Insulin Delivery Devices and Continuous Glucose Monitoring Systems

POLICY NUMBER	LAST REVIEW
MG.MM.ME.16vC	March 14, 2025

The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Pumps	
External insulin infusion	Programmable, battery-powered mechanical syringe/reservoir devices controlled by a micro-computer to provide continuous subcutaneous insulin infusion (CSII).
Sensor-augmented	Suspend insulin when glucose is low or predicted to go low within the next 30 minutes.
Continuous Glucose Monitoring (CGM)	
Real-time CGM (rtCGM)	CGM systems that measure and display glucose levels continuously.
Intermittently scanned CGM (isCGM) with and without alarms	CGM systems that measure glucose levels continuously but require scanning for visualization and storage of glucose values.
Professional CGM	CGM devices that are placed on the patient in the provider's office (or with remote instruction) and worn for a discrete period of time (generally 7–14 days). Data may be blinded or visible to the person wearing the device. The data are used to assess glycemic patterns and trends. Unlike rtCGM and isCGM devices, these devices are clinic-based and not owned by the person with diabetes.

Implantable interstitial glucose sensors (also referred to as Implantable Continuous Glucose Monitor [ICG-M])	
Implantable Continuous Glucose Monitor (ICG-M)	Device that provides real-time glucose monitoring every five minutes for up to 90 days at a time. The system consists of an implantable fluorescence-based sensor, a smart transmitter, and a mobile application for displaying glucose values, trends and alerts on the patient's compatible mobile device. It is designed to replace fingerstick blood glucose testing.
Automated Insulin Delivery Systems (combined functionality)	
Automated Insulin Delivery System	Increase and decrease insulin delivery based on sensor derived glucose level to begin to approximate physiologic insulin delivery. These systems consist of three components: ▪ Insulin pump ▪ Continuous glucose sensor ▪ Algorithm that determines insulin delivery With these systems, insulin delivery can not only be suspended but also increased or decreased based on sensor glucose values.

Guidelines

- **A. External insulin infusion pumps**
- **B. Personal CGM devices**
- **C. Automated Insulin Delivery Systems**
- **D. Implantable Interstitial Glucose Sensors (Commercial and Medicare)**

A. External insulin infusion pumps

External insulin infusion pumps (including but not limited to tubeless disposable pumps such as the OmniPod®) are considered medically necessary for Type 1, Type 2 or gestational diabetes when the member or caregiver is able to hear, view and appropriately respond to device alerts.

B. Personal CGM devices

Personal CGM devices (including but not limited to Medtronic Guardian Connect, Dexcom G7, FreeStyle Libre 3, etc.) are considered medically necessary for diabetes when criteria under Section **A** is met.

Note regarding EmblemHealth: Members on a commercial plan do not require the criteria under Section A to be met for personal CGM coverage.

C. Automated Insulin Delivery Systems

Automated Insulin Delivery Systems (including but not limited to MiniMed 670G, 770G, and 780G [Medtronic], OmniPod 5, T:slimX [Tandem], etc.) are considered medically necessary for diabetes when criteria under Section **A** is met.

D. Implantable interstitial glucose sensors

Implantable Continuous Glucose Monitors (Eversense®) are considered medically necessary for Commercial and Medicare members ≥ 18 years of age with diabetes when criteria under Section **A** is met.

Limitations and Exclusions

1. Only FDA-approved devices are covered (including, but not limited to alternate controller enabled [ACE] devices such as the t:Slim X2).
2. Replacement of a pump or a continuous glucose monitor is considered medically necessary when the device is malfunctioning, cannot be refurbished, and is out of warranty.
3. Combination devices that include a home blood glucose monitor combined with a blood pressure monitor, cholesterol screening analyzer, or other devices (e.g., cellular telephone), not specifically indicated for the management of diabetes mellitus, are regarded as not medically necessary convenience items.
4. The following devices are not considered medically necessary due to insufficient evidence of therapeutic value:
    - Implantable insulin pumps
    - Nonprogrammable disposable insulin delivery systems without wireless communication capability (e.g., V-Go® Disposable Insulin Delivery Device)
    - Remote wireless glucose monitoring devices (e.g., mySentry)
5. For Medicare information regarding the use of smart devices (watch, smartphone, tablet, laptop computer, etc.) in conjunction with a therapeutic continuous glucose monitor (CGM) see Noridian Glucose Monitor Policy Article .

