

Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP)

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: <ul style="list-style-type: none"> 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

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org.

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms" - forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference Guide](#)

Coverage Duration

12 months

CMP Cross Reference:

Created:	09/2007
Annual Review Month:	March
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
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
Medical Director Approval Dates:	1/15/08, 7/14/09, 3/9/10, 3/15/11, 4/5/12, 4/1/13, 3/21/14, 3/3/15, 2/16/17, 4/12/18, 3/7/19, 3/4/20, 3/10/21, 6/15/22, 3/8/23
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

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. 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.