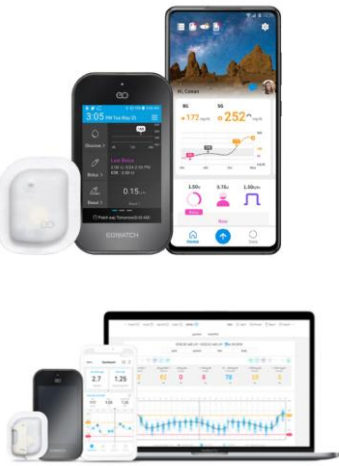
Medtronic does offer continuous glucose monitoring (CGM) systems

Types of CGM	Medical indications	Age	Exclusion criteria	Code	Frequency
Medtronic MiniMed <i>Insulin pump with CGM</i> 	Type 1 DM	8 years and older	Exclude patients who require less than eight units or more than 250 units of insulin a day.	S1034 Insulin Pump	1 per 4 years
				S1036 Transmitter	1 every year
				S1035 Sensor	1 every month
				A9277 Transmitter	1 every month
				A4230 Infusion set for external insulin pump	1 every month
				A4232 Reservoir; Syringe with needle for external insulin pump	1 every month

EO Patch

EO Patch is an external insulin injection device that automatically injects insulin from the outside of the body to control blood glucose levels for the treatment of diabetes.

Patch can provide sustained infusion of insulin throughout the day (basal) and/or infuse additional amount of insulin over a short period of time (bolus).

Types of CGM	Medical indications	Age	Exclusion criteria	Code	Frequency
EO Patch <i>External insulin injection</i> 	Type 1 DM	6 years and above	People who regularly require less than 0.1 U/h of basal insulin	A9274 External ambulatory insulin delivery system	1 every month (12 a year)

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- Thiqa: 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.

- Valid LPO must be uploaded for the HCPCS code used for different products
- Providers should include the name of the product in the observation field of the electronic submission for codes in order to differentiate between the codes used for different products.

3.3 Additional Information

- Dexcom G6 sensor was replaced by Dexcom G7 sensor .
- Accu Check solo and Accu Check combo were discontinued in market.
- Patients who has Medtronic MiniMed are not eligible for other CGM.

3.4 Non-Coverage

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

3.5 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

- [Approved HTA Medical Products](#)
- <https://www.medtronic.com/content/dam/medtronic-wide/public/canada/products/diabetes/780g-gs3-system-user-guide.pdf>
- [SIBIONICS CGM Continuous Glucose Monitoring System](#)
- [Simplify Life with Omnipod® 5](#)
- [Omnipod DASH® Insulin Management System](#)
- [PRODUCT | EOFLOW – EO Patch](#)
- [Health Technology Review Freestyle Libre Plus2](#)
- [Study Details | NCT05574062 | Evaluation of the MiniMed 780 System in Paediatric Subjects | ClinicalTrials.gov](#)
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- <https://www.nice.org.uk/guidance/ng28>
- <https://www.nice.org.uk/guidance/ng3>
- https://diabetesjournals.org/care/article/46/Supplement_1/S111/148041/7-Diabetes-Technology-Standards-of-Care-in
- <https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701>

5.2 Revision History

Date	Change(s)
18/02/2024	New version
20/01/2025	Updated-Device age
07/05/2025	Updated-Device age
01/08/2025	Updated frequency of CGM appliances
19/11/2025	Product pictures Product generation type Update age and frequency Requirements Remove Accu check solo

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