

Clinical Policy: Continuous Glucose Monitors

Reference Number: OR.CP.MP.502

Last Review Date: 11/2025

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Continuous glucose monitors (CGMs)* measure interstitial glucose, which correlates well with plasma glucose. This policy is for the medical necessity review process for members receiving CGMs under their medical benefit for medical benefit.

*** Note for clinical policy reviewers: It is the intent of Trillium Community Health Plan (Trillium) to utilize this policy instead of Oregon Health Authority Prioritized List current Guideline Note regarding Continuous Glucose Monitors to align with current pharmacy policy. This policy follows Oregon Administrative Rule [410-141-3835 \(MCE Service Authorization\)](#) is no less than amount, duration, and scope for the same services furnished to beneficiaries under FFS Medicaid. ***

FDA Approved Indication(s)

CGMs are indicated for use in patients with diabetes mellitus to monitor blood glucose levels.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Trillium Community Health Plan that CGMs are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Type 1 Diabetes Mellitus (must meet all):

Replacement of functional features of an existing monitor for an upgrade is not considered medically necessary

1. Diagnosis of type 1 diabetes mellitus;
2. Member meets one of the following (a, b or c):
 - a. Age less than 21 years;
 - b. Age \geq 21 years of age and one of the following (i, ii, iii, iv, or v):
 - i. Uses a continuous insulin infusion pump;
 - ii. Baseline HbA1c level greater than or equal to 8.0%;
 - iii. Frequent or severe hypoglycemia;
 - iv. Impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM);
 - v. Pregnant or planning to become pregnant within 6 months;
3. Request does not exceed health-plan quantity limit.

Approval duration: 12 months (1 receiver per 12 months only; other components [such as transmitters and sensors] may be replaced as needed – see Appendix D for examples)

B. All Other Types of Diabetes Mellitus (must meet all):

Replacement of functional features of an existing monitor for an upgrade is not considered medically necessary

1. Diagnosis of one of the following (a, b, or c):
 - a. Type 2 diabetes;
 - b. Diabetes due to underlying conditions and drug or chemical induced diabetes;
 - c. Gestational diabetes;
2. Member uses insulin injections (including fast, rapid, intermediate-acting, or long-acting insulin);
3. The member has one of the following at time of CGM therapy initiation (a, b, c, or d):
 - a. Baseline HbA1c levels greater than or equal to 8.0%;
 - b. Frequent or severe hypoglycemia;
 - c. Impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM);
 - d. Diabetes-related complications (i.e. peripheral neuropathy, end-organ damage);
4. Request does not exceed health-plan quantity limit.

Approval duration: 12 months (1 receiver per 12 months only; other components [such as transmitters and sensors] may be replaced as needed – see Appendix D for examples)

C. Glycogen Storage Disease Type 1a (must meet all):

Replacement of functional features of an existing monitor for an upgrade is not considered medically necessary

1. Diagnosis of glycogen storage disease type 1a;
2. Request does not exceed health-plan quantity limit.

Approval duration: 12 months (1 receiver per 12 months only; other components [such as transmitters and sensors] may be replaced as needed – see Appendix D for examples)

D. Other diagnoses/indications: Not applicable

II. Continued Therapy

A. Diabetes Mellitus (All Types) and Glycogen Storage Disease Type 1a (must meet all):

Replacement of functional features of an existing monitor for an upgrade is not considered medically necessary. If the replacement request is due to change in clinical status and features of a different device type are medically necessary, the request should be reviewed using the initial approval criteria

1. Previously received the requested product via Centene benefit or member has previously met the initial approval criteria;
2. Documentation supports all of the following (a, b, and c):
 - a. If the request is for a new receiver: A replacement device is necessary due to one of the following (i, ii, or iii):
 - i. Loss, theft, or damage that is not covered by manufacturer warranty;
 - ii. Age of device makes it incompatible with available medically necessary software, components, or accessories required for function or integration and is not covered by manufacturer warranty;
 - iii. The reasonable and useful lifetime of ≥ 5 years has passed;

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- b. Member is using the product properly and continues to benefit from it;
- c. Ongoing physician or clinical specialist monitoring;
- 3. Request does not exceed health-plan quantity limit.

