April 26, 2018

RE: Continuous Glucose Monitoring

Dear MCO Medical Director:

The Texas Diabetes Council voted on January 25, 2018, to support Continuous Glucose Monitoring (CGM) as a covered medical benefit under Medicaid, based on Centers for Medicare and Medicaid (CMS) standards. Council members requested that you consider a FDA approved CGM monitoring system for policy review process in your MCO as a value added benefit for your covered patients.

CGM has been shown to be effective in children and adults with type 1 and type 2 diabetes. Because CGM promotes awareness of blood sugar, persons using these devices have decreased incidence of hypoglycemia, improved HbA1c (a laboratory value that identifies average plasma glucose concentration), and increased time in target glucose ranges. Improvements in blood sugar control, as a result of CGM, improve overall diabetes management, which prevents costly emergency room visits and hospitalizations for complications such as blindness, kidney disease, amputations, heart attack or stroke.

Texas remains among the 10 states collectively responsible for greater than 60 percent of the national cost of diabetes. In 2014, Texas Medicaid spent $334 million treating 341,690 people with diabetes. An estimated 9,610 people with insulin treated diabetes and impaired awareness to hypoglycemia cost $84 million annually in emergency medical services to Texas Medicaid.

If insulin treated patients with impaired awareness to hypoglycemia used CGM it would result in:
- $6,315,004 total annual cost savings to Texas Medicaid program
- $1.54 cost savings per member per year (for every plan enrollee)

In September 2016, the Endocrine Society's clinical practice guideline on diabetes technology recommended CGM as the gold standard of care for adults with type 1 diabetes and also stated that CGM may be helpful for those with type 2 diabetes who are at risk for severe hypoglycemia.

Medicare is now covering CGM for personal use. CMS Standards state that therapeutic CGMs may be covered by Medicare when the beneficiary patient meets the following criteria:

- Has diabetes;
- Has been using a home blood glucose monitor and has been performing at least four finger-stick glucose tests per day;
- Is treated with insulin via multiple daily injections or an insulin pump; and
- Is receiving an insulin treatment regimen that requires frequent adjustment on the basis of therapeutic test results.

Two CGM systems are currently FDA approved:

- The Abbott Libre system (Sensor and Reader), which is a Flash Glucose Monitor that uses a reader to wand over the sensor to retrieve glucose readings through radio frequency.
- The Dexcom G5 Mobile CGM, which consists of a sensor, Bluetooth transmitter, and receiver or mobile device.

The TDC maintains its support of the minimum standards for diabetes care developed by the TDC committees and published at tdctoolkit.org, as well as insurance coverage that supports the latest guidelines for diabetes management developed by the American Diabetes Association, American Association of Clinical Endocrinologists, and Texas Diabetes Council. The TDC encourages physician training that ensures these devices are provided to patients who are appropriate candidates for their use, and that they are given training to effectively and safely use them.

We appreciate your time in reviewing the benefits of CGM as a covered medical benefit under Medicaid and our request to accelerate the approval process. If you have questions or concerns please contact the Diabetes Prevention and Control Branch, Texas Department of State Health Services, at (512) 776-7490, or TDC.web@dshs.texas.gov.

Best Regards,

Kathy Ann LaCivita, MD
Chair, Texas Diabetes Council