Medicaid Coverage Overview:
Personal (Long Term) Continuous Glucose Monitoring

August 2024

Centers for Medicare and Medicaid Services – Medicare Coverage

Centers for Medicare and Medicaid Services (CMS) – 2017; ***New LCD Proposal Effective April 16, 2023***

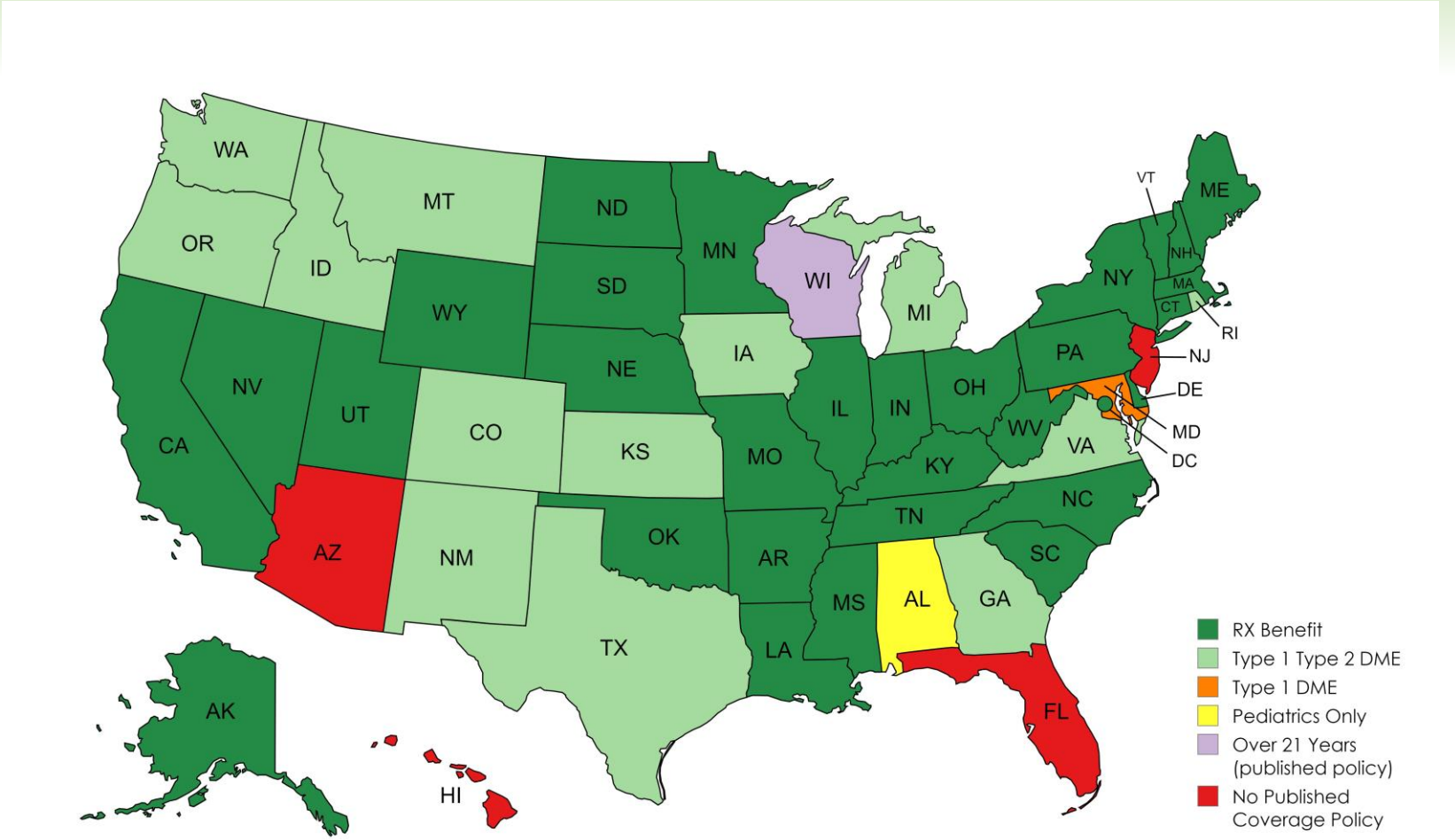
- CGM and related supplies are covered by Medicare when **ALL** of the following coverage criteria are met:
  1) The beneficiary has diabetes mellitus; **and**,
  2) The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; **and,**
  3) The CGM is prescribed in accordance with its FDA indications for use; **and,**
  4) The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below:
     1) The beneficiary is insulin-treated; **or,**
     2) The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following:
        1) Recurrent (more than one) level 2 hypoglycemic events (glucose <54 mg/dL or 3.0 mmol/L) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; **or**,
        2) A history of one level 3 hypoglycemic event (glucose <54 mg/dL or 3.0 mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia; **and,**
  5) Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.

1. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822&ver=55&contractorName=9&contractorNumber=388%7C1&lcdStatus=F&sortBy=title&bc=7

State Policies

Most states now offer published CGM coverage policy for its Medicaid populations – *as of August 2024*

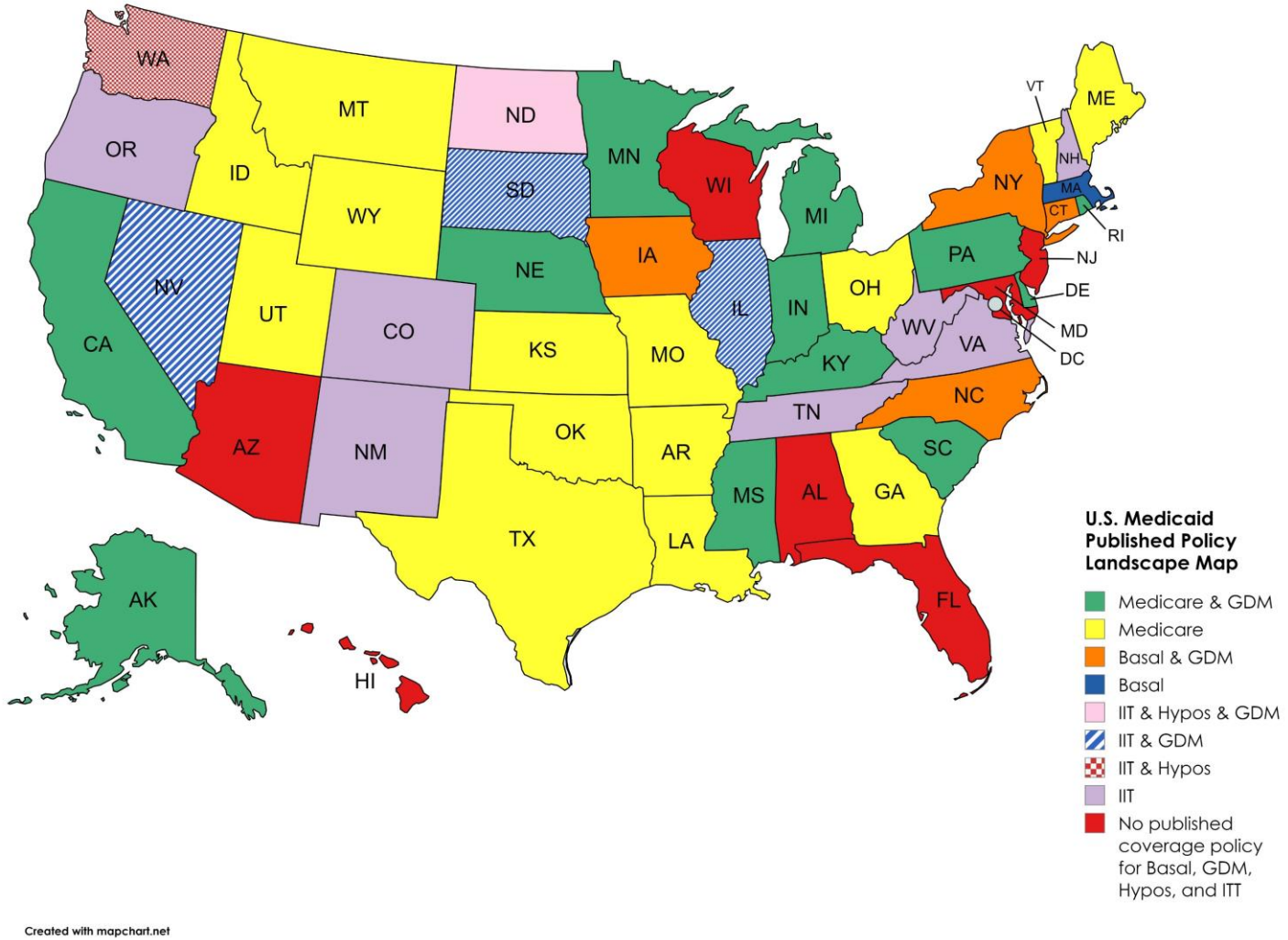
FFS Medicaid Coverage - More states are moving CGM to a pharmacy benefit



