

Continuous Glucose Monitoring

Reimbursement Policy ID: RPC.0047.05xx

Recent review date: 01/2024

Next review date: 11/2025

AmeriHealth Caritas Pennsylvania reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Pennsylvania may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. 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.

Policy Overview

This policy outlines reimbursement from AmeriHealth Caritas Pennsylvania for long-term continuous glucose monitoring (CGM) equipment and supplies when medically necessary for approved conditions.

Exceptions

Short-term continuous glucose monitoring equipment and supplies are considered a non-covered benefit and will not be reimbursed by AmeriHealth Caritas Pennsylvania.

Reimbursement Guidelines

AmeriHealth Caritas Pennsylvania claim reimbursement logic aligns with Pennsylvania Medicaid and Centers for Medicare and Medicare (CMS) criteria. Continuous glucose monitors (CGM) and related supply codes will be considered for reimbursement for members with at least one of the following diagnoses:

- Diagnosis of diabetes requiring the use of insulin more than twice per day; or
- Diagnosis of level 2 or level 3 hypoglycemia; or
- Diagnosis of Glycogen Storage Disease Type 1a.

To maintain coverage of continuous glucose monitoring equipment and supplies, regular follow-up visits are required at least once every six months.

Definitions

Continuous glucose monitors (CGMs) device

A tool for diabetes management that measures glucose levels every three to five minutes and can alert the wearer to high and/or low glucose levels. The CGM device consists of a wearable receiver and a sensor that is inserted or implanted under the skin.

Long-term CGM

Continuous glucose monitoring over an extended period of at least six months.

Short-term CGM

Continuous glucose monitoring performed solely for diagnostic purposes, typically for three to seven days.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. Corresponding AmeriHealth Caritas Pennsylvania Clinical Policies.
- VII. Applicable AmeriHealth Caritas Pennsylvania manual reference.
- VIII. Commonwealth of Pennsylvania Medicaid Program guidance.
- IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
01/2024	Reimbursement Policy Committee Approval

08/2023	Removal of policy implemented by AmeriHealth Caritas Pennsylvania from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"> • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section