Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

# Continuous Glucose Monitoring and Diabetes Management Devices for Tufts Health Together

*Effective: October 1, 2026*

| | |
|---|---|
| **Prior Authorization Required**<br>If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax) | Yes ☒ No ☐ |
| **Notification Required** | Yes ☐ No ☒ |

**Applies to:**

- Tufts Health Together

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

**Note:** While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

## Overview

Diabetes is a group of metabolic diseases characterized by impaired secretion and/or function of insulin resulting in high glucose levels. A major goal of diabetes management is adequate glycemic control by keeping the daily blood glucose levels and HbA1c within the recommended target range without frequent hypoglycemia lows. While typically controlled through dietary and activity adjustment and, at times, the administration of insulin, practicing a successful regimen can in some cases be difficult. A continuous glucose monitoring system is a minimally invasive device comprised of a small catheter sensor, generally replaced every one to three weeks depending on the system, that measures interstitial fluid glucose concentration, a monitor that displays and records the readings of the sensor, and a transmission system, typically replaced once to four times a year, connecting the two. While not able to replace self-monitoring of blood glucose (SMBG), these systems can provide detailed data to aid in planning glucose control strategies and warn a user of the need to perform SMBG.

Continuous glucose monitoring systems come in two varieties: short-term “professional” systems store data for retrospective analysis by a physician to help develop more successful management regimens and long-term “personal” systems that display readings in real time to help users build more beneficial habits. External insulin infusion pumps consist of computer-controlled pumps that deliver insulin, both at a set basal rate and at user- initiated and determined elevated “bolus doses” in response to food intake, via cannulas inserted just under the skin.

Artificial pancreas device systems, also called “sensor-enhanced insulin pumps” and “sensor-augmented insulin pump therapy,” are systems in which the operation of an insulin pump is modified by the readings of a continuous glucose monitor. Systems can take the form of integrated devices or separate devices connected by third-party data transfer (either wires or wireless) and software.

**Note:**

- Continuous Glucose devices (CGMs) for Tufts Health Together may only be obtained through a network pharmacy. Exception: if member is receiving an artificial pancreas device from a DME medical provider)
- Subcutaneous Insulin Delivery Devices for Tufts Health Together are available through the pharmacy; fax request to RXUM 617-673- 0988); or devices can be obtained through a DME medical provider.

## Clinical Guideline Coverage Criteria

**Professional Short Term Continuous Glucose Monitors**

The Plan covers professional short term continuous glucose monitoring when used for up to 7-14 days as a diagnostic test without prior authorization.

**Continuous Long-term Glucose Monitors**

The plan considers long-term continuous glucose monitoring systems as reasonable and medically necessary for diabetes when **ALL** of the following indications are met:

1. The Member has a diagnosis of insulin-dependent diabetes; **and**
2. The Member's treatment regimen includes insulin administration, or an insulin pump is being used (**Note:** this does **NOT** apply to members who are not receiving insulin due to a physical disability, visual impairment, documented needle phobia, cognitive impairment, or age < 18 years); **and**
3. The Member meets **ONE** of the following:
    a. HbA1c ≥ 7% or at a value that does not meet documented target treatment; **or**
    b. Frequent hypoglycemia or nocturnal hypoglycemia; **or**
    c. History of hypoglycemic unawareness; **or**
    d. Dawn phenomenon with fasting blood sugars frequently exceeding 200mg/dL; **or**
    e. History of emergency room visit, or hospitalization related to ketoacidosis or hypoglycemia; **or**
    f. Use of a compatible insulin pump to achieve glycemic control; **or**
    g. Pregnancy.

