Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Louisiana Only)

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Instructions for Use

Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

Continuous Subcutaneous Insulin External Infusion Pumps

A continuous subcutaneous insulin external infusion pump is a portable insulin pump. It is about the size and weight of a small pager. The pump delivers a continuous basal infusion of insulin.

Insulin pumps can be automatically programmed for multiple basal rates over a 24-hour time period. This can be useful for such situations as nocturnal hypoglycemia, the dawn phenomenon, and to assist with tight glycemic control.

Before meals or at other times (e.g., hyperglycemia after unanticipated caloric intake), the pump can be set to deliver a bolus of insulin, similar to taking an injection of pre-meal regular insulin for someone using multiple daily injections.

Payment for a continuous subcutaneous insulin external infusion pump and related supplies will be authorized for treatment of Type I diabetes. Beneficiaries must meet either Criterion A or B as follows:

Criterion A

The beneficiary has completed a comprehensive diabetes education program and has been on a program of multiple daily injections of insulin (at least three injections per day) with frequent self-adjustments of insulin dose for at least six months prior to initiation of the insulin pump; and has documented frequency of glucose self-testing an average of at least four times per day during the two months prior to initiation of the insulin pump; and meets two or more of the following criteria while on the multiple daily injection regimen:

- Has a glycosylated hemoglobin level (HbAlc) greater than 7.0 percent
- Has a history of recurring hypoglycemia
- Has wide fluctuations in blood glucose levels (regardless of A1C)
- Demonstrated microvascular complications

- Recurrent severe hypoglycemia
- Suboptimal diabetes control (A1C exceeds target range for age)
- Adolescents with eating disorders
- Pregnant adolescents
- Ketosis-prone individual
- Competitive athletes; and
- Extreme sensitivity to insulin in younger children

Criterion B

The beneficiary with Type I diabetes has been on a pump prior to enrollment in Medicaid and has documented frequency of glucose self-testing an average of at least four times per day during the month prior to Medicaid enrollment.

In addition to meeting Criterion A or B above, the beneficiary with diabetes must be insulinopenic per the updated fasting C-peptide testing requirement, or must be autoantibody positive [e.g., islet cell autoantibodies (ICA), glutamic acid decarboxylase (GAD65), the 40K fragment of tyrosine phosphatase (IA2), insulin autoantibodies (IAA), or zinc transporter 8 autoantibodies (ZnT8)].

Updated fasting C-peptide testing requirement:

- Insulinopenia (defined as fasting C-peptide level less than or equal to 110 percent of the lower limit of normal of the laboratory's measurement method); and
- Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose less than 225 mg/dl

Note: Levels only need to be documented once in the medical record. The pump must be ordered by and follow-up care of the beneficiary must be managed by a physician who has familiarity with continuous subcutaneous insulin infusion (CSII) and who works closely with a team of nurses, diabetes educators and dietitians who are knowledgeable in the use of CSII.

Continuous Glucose Monitoring Device

A continuous glucose-monitoring (CGM) device uses a sensor that is attached to the patient. The CGM is programmed to measure the glucose at timed intervals, and the glucose readings are sent via a transmitter to the receiver. The patient receives alerts with the results of the readings, and readings are recorded for later reference. CGM can be done short term (3-7 days) for diagnostic purposes, and long term to maintain tighter control of diabetes.

Louisiana Medicaid considers long term CGM devices and supplies a covered benefit for beneficiaries with prior authorization who meet one of the following criteria:

- Diagnosis of type I diabetes with recurrent, unexplained, severe hypoglycemia (glucose levels <50 mb/dl), or impaired hypoglycemia awareness that puts the beneficiary at risk; or
- Pregnant beneficiary with poorly controlled type 1 diabetes evident by recurrent unexplained hypoglycemic episodes, hypoglycemic unawareness, or postprandial hyperglycemia, or recurrent diabetic ketoacidosis

Louisiana Medicaid will not consider short term CGMs as a covered device.

CGM devices require a prescription and documentation of medical necessity.

Testing strips are covered under the Medicaid Pharmacy Program.

Non-Covered Items DMEPOS

Continuous subcutaneous insulin external infusion pumps shall be denied as not medically necessary for all Type II diabetics, including insulin requiring Type II diabetics.

Insulin for the continuous subcutaneous insulin external infusion pumps must be obtained through the Pharmacy Program and is not covered in the DMEPOS Program.

The Medicaid Program will not cover the replacement of a currently functioning insulin pump for the sole purpose of receiving the most recent insulin pump technology as this would not be medically necessary.

The Medicaid Program will not cover additional software or hardware required for downloading data to a device such as a personal computer, smart phone, or tablet to aid in self-management of diabetes mellitus.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

Coding Clarification: E1399 is often misused when reporting the i-Port device; however, the i-Port device is not durable medical equipment (DME) nor does it have a listed code. E1399 can apply to other unspecified DME devices.

HCPCS Code	Description
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
E0784	External ambulatory infusion pump, insulin
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E1399	Durable medical equipment, miscellaneous (Note: The i-Port device is not durable medical equipment (DME) nor does it have a listed code.)
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)

HCPCS Code	Description
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)
S1034	Artificial pancreas device system (e.g., low glucose suspend [lgs] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system

References

Louisiana Department of Health: Durable Medical Equipment Provider Manual, Section 18.2 – Diabetic Supplies and Equipment of the Medicaid Services Manual: https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf. Accessed March 2, 2021.

Policy History/Revision Information

Date	Summary of Changes
04/01/2021	• Created state-specific policy version for content addressed in the *Louisiana Department of Health: Durable Medical Equipment Provider Manual*

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.