

Continuous Glucose Monitoring (CGM) Systems for Managing Diabetes

Introduction	Continuous Glucose Monitoring (CGM) Systems have several considerations for quoting benefits.														
Types of CGM systems	<p>CGM Systems are designed to replace traditional finger-stick blood glucose testing. The systems provide real time glucose readings, glucose trend information, and some provider alerts for high/low glucose levels.</p> <p>Types of CGM systems include the following:</p> <ul style="list-style-type: none">• Short term CGM<ul style="list-style-type: none">– Also known as professional, short term, continuous glucose monitoring (PCGM)• Long term CGM<ul style="list-style-type: none">– Real-time CGM, non-implantable, with or without use of an external insulin pump (such as: Dexcom G5, Dexcom G6, Dexcom G7, Free-Style Libre, Free-Style Libre 3, or MiniMed Elite)– Real-time CGM with implantable glucose sensor (such as Eversense) <p>Note: Eversense Continuous Glucose Monitor and supplies must be obtained through a DME vendor. They are not available through the pharmacy.</p>														
Description	<p>Coverage depends on the type of CGM.</p> <table><tr><th>Type</th><th>Description</th></tr><tr><td>Short term</td><td><p>A Short Term CGM (aka Professional CGM) System is a device used for subcutaneous (below the skin) measurement of glucose levels in the interstitial fluid beneath the surface of the skin. This monitor is placed on a patient in the clinic and worn for a short period of time (generally 7-14 days). After the monitor is removed at the clinic, the data is used to assess glycemic patterns and trends.</p><p>Note: Members should not need to purchase supplies for use with the Short Term CGM, as they should receive everything they need from their provider. The devices are owned by the clinic, as opposed to the patient-owned Long Term CGMs.</p></td></tr><tr><td>Long term</td><td><p>A Long Term CGM (aka Real Time CGM) System measures glucose levels in the interstitial fluid beneath the surface of the skin but is designed to display glucose measurement in real-time, allowing the user to take appropriate action based on available data. This CGM consists of a monitor, a transmitter, and a sensor. They may or may not include the use of an external insulin pump. The transmitter and sensor work together to transmit real-time data to the monitor. The sensor is typically replaced every 3 days.</p></td></tr></table>	Type	Description	Short term	<p>A Short Term CGM (aka Professional CGM) System is a device used for subcutaneous (below the skin) measurement of glucose levels in the interstitial fluid beneath the surface of the skin. This monitor is placed on a patient in the clinic and worn for a short period of time (generally 7-14 days). After the monitor is removed at the clinic, the data is used to assess glycemic patterns and trends.</p> <p>Note: Members should not need to purchase supplies for use with the Short Term CGM, as they should receive everything they need from their provider. The devices are owned by the clinic, as opposed to the patient-owned Long Term CGMs.</p>	Long term	<p>A Long Term CGM (aka Real Time CGM) System measures glucose levels in the interstitial fluid beneath the surface of the skin but is designed to display glucose measurement in real-time, allowing the user to take appropriate action based on available data. This CGM consists of a monitor, a transmitter, and a sensor. They may or may not include the use of an external insulin pump. The transmitter and sensor work together to transmit real-time data to the monitor. The sensor is typically replaced every 3 days.</p>								
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See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Artificial Pancreas - System of totally interactive/interconnected technologies that mimics the glucose regulating function of a healthy pancreas.• Diabetes Navigator - Benefit considerations related to diabetes.• Insulin Pump and Supplies - Delivers insulin by means of a small catheter placed just under the skin of the abdomen.														
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)														
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.21.24</td><td><i>Types of CGM systems</i> – Added Eversense note.</td></tr><tr><td>7.17.24</td><td><i>Types of CGM systems</i> – Updated formatting and updated Short Term CGM information. <i>Description</i> – Updated for clarity.</td></tr><tr><td>6.4.24</td><td>Types of CGM systems – Clarified types.</td></tr><tr><td>4.10.24</td><td>Refreshed due to age.</td></tr><tr><td>4.5.24</td><td><i>Types of CGM systems</i> – Added Dexcom G7 and Free-Style Libre 3.</td></tr><tr><td>9.20.23</td><td>Updated layout for readability; updates throughout to new template; <i>See also</i> - updated description of <i>Insulin Pump</i>.</td></tr></table>	Date	Description	8.21.24	<i>Types of CGM systems</i> – Added Eversense note.	7.17.24	<i>Types of CGM systems</i> – Updated formatting and updated Short Term CGM information. <i>Description</i> – Updated for clarity.	6.4.24	Types of CGM systems – Clarified types.	4.10.24	Refreshed due to age.	4.5.24	<i>Types of CGM systems</i> – Added Dexcom G7 and Free-Style Libre 3.	9.20.23	Updated layout for readability; updates throughout to new template; <i>See also</i> - updated description of <i>Insulin Pump</i> .
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Commercial

Introduction

This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)

Refer to the table below.

