Washington State Health Care Authority

Health Technology Clinical Committee
DRAFT Findings and Decision

Topic: Continuous glucose monitoring
Meeting date: March 21, 2025
Final adoption: Pending

Number and coverage topic:

20250321B – Continuous glucose monitoring

HTCC coverage determination:

Continuous glucose monitoring (CGM) is a **covered benefit with conditions.**

HTCC reimbursement determination:

Limitations of coverage:
CGM is a covered benefit for:

- Individuals with Type 1 diabetes

OR

- Individuals with Type 2 diabetes who are on insulin therapy, AND
  - Are unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan, OR
  - Are suffering from recurrent severe episodes of hypoglycemia (blood glucose < 50 mg/dl or symptomatic), OR
  - Have hypoglycemia unawareness

OR

- Individuals who are pregnant who have:
  - Type 1 diabetes, OR
  - Type 2 diabetes, OR
  - Gestational diabetes

Non-covered indicators:

- CGM for adults and children with type 2 diabetes not on insulin is **not a covered benefit.**

Notes:

- See final key questions for populations and treatments within the scope of this determination.

Related documents:

- Final key questions
- Final evidence report
- Meeting materials and transcript

Agency contact information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public and School Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of continuous glucose monitors (CGM) for adults and children with type 2 diabetes on insulin, pregnant people with type 1, type 2, or gestational diabetes, and adults and children with type 2 diabetes not on insulin. The committee decided that the current evidence on CGM is sufficient to determine coverage with conditions for those on insulin. The committee considered the evidence, public comment, and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions CGM for adults and children with type 2 diabetes on insulin, and cover unconditionally CGM for pregnant people with type 1, type 2, or gestational diabetes.

	Not covered	Covered under certain conditions	Covered unconditionally
Adults and children with type 2 diabetes on insulin	0	7	1
Pregnant people with type 1, type 2, or gestational diabetes	0	0	8
Adults and children with type 2 diabetes not on insulin	8	0	0

Discussion

The committee reviewed and discussed the available studies on CGM for adults and children with type 2 diabetes on and not on insulin, and pregnant people with type 1, type 2, or gestational diabetes. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. In addition to consideration of the evidence from the report and evidence shared by public commenters, the committee discussed other payer policies and the relationship to Medicare and HTCC decision process. A majority of committee members present supported the conditions of coverage on CGM for adults and children with type 2 diabetes on insulin and to cover unconditionally for pregnant people with type 1, type 2, or gestational diabetes. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed as well as clinical application.

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). For adults with type 2 diabetes, continuous glucose monitors are covered if taking insulin of any kind or any amount, or have a history of problematic hypoglycemia. Not applicable to children or pregnant people with type 2 diabetes, or pregnant people with gestational diabetes mellitus.

The committee discussed clinical guidelines identified from the following organizations:

- American Diabetes Association Standards of Care in Diabetes: Chapter 7 Diabetes Technology, 2024
- American Association of Clinical Endocrinology Developing a Diabetes Mellitus Comprehensive Care Plan, 2022
- National Institute of Health and Care Excellence (NICE): Hearing loss in adults (updated 2023), 2018
- American Association of Clinical Endocrinology The Use of Advanced Technology in the Management of Persons with Diabetes Mellitus, 2021
- Endocrine Society Management of Individuals with Diabetes at High Risk for Hypoglycemia, 2023
- National Institute of Health and Care Excellence (NICE): Type 2 Diabetes in Adults: Management, 2022
- Ontario Health Quality, Flash Glucose Monitoring System for People with Type 1 or Type 2 Diabetes: Recommendations, 2019
- Veterans Administration/Department of Defense: Management of Type 2 Diabetes Mellitus, 2023

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

HTA staff will prepare a findings and decision document on HBOT for SSNHL and AAT for public comment to be followed by consideration for final approval at the next committee meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company that takes public input at all stages.

Pursuant to RCW 70.14.110, a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.