Approval duration: 12 months (1 replacement receiver per 12 months only; other components [such as transmitters and sensors] may be replaced as needed – see Appendix D for examples)

B. Other diagnoses/indications: Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies-CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CGM: continuous glucose monitoring
FDA: Food and Drug Administration
SMBG: self-monitoring of blood glucose

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- Blood glucose monitoring (either with self-monitoring [SMBG] or CGM) is a tool used to evaluate whether glycemic targets are being achieved. It enables evaluation of response to both pharmacologic therapy and lifestyle modifications and can therefore help guide treatment decisions and/or self-management.
- The American Diabetes Association, American Association of Clinical Endocrinologists, and American College of Endocrinology do not prefer any one blood glucose monitor brand over another.
- The choice of device should be made on the individual's circumstance, preferences, and needs.
- Examples of CGMs and their components include, but are not limited to, the following:
 - Dexcom G6[®] CGM System:
 - Receiver (Dexcom receiver*): replacement frequency not specified
**A personal smart device (e.g., smart phone, smart watch) may also be used, either instead of or in addition to the Dexcom receiver*
 - Transmitter (G6 transmitter): replaced every 3 months
 - Sensor (applicator with built-in sensor): replaced every 10 days
 - Dexcom G7[®] CGM System:
 - Receiver (Dexcom G7 receiver*): 3 years for typical use
**A personal smart device (e.g., smart phone, smart watch) may also be used, either instead of or in addition to the Dexcom G7 receiver*
 - Sensor (with built in transmitter): replace every 10 days
 - FreeStyle Libre 14 Day Flash Glucose Monitoring System:
 - Receiver (FreeStyle reader): replaced every 3 years
 - Sensor (sensor pack and sensor applicator): replaced every 14 days

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- FreeStyle Libre 3 Glucose Monitoring System:
 - Receiver (Reader*): replace every 3 years
**A personal smart device (e.g., smart phone, smart watch) may also be used instead of the receiver*
 - Sensor: replaced every 14 days

V. Dosage and Administration

Usage regimen is individualized based on patient goals.

VI. Product Availability

Monitor and test strip packaging vary by product and manufacturer.

VII. Coding Implications

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CPT® Codes	Description
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
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
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

HCPCS Codes	Description
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
G0308	Creation of subcutaneous pocket with insertion of 180-day implantable interstitial glucose sensor, including system activation and patient training
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180-day implantable sensor, including system activation
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training
G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation
S1030	Continuous noninvasive glucose monitoring device, purchase
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor

VIII. References

1. Continuous Glucose Monitoring. Oregon Health Plan Prioritized List of Health Services Guideline Note 108. Available at: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>. Accessed September 17, 2025.
2. InterQual **July 2025, CP: Durable Medical Equipment Continuous Glucose Monitors, Insulin Pumps, and Automated Insulin Delivery Technology**
3. American Diabetes Association. Standards of medical care in diabetes—2024. *Diabetes Care*. 2024; 47(suppl 1): S1-S322. Accessed July 30, 2024.
4. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology Consensus statement: Comprehensive type 2 diabetes management algorithm - 2023 update. *Endocr Pract*. 2023 May;29(5):305-340. doi: 10.1016/j.eprac.2023.02.001.
5. Grunberge G, SherrJ, Allende M, et al. American Association of Clinical Endocrinology clinical practice guideline: The use of advanced technology in the management of persons with diabetes mellitus. *Endocrine Practice*. 2021; 27: 505-537.
6. FreeStyle Libre 14 Day Flash Glucose Monitoring System User's Manual. ART39764-201 Rev. A 08/23. Available at <https://www.freestylelibre.us/support/overview.html>. Accessed July 19, 2024.
7. Dexcom G6 CGM System User Guide. AW-1000052-10 Rev 001 MT-1000052-10. Revision date: November 2022. Available at <https://www.dexcom.com/guides>. Accessed July 19,

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8. Dexcom C7 CGM System User Guide. AW00078-10 Rev 003 MT-00078-10. Revision Date: April 2024. Available at <https://dexcompdf.s3.us-west-2.amazonaws.com/en-us/G7-CGM-Users-Guide.pdf>. Accessed July 19, 2024.
 9. FreeStyle Libre 3 Continuous Glucose Monitoring System User’s Manual. ART41641-001. Rev. A 04/24. Available at https://freestyleserver.com/payloads/ifu/2024/q2/ART49385-001_rev-A_Web.pdf. Accessed July 19, 2024.

Reviews, Revisions, and Approvals	Date	Approval Date
Policy created to align Medical benefit with Pharmacy benefit	11/24	11/24
Added HCPC codes G0564 and G0565 per HERC Update – Pending January 1, 2025 Prioritized List of Health Services	12/24	12/24
Updated references. OAR 410-141-3843 is no longer valid; replaced with OAR 410-141-3835. Removed requirement for participation in a comprehensive diabetes management program to match pharmacy policy. CP.PMN.53 added to policy. Updated policy to match pharmacy policy.	09/25	10/25
Updated section B.2. to remove oral agents to match pharmacy policy.	10/25	11/25

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan

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retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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