U.S. Medicaid CGM Published Coverage Policy Map

Glossary table:

1. Medicare & GDM: Match Medicare policy for any insulin, Hypos, and GDM.
2. Medicare: any insulin and Hypos.
3. Basal & GDM: Basal insulin and GDM.
4. Basal: Basal insulin.
5. IIT & Hypos & GDM: IIT for T2D, Hypos and GDM.
6. IIT & GDM: IIT for T2D and GDM.
7. IIT & Hypos: IIT for T2D and Hypos.
8. No published coverage policy for Basal, GDM, Hypos, and ITT.



Arkansas Medicaid
Effective Jan 2022; updated August 2022

Continuous Glucose Monitors (CGM) will be covered for Arkansas Medicaid clients. A prior authorization (PA) will be required. The services will be provided for those clients who meet the following criteria.

Criteria:

- Either:
  1. A presence of type 1 diabetes or any other type of diabetes with the use of insulin; **OR**
  2. A presence of type 1 diabetes or any other type of diabetes with evidence of Level 2 or Level 3 hypoglycemia; **OR**
  3. Diagnosis of glycogen storage disease type 1a; **OR**
  4. Use of an insulin pump; **AND**
- Regular follow-up with a healthcare provider at a minimum every six (6) months to assess for ongoing benefit.

1. https://ar.magellanrx.com/documents/d/arkansas/official-notice-dsp-on-021-24

Nebraska Medicaid
Effective January 1, 2023; updated August 1, 2024

Nebraska Medicaid will provide coverage for Continuous Glucose Monitors (CGMs) for patients with diabetes.

Long-term CGM for therapeutic purposes may be considered medically necessary for a beneficiary with diabetes mellitus who meets the following criteria:

- Is insulin-treated, **OR**
- Has a diagnosis of Gestational Diabetes (on the PA form), **OR**
- Has a history of problematic hypoglycemia with documentation of at least one of the following:
  - Recurrent (more than one)hypoglycemic events with blood glucose <54 mg/dL (3.0 mmol/L) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan, **OR**
  - A history of one hypoglycemic event with blood glucose <54 mg/dL (3.0 mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.
- Is being assessed every 6 months by the prescribing healthcare practitioner for adherence to a comprehensive diabetes treatment plan.

1. https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2024-17.pdf
2. https://dhhs.ne.gov/Documents/CGM%20NE%20Medicaid%20Prior%20Authorization%20Form.pdf

Louisiana Department of Health
Moved to Pharmacy Effective October 28, 2023; updated July 2024

- The recipient has **ONE** of the following (must be stated on the request):
  - The recipient has a diagnosis of diabetes (any type) with evidence of at least **ONE** pharmacy claim for insulin within the previous 180-day period; **OR**
  - Evidence of level 2 (moderate) or level 3 (severe) hypoglycemia; **OR**
  - Glycogen storage disease type 1a.

1. https://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/6.24.24/2/Continuous.Glucose.Monitors.03062024.pdf

Georgia Department of Community Health – Medical Assistance Plans Division

Updated July 1 2024

- Continuous Glucose Monitors (CGMs) will be covered for recipients of any age when the following requirements are met:
  - The member has been diagnosed with diabetes mellitus by a treating practitioner;
  - The members' treating practitioner has concluded that the member or the member's caregiver has had sufficient training in using a continuous glucose monitor as evidenced by the provision of a prescription therefore; **and**
  - The member:
    a) Is treated with at least on daily administration of insulin; **or**
    b) Has a history of problematic hypoglycemia with documentation of at least one of the following:
      - Recurrent level 2 hypoglycemic events (glucose less than 54 mg/dL (3.0 mmol/L)) that persist despite two or more attempts to adjust medication, modify the diabetes treatment plan, or both; **or**
      - A history of a level 3 hypoglycemic event (glucose less than 54 mg/dL (3.0 mmol/L)) characterized by altered mental or physical state requiring third-party assistance for treatment for hypoglycemia.
      - Nocturnal hypoglycemia
      - Hypoglycemia unawareness
  - Within six months prior to prescribing a continuous glucose monitor for a member, the treating practitioner shall have had an in-person or telehealth visit with the member to evaluate the member's diabetes control and shall have concluded that the member meets the criteria set forth in subsection (a) of this Code section.
  - Every six months following the initial prescription of a continuous glucose monitor, the treating practitioner shall have an in-person or telehealth visit the member to assess the adherence to his or her continuous glucose monitor regimen and diabetes treatment plan.

