

Application

| Application of this Medical Policy applies to: | |
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| RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP) | |
| Application Excluded for: | |
| Extended Family Planning (EFP) | |

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

A continuous glucose monitoring system (CGMS) is an FDA-approved device that records glucose levels throughout the day and night. The system automatically records an average glucose level, while the person with diabetes continues daily activities outpatient. The most important use of continuous blood glucose monitoring is to facilitate adjustments in therapy to improve control.

Criteria

**Requires
Authorization**
Prior authorization is required.

An authorization of 12 months may be granted if:

1. Member is currently utilizing non basal insulin for the treatment of diabetes
OR
2. The member has Type 1 or Type 2 Diabetes Mellitus AND the member is at high risk of hypoglycemia, recurring episodes of hypoglycemia or hypoglycemia unawareness.

Quantity Limit:

| | |
|---|-------------------------------------|
| Medtronic Guardian sensor (3) | 4 sensors per 28 days |
| Medtronic Enlite sensor | 5 sensors per 30 days |
| Medtronic Guardian transmitter | Rechargeable and will last 365 days |
| Senseonics Eversense E3 sensor (will be available 2022) | 1 sensor per 180 days |
| Senseonics Eversense E3 transmitter | Rechargeable and will last 365 days |
| Senseonics Eversense sensor | 1 sensor per 90 days |
| Senseonics Eversense transmitter | Rechargeable and will last 365 days |

Coverage Duration: 12 months

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on ["Click here for a list of prior authorization request forms"](#) – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

CMP Cross Reference:

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|-------------------------|---|
| Created: | 09/2007 |
| Annual Review | March |
| Month: | |
| Review Dates: | 3/02/11, 3/10/12, 2/26/13, 3/18/2014, 3/3/15, 12/15/16, 1/9/18, 3/6/19, 3/4/20, 3/10/21, 6/15/22, 3/8/23, 2/14/24, 2/12/25 |
| Revision Dates: | 7/03/09, 2/22/10, 3/12/13, 3/3/15, 07/1/16, 12/15/16, 6/15/22 |
| CMC Review Date: | 3/09/10, 3/08/11, 3/10/12, 3/12/13, 03/18/14, 3/3/15, 1/10/17, 1/9/18, 3/6/19, 3/4/20, 3/10/21, 6/15/22, 3/8/23, 2/14/24, 2/12/25 |
| Medical Director | 1/15/08, 7/14/09, 3/9/10, 3/15/11, 4/5/12, 4/1/13, 3/21/14, |
| Approval Dates: | 3/3/15, 2/16/17, 4/12/18, 3/7/19, 3/4/20, 3/10/21, 6/15/22, 3/8/23, 2/14/24, 2/12/25 |
| Effective Dates: | 3/21/14, 3/3/15, 7/1/16, 2/16/17, 4/12/18, 3/7/19, 3/4/20, 3/10/21, 6/15/22, 3/8/23, 2/14/24, 2/12/25 |

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.