Note: When available, refer to group’s Quick Reference Guide (QRG) to check for group-specific coverage for CGM Systems.

Type	Coverage
Short term	<ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Must be medically necessary and physician ordered.• Tip: Add-on applications are convenience items, not covered.
Long term	<ul style="list-style-type: none">• Quote both pharmacy and durable medical equipment (DME) benefits.<ul style="list-style-type: none">– Effective 1.1.2025: CGMs and their supplies can ONLY be obtained at a pharmacy after group renewal/start date.– Eversense Continuous Glucose Monitor and supplies must be obtained through a DME vendor. They are not available through the pharmacy.• Must be medically necessary and physician ordered.• Tip: Add-on applications are convenience items, not covered.
Artificial pancreas	<ul style="list-style-type: none">• Refer to separate A-Z sheet Artificial Pancreas for details.

Mayo Medical Plan (MMP)

Refer to the table below.

Note: When available, refer to group’s Quick Reference Guide (QRG) to check for group-specific coverage for CGM Systems.

Type	Coverage
Short term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote office visit or outpatient hospital benefits.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.
Long term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote Durable Medical Equipment (DME) or pharmacy benefits based on formulary status.<ul style="list-style-type: none">– Effective 1.1.2025: CGMs and their supplies can ONLY be obtained at a pharmacy after group renewal/start date.– Eversense Continuous Glucose Monitor and supplies must be obtained through a DME vendor. They are not available through the pharmacy.– Sensors and transmitters: Both can be obtained from either a pharmacy or a DME vendor. It is preferred members obtain the supplies from a pharmacy.– Important: Some pharmacies are also contracted as DME vendors. For these, benefits depend on how the claim is submitted.• Refer the member to their pharmacy benefit manager (PBM) for the following non-implanted CGMs:<ul style="list-style-type: none">– Dexcom– FreeStyle– Omnipod• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.
Artificial pancreas	<ul style="list-style-type: none">• Refer to separate A-Z sheet Artificial Pancreas for details.

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Medica
(including
MHPS)

Refer to the table below.

Note: When available, refer to group’s Quick Reference Guide (QRG) to check for group-specific coverage for CGM Systems.

Type	Coverage
Short term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote office visit or outpatient hospital benefits.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.
Long term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote pharmacy benefit based on formulary status.<ul style="list-style-type: none">– Effective 1.1.2025: CGMs and their supplies can ONLY be obtained at a pharmacy after group renewal/start date.– Eversense Continuous Glucose Monitor and supplies must be obtained through a DME vendor. They are not available through the pharmacy.– Sensors and transmitters: Both can be obtained from either a pharmacy or a DME vendor. It is preferred members obtain the supplies from a pharmacy.– Important: Some pharmacies are also contracted as a DME vendor. For these pharmacies, benefits depend on how the claim is submitted.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.
Artificial pancreas	<ul style="list-style-type: none">• Refer to separate A-Z sheet Artificial Pancreas for details.

Document
history

The document history for the past 12 months is outlined below.

Date	Description
8.21.24	Added Eversense note.
7.17.24	Added <i>Must be medically necessary</i> to all sections. Added note in all <i>Long term</i> table sections note about 1.1.25 pharmacy change.
6.4.24	Added Note to each block. Added links to Short term and Long term definitions. MMP – Long term – Removed reference to DME vendors.
4.10.24	Refreshed due to age.
4.5.24	Updated for DHSC. Removed broken links.
9.20.23	Updated to <i>Benefits</i> block with table; added <i>Sensors and transmitters</i> note under <i>Long term</i> .

Government Programs

Introduction This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC), Refer to the table below.