1. https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Durable%20Medical%20Equipment%20Services_%20Manual_2024Q3%2020240730132045.pdf

South Carolina Department of Health and Human Services
Effective July 2019; ***Added Pharmacy Coverage August 2019;***
updated July 1 2024

- CGM will be covered under either the pharmacy or durable medical equipment (DME) State Plan benefit. CGM will be covered with prior authorization (PA) that includes the following criteria:
  - CGM must be prescribed by one of the following qualified healthcare providers;
    - Primary care provider (a physician, physician assistant or advanced practice registered nurse);
    - Obstetrician; or
    - Endocrinologist
  - Eligible Medicaid members must have one of the following clinical criteria:
    - Type 1 diabetes mellitus;
    - Gestational diabetes; or
    - Type 2 diabetes with one of the following:
      - Any type of insulin dependency or
      - Non-insulin treated diabetes who have recurrent moderate (level 2) or have had at least one severe (level 3) hypoglycemic event

1. https://www.scdhhs.gov/internet/pdf/manuals/Provider%20Administrative%20and%20Billing%20Guide.pdf

Mississippi Division of Medicaid – 2013; **updated July 2021; updated July 2024**

CGMs have been added to the Mississippi Medicaid Preferred Diabetic Supply List

Review Criteria:

- Insulin-dependent Type 1 DM (ICD-10 group E10); **OR**
- Insulin-dependent Type 2 DM (ICD-10 group E11); **OR**
- Gestational DM (ICD-10 group O24); **OR**
- History of problematic hypoglycemia defined as:
  - Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify DM treatment plan; **OR**
  - A history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.

1. https://medicaid.ms.gov/wp-content/uploads/2024/06/MS-Diabetic-Supplies-PDL-CB-FINALV13.pdf

Kentucky Department of Medicaid Services
*Effective January 1 2021; **updated June 2022; updated July 2024***

Clinical Criteria for approval of Continuous Glucose Meters (CGMs):

- Diagnosis of insulin-dependent Type 1 DM (ICD-10 group E10); **OR**
- Diagnosis of insulin-dependent Type 2 DM (ICD-10 group E11); **OR**
- Diagnosis of gestational DM (ICD-10 group O24); **OR**
- Patient has a history of problematic hypoglycemia defined as:
  - Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan; **OR**
  - A history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.

1. https://kyportal.medimpact.com/sites/default/files/2023-12/kentucky-medicaid-diabetic-supplies-list.pdf

North Carolina Medicaid

Effective July 1 2020; updated April 2022; ***updated March 1, 2024***

CGMs are covered as a pharmacy benefit. Criteria:

Initial prior authorization: Beneficiary must meet criteria one through three (1- 3) or one and four (1 and 4) or five (5).

1. the beneficiary has a diagnosis of insulin-dependent diabetes; AND
2. the beneficiary or caregiver(s) is willing and able to use the therapeutic CGM system as prescribed; AND
3. the beneficiary has had a face-to-face encounter with the treating practitioner to evaluate the beneficiary's glycemic control and determine that criteria one through three (1-3) above have been met, within six months of the initial authorization request; OR
4. the beneficiary uses an external insulin pump. OR
5. the beneficiary has a diagnosis of gestational diabetes.

Prior Approval Criteria for Therapeutic Continuous Glucose Monitoring Systems (CGM) and Related Supplies is published on the NC Tracks webpage for Prior Approval Drugs and Criteria: (https://www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html)
Prior Approval Request Form for Continuous Glucose Monitors is on the webpage for Drug Request Forms for NC Tracks: (https://www.nctracks.nc.gov/content/public/providers/pharmacy/forms.html)

Texas Medicaid
Effective April 1, 2020; ***Updated Feb 2024***