Procedure Codes

0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training (cover for Medicare and Commercial only)
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision (cover for Medicare and Commercial only)
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation (cover for Medicare and Commercial only)
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook- up, calibration of monitor, patient training, and printout of recording
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording.
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report.
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4230	Infusion set for external insulin pump, non-needle cannula type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service

A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month (eff. 04/01/2024)
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9999	Miscellaneous DME supply or accessory, not otherwise specified
E0607	Home blood glucose monitor
E0784	External ambulatory infusion pump, insulin
E1399	Durable medical equipment, miscellaneous
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
E2102	Adjunctive continuous glucose monitor or receiver
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training (Medicare Only)
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation (Medicare Only)
G0564 Effective 1/1/2025	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training (Medicare only)
G0565 Effective 1/1/2025	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation (Medicare only)
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

ICD-10 Diagnoses

E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema

E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the

	macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications

E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
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E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications

E11.9	Type 2 diabetes mellitus without complications
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24.019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium
O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.420	Gestational diabetes mellitus in childbirth, diet controlled
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled
O24.429	Gestational diabetes mellitus in childbirth, unspecified control
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control

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Specialty-matched clinical peer review.

Revision History

Company(ies)	DATE	REVISION
EmblemHealth	3/14/2025	Transferred policy content to individual company branded template
EmblemHealth ConnectiCare	3/8/2024	Updated definitions and device versions.
EmblemHealth ConnectiCare	10/1/2023	Removed insulin frequency adjustments as a prerequisite.
EmblemHealth ConnectiCare	6/11/1021	Removed glucose testing prerequisite Added note to CGM section communicating that Commercial members are not required to meet criterion A. Removed prerequisite pertaining to new pump requests (for newly enrolled members whose pumps were supplied from another insurance plan), which required glucose testing frequency information to be submitted.
EmblemHealth ConnectiCare	1/8/2021	Updated definitions and device versions. Added Commercial and Medicare coverage for Eversense® ICG-M.
EmblemHealth ConnectiCare	5/12/2020	Removed prerequisite for devices to be prescribed by endocrinologists or maternal fetal medicine specialists only.
EmblemHealth ConnectiCare	5/8/2020	Removed hypoglycemic unawareness prerequisite for long-term combined monitoring/insulin delivery devices.
EmblemHealth	5/10/2019	Added Type 2 diabetes to long-term combined CGM/insulin-delivery devices section to coincide with FDA approvals. Added implantable glucose sensors (e.g., Eversense®) as investigational. Added pump/CGM replacement criteria.
EmblemHealth	4/12/2019	Added coverage of the t:slim X2.
EmblemHealth	3/9/2019	Added t:slim X2 Insulin Pump to Limitations/Exclusions as investigational.
EmblemHealth	6/8/2018	Added hypoglycemic unawareness to long-term criteria.
EmblemHealth	5/3/2018	For long term usage; combined the section for single external insulin delivery infusion pumps with the section for combined CGM/Insulin-delivery devices (with the addition of real-time monitoring devices) to create a single section with simplified criteria. Added that combination devices that include a home blood glucose monitor combined with a blood pressure monitor, cholesterol screening analyzer, or other devices (e.g., cellular telephone) not specifically indicated for the management of diabetes mellitus, are regarded as not medically necessary

Company(ies)	DATE	REVISION
		convenience items.
EmblemHealth	2/9/2018	Added coverage of the Freestyle Libre Flash Glucose Monitoring System.
EmblemHealth	4/7/2017	Added coverage of the Dexcom® G5 for Medicare members only (exclusions apply; listed above).
EmblemHealth	3/10/2017	Communicated that upgrade requests for the MiniMed® 670G System will be reviewed on a case by case basis.
EmblemHealth	8/24/2016	Clarified that remote wireless and smartphone capabilities are not considered medically necessary.
EmblemHealth	8/5/2016	Added OmniPod® clarification to differentiate from V-Go®.

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5/12/2020	Removed prerequisite for devices to be prescribed by endocrinologists or maternal fetal medicine specialists only.
5/8/2020	Removed hypoglycemic unawareness prerequisite for long-term combined monitoring/insulin delivery devices.
5/10/2019	Added Type 2 diabetes to long-term combined CGM/insulin-delivery devices section to coincide with FDA approvals. Added implantable glucose sensors (e.g., Eversense®) as investigational. Added pump/CGM replacement criteria.
4/12/2019	Added coverage of the t:slim X2.
3/9/2019	Added t:slim X2 Insulin Pump to Limitations/Exclusions as investigational.
6/8/2018	Added hypoglycemic unawareness to long-term criteria.
5/3/2018	For long term usage; combined the section for single external insulin delivery infusion pumps with the section for combined CGM/Insulin-delivery devices (with the addition of real-time monitoring devices) to create a single section with simplified criteria. Added that combination devices that include a home blood glucose monitor combined with a blood pressure monitor, cholesterol screening analyzer, or other devices (e.g., cellular telephone) not specifically indicated for the management of diabetes mellitus, are regarded as not medically necessary convenience items.
2/9/2018	Added coverage of the Freestyle Libre Flash Glucose Monitoring System.
4/7/2017	Added coverage of the Dexcom® G5 for Medicare members only (exclusions apply; listed above).
3/10/2017	Communicated that upgrade requests for the MiniMed® 670G System will be reviewed on a case by case basis.
8/24/2016	Clarified that remote wireless and smartphone capabilities are not considered medically necessary.
8/5/2016	Added OmniPod® clarification to differentiate from V-Go®.