

HEALTH EVIDENCE REVIEW COMMISSION (HERC)
COVERAGE GUIDANCE PLAIN LANGUAGE SUMMARY

For complete details, please see the coverage guidance document, "[CONTINUOUS GLUCOSE MONITORING IN DIABETES MELLITUS.](#)"

CONTINUOUS GLUCOSE MONITORS (CGM) FOR TYPE 2 DIABETES

Approved 9/28/2023

Should a wearable monitor for checking blood sugar (glucose) levels be covered for people who have type 2 diabetes?

Yes, if the person:

- Needs certain types of insulin injections
- Receives diabetes education about how to use the monitor and
- Uses the monitor 50% or more of the time for a 90-day period by their first follow-up visit (within 3-6 months) and
- If *one* of the following issues at the time a monitor is prescribed is true:
 - A1c (a blood test that measures average blood glucose level) level of 8% or higher or
 - Severe problems with low blood sugar (hypoglycemia) or
 - Not knowing the signs of low blood sugar or
 - Complication related to diabetes such as a condition that causes numbness, tingling or weakens in the hands and feet called peripheral neuropathy or harm or injury to important body organs (heart, kidneys, brain, eyes)

Twice a year, the provider should meet with the person to review their use of the monitor and diabetes treatment plan.

If the person doesn't use the monitor regularly six months after they get it, they'll stop getting supplies. They can have another try once a year.

A retrospective monitor (a device loaned to patients where the doctor only reviews the data after a certain period rather than being continuously monitored in real-time) is not covered.

Why should we cover the monitor?

We recommend covering the monitor because, for people who need certain types of insulin injections, the benefit is greater than the small risk of harm. We do not recommend it for other people who do not need these types of insulin injections since our research didn't show any meaningful benefits to that group.

What about using a monitor for people who develop diabetes while pregnant?

We recommend covering the monitor for this group, if they use insulin, because it is reasonable to expect a benefit and more research is not likely to happen for this group.

We do not recommend covering the monitor for this group if they do not need certain types of insulin injections. Medical studies did not show enough meaningful benefit to justify adding coverage for this group.

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