Type	Coverage
Short term	Medicaid only groups : <ul style="list-style-type: none">Refer to Medicaid below. Medicare eligible groups : <ul style="list-style-type: none">Quote office visit or outpatient hospital benefits.Must be medically necessary and physician ordered.Tip: Add-on applications are convenience items, not covered.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
Long term	Medicaid only groups : <ul style="list-style-type: none">Refer to Medicaid below. Medicare eligible groups : <ul style="list-style-type: none">Quote durable medical equipment (DME) benefits.Must be medically necessary and physician ordered.Tip: Add-on applications are convenience items, not covered.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
Artificial pancreas	<ul style="list-style-type: none">Refer to separate A-Z sheet Artificial Pancreas for details.

AccessAbility Enhanced (SNBC SNP), Refer to the table below.

Type	Coverage
Short term	<ul style="list-style-type: none">Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits and exclusions.If eligible, quote office visit or outpatient hospital benefits.Must be medically necessary and physician ordered.For investigative indications, not covered.Tip: Add-on applications are convenience items, not covered.Medica is the only payer.
Long term	<ul style="list-style-type: none">Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits and exclusions.If eligible, quote durable medical equipment (DME) benefits.Must be medically necessary and physician ordered.For investigative indications, not covered.Tip: Add-on applications are convenience items, not covered.Medica is the only payer.
Artificial pancreas	<ul style="list-style-type: none">Refer to separate A-Z sheet Artificial Pancreas for details.

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Cost (Prime) Refer to the table below.

Type	Coverage
Short term	<ul style="list-style-type: none">• Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote benefits. Check EOC for cost sharing.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Follows Medicare guidelines.• Tip: Add-on applications are convenience items, not covered.
Long term	<ul style="list-style-type: none">• Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Follows Medicare guidelines.• Tip: Add-on applications are convenience items, not covered.
Artificial pancreas	<ul style="list-style-type: none">• Refer to separate A-Z sheet Artificial Pancreas for details.

Med Advantage Refer to the table below.

Type	Coverage
Short term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote office visit benefits. Check EOC for cost sharing.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.• Follows Medicare guidelines.• Medica is the only payer.
Long term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.• Follows Medicare guidelines.• Medica is the only payer.
Artificial pancreas	<ul style="list-style-type: none">• Refer to separate A-Z sheet Artificial Pancreas for details.

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Med Supp
(Select,
Signature)

Refer to the table below.

Type	Coverage
Short term	<ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Must be medically necessary and physician ordered.• Tip: Add-on applications are convenience items, not covered.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.
Long term	<ul style="list-style-type: none">• Quote durable medical equipment (DME) benefits.• Must be medically necessary and physician ordered.• Tip: Add-on applications are convenience items, not covered.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.
Artificial pancreas	<ul style="list-style-type: none">• Refer to separate A-Z sheet Artificial Pancreas for details.

Medicaid

Refer to the table below.

Type	Coverage
Short term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote office visit or outpatient hospital benefits.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.
Long term	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Continuous Glucose Monitoring (CGM) Systems</i>, applies.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits and exclusions.• If eligible, quote Durable Medical Equipment (DME) benefits.• Must be obtained from a DME vendor.• Must be medically necessary and physician ordered.• For investigative indications, not covered.• Tip: Add-on applications are convenience items, not covered.
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Date	Description
7.17.24	Added <i>Must be medically necessary</i> to all sections. Reordered and renamed blocks to be consistent with all other A-Z sheets.
6.4.24	Added links to Short term and Long term definitions.
4.10.24	Refreshed due to age.
4.5.24	Removed broken links.
9.20.23	Updated layout for readability; removed old product.

Individual and Family Business (IFB)

Introduction This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)

Refer to the table below.

Type	Coverage
Short term	<ul style="list-style-type: none">Quote office visit or outpatient hospital benefits.Must be medically necessary and physician ordered.Tip: Add-on applications are convenience items, not covered.
Long term	<ul style="list-style-type: none">Quote both pharmacy and durable medical equipment (DME) benefits.<ul style="list-style-type: none">Effective 1.1.2025: CGMs and their supplies can ONLY be obtained at a pharmacy after group renewal/start date.Eversense Continuous Glucose Monitor and supplies must be obtained through a DME vendor. They are not available through the pharmacy.Must be medically necessary and physician ordered.Tip: Add-on applications are convenience items, not covered.
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