**Hypoglycemia Due to a Diagnosis other than Diabetes Mellitus**

When the Member has another non-diabetes-based condition* causing a disorder of glucose metabolism or improper endogenous insulin secretion resulting in frequent hypoglycemia or nocturnal hypoglycemia or hypoglycemic unawareness, the use of a continuous long-term glucose monitor may be medically necessary when **both** of the following criteria are met:

1. Member has a diagnosis of frequent hypoglycemia, or nocturnal hypoglycemia, or hypoglycemic unawareness due to a non-diabetes-based condition*; **and**
2. Member has clinical rationale for use of CGM instead of capillary blood glucose monitoring using test strips and a blood glucose meter

***Note**: Conditions may include seizure disorder, insulinoma, genetic conditions causing hyperinsulinemia, effects from post-surgical conditions including post esophagectomy, post fundoplication, post gastrectomy, post gastric bypass, and post sleeve gastrectomy. Documentation should include why the Member is at hypoglycemic risk and other events.

**Note**: The continuous glucose device must be FDA approved and follow the FDA recommendations for use in children and adults.

**CGM Continued use**

The Plan considers continuation of a CGM device as reasonable and medically necessary when **One** of the following indications is met:

1. Documented evidence of improvement in control of diabetes (specific to baseline status of disease for individual members); **or**
2. Documented evidence of compliance with a current CGM treatment plan based on log data of the device; **or**
3. A member is new to MassHealth from another insurer and is stable on CGM.

**Insulin Pumps**

Insulin infusion pumps which work independently and do not communicate with or work in conjunction with a CGM device do not require prior authorization. Insulin pumps which are part of a "closed loop system" or which communicate with or work in conjunction with a CGM device do require prior authorization, please see criteria below for Hybrid Closed Loop.

**Automated Insulin Dosing (AID) Device Systems:**

The Plan may authorization coverage of Omnipod Classic, Omnipod 5, Omnipod Dash, Omnipod GO and V-Go when **ALL** of the following criteria are met, and limitations do not apply:

1. Member has a primary diagnosis of diabetes mellitus; **and**
2. **If the request is for V-Go:** The member is 18 years of age or older; **and**
    a. **ONE** of the following:

i. The Member's current treatment plan involves testing blood glucose at least 4 times per day. If member is nonadherent to testing, documentation that testing is recommended or prescribed at least four times daily; **or**

ii. Use of continuous glucose monitoring

3. **If the request is for Omnipod GO:** The member is 18 years of age or older and Member is currently receiving long-acting insulin or NPH insulin (**Note:** this does **NOT** apply to members who are not receiving insulin due to a physical disability, visual impairment, cognitive impairment), **and**
    a. **ONE** of the following:
        i. The Member's current treatment plan involves testing blood glucose at least 4 times per day. If member is nonadherent to testing, documentation that testing is recommended or prescribed at least four times daily; **or**
        ii. Use of continuous glucose monitoring
4. The Member is currently receiving multiple daily insulin injections (at least three) or is on an insulin pump (**Note:** this does **NOT** apply to members who are not receiving insulin due to a physical disability, visual impairment, cognitive impairment or age < 18 years, or requests for Omnipod GO); **and**
5. The Member meets **ONE** of the following:
    a. The Member's A1C is > 7% or does not meet documented target treatment; **or**
    b. Frequent hypoglycemia~~,~~ **or**
    c. Fluctuations of more than 100 mg/dL in blood glucose before mealtime; **or**
    d. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL; **or**
    e. History of severe glycemic excursions (fluctuations in blood glucose levels)

**Replacement**

The Plan considers the replacement of a synonymous continuous glucose monitoring system, insulin pump, or AID system as reasonable and medically necessary when documentation confirms that **ALL** the following indications are met:

1. Documentation is in the form of clinical notes or letters generated by a clinician overseeing the member's diabetic condition; **and**
2. The present monitor has been rendered ineffective or inoperable due to EITHER:
    a. A change in member condition that the current monitor is unable to accommodate, or
    b. Being damaged by events outside the control of the user; **and**
3. Device has been used according to treatment plan; **and**
4. Continued use of the device is clinically supported; **and**
5. Device replacement cannot be obtained from the manufacturer or supplier due to the expiration of device warranty; **and**
6. Loss/damage is not attributable to abuse, sabotage, or neglect on the part of the user; **and**
7. The cost of replacement rather than repair is justified by the nature of damage and useful lifetime of the device; **and**
8. The replacement is not an additional/backup monitor; **and**
9. The replacement device is similar to the device being replaced unless replacement has been necessitated by a change in member condition that the old device is unable to accommodate.

**Note**: In cases where neither the make/model nor comparable make/model from other brands are available for replacement, selection of a new device must be based on compatibility with member's remaining device and member's clinical condition.

**Reauthorization of Accessories/Supplies**

Documentation that the Member has had an improvement in diabetic control/relative stability (e.g., provider attestation of HbA1c level improvement or stabilization (compared to baseline) or improvement in hypoglycemia or hyperglycemia symptoms can be considered to meet this requirement).

The initial authorization for a continuous glucose monitoring system or artificial pancreas device system will include one year's worth of supplies (e.g., transmitter or sensors). Subsequent authorizations for accessories/supplies will require updated documentation from the treating provider indicating the Member continues to use and require the device and the device continues to meet the Member's needs.

**Note**: For requests for accessories/supplies, the request must indicate what device the supplies will be used for, including name and type of device. Requests for accessories/supplies will not be authorized unless Tufts Health Plan has approved the associated device, except for members who are new to Tufts Health Plan and have been successfully using the device prior to becoming a member (supporting documentation required).

**Note:** Initial and reauthorization requests will be approved for 1 year.

## Limitations

1. The following are considered not medically necessary:
    a. Non-FDA-approved devices
    b. Remote continuous glucose monitoring devices, accessories, and additional hardware or software that are ancillary to CGMs (e.g., complementary watches.)
    c. Replacement of an existing CGM with another CGM for additional features which are not medically necessary
    d. Noninvasive continuous glucose monitors
    e. Remote wireless glucose monitors (e.g., mySentry)
    f. Hypoglycemic Wristband Alarm (e.g., Sleep Sentry)
    g. Nonprogrammable transdermal insulin delivery systems
    h. Member is unable or unwilling to perform required necessary calibration of CGM system (e.g., self-monitored blood
    i. Member enrolled in an initial three-month insulin pump trial and either failed or is not motivated or is otherwise noncompliant with a current treatment plan and is not likely to benefit from another three-month trial
    j. Member is unable to perform frequent blood glucose monitoring or is unable to technically operate an insulin pump because of behavioral, psychological, or other reasons

## Codes

The following code(s) require prior authorization:

*Please note, sensor durations for devices may vary by manufacturer. The number of units covered will vary based on the manufacturer's guidelines.*

**Table 1: CPT/HCPCS Codes**

| Code | Description |
|---|---|
| A4239 | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories |
| 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) |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver |

**References:**


1. American Diabetes Association Professional Practice Committee for Diabetes. (2026). Introduction and methodology: Standards of care in diabetes—2026. Diabetes Care, 49(Supplement_1), S1–S5. https://doi.org/10.2337/dc26-SIN.
2. Aronson R, Reznik Y, Conget I, et al. Sustained efficacy of insulin pump therapy compared with multiple daily injections in type 2 diabetes: 12-month data from the OpT2mise randomized trial. Diabetes Obes Metab. 2016;18(5):500-507. doi:10.1111/dom.12642.
3. Carlson AL, Mullen DM, Bergenstal RM. Clinical Use of Continuous Glucose Monitoring in Adults with Type 2 Diabetes. Diabetes Technol Ther. 2017;19(S2):S4-S11. doi:10.1089/dia.2017.0024.
4. Chawla R, Madhu SV, Makkar BM, et al. RSSDI-ESI Clinical Practice Recommendations for the Management of Type 2 Diabetes Mellitus 2020 [published correction appears in Indian J Endocrinol Metab. 2020 Jul-Aug;24(4):376]. Indian J Endocrinol Metab. 2020;24(1):1-122. doi:10.4103/ijem.IJEM_225_20.
5. Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus | Guidance and guidelines | NICE. https://www.nice.org.uk/guidance/TA151/chapter/1-guidance. Accessed September 24, 2026.
6. Diabetes in pregnancy: management from preconception to the postnatal period. London: National Institute for Health and Care Excellence (NICE); 2020 Dec 16. (NICE Guideline, No. 3.) Available from:

https://www.ncbi.nlm.nih.gov/books/NBK555331/.
7. Fonseca VA, Grunberger G, Anhalt H, et al. Continuous glucose monitoring: a consensus conference of the american association of clinical endocrinologists and american college of endocrinology. Endocrine Practice. 2016;22(8):1008-1021. doi:10.4158/EP161392.CS.
8. Galderisi A, Schlissel E, Cengiz E. Keeping Up with the Diabetes Technology: 2016 Endocrine Society Guidelines of Insulin Pump Therapy and Continuous Glucose Monitor Management of Diabetes. Curr Diab Rep. 2017;17(11):111. Published 2017 Sep 23. doi:10.1007/s11892-017-0944-6.
9. Grunberger G, Handelsman Y, Bloomgarden ZT, et al. American Association of Clinical Endocrinologists and American College of Endocrinolgoy 2018 Position Statement on Integration of Inulin Pumps and Continuous Glucose Monitoring in Patients With Diabetes mellitus. Endocr Pract. 2018;24(3):302-308. doi:10.4158/PS-2017-0155.
10. Grunberger G, Sherr J, 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. Endocr Pract. 2021;27(6):505-537. doi:10.1016/j.eprac.2021.04.008.
11. Jiao X, Shen Y, Chen Y. Better TIR, HbA1c, and less hypoglycemia in closed-loop insulin system in patients with type 1 diabetes: a meta-analysis. BMJ Open Diabetes Res Care. 2022;10(2):e002633. doi:10.1136/bmjdrc-2021-002633.
12. Maiorino MI, Signoriello S, Maio A, et al. Effects of Continuous Glucose Monitoring on Metrics of Glycemic Control in Diabetes: A Systematic Review With Meta-analysis of Randomized Controlled Trials. Diabetes Care. 2020;43(5):1146–1156. doi:10.2337/dc19-1459.
13. Mass.gov. MassHealth Guidelines; MassHealth Guidelines for Medical Necessity Determination for Diabetes Management | Mass.gov. Published January 2024. Accessed July 16, 2026.
14. Mass.gov. Table 78: Diabetes Medical Supplies and Emergency Treatments. MassHealth Drug List - Health and Human Services (conduent.com). Accessed July 16, 2026.
15. Torres Roldan VD, Urtecho M, Nayfeh T, et al. A Systematic Review Supporting the Endocrine Society Guidelines: Management of Diabetes and High Risk of Hypoglycemia. J Clin Endocrinol Metab. 2023;108(3):592-603. doi:10.1210/clinem/dgac601.

## Approval And Revision History

August 18, 2021: Reviewed by the Medical Policy Approval Committee (MPAC); Mass Health UPPL coverage criteria adopted effective 10/1/2021

Subsequent endorsement date(s) and changes made:

- April 5, 2022: Template Updated
- June 15, 2022: Reviewed by MPAC, renewed without changes
- June 21, 2023: MNG name changed from Continuous Subcutaneous Insulin Delivery Devices for Tufts Health Together to Continuous Glucose Monitoring and Diabetes Management Devices for Tufts Health Together. In alignment with updates from MassHealth, criteria added for continuous glucose monitoring devices, effective August 1, 2023
- October 18, 2023: Reviewed by MPAC; added coverage for Omnipod Go per MassHealth guideline updates, effective December 1, 2023
- June 20, 2024: Reviewed by MPAC, renewed without changes effective August 1, 2024
- July 22, 2024: Reviewed by MPAC, criteria updated to state now state “insulin injections” are required for continuous long term glucose monitors, criteria reviewed regarding hypoglycemia due to a diagnosis other than diabetes; criteria revised for CGM continued use; effective September 1, 2024
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 15, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed; Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template
- August 19, 2026: Reviewed by MPAC, administrative update to guideline template and renewed without changes effective October 1, 2026

## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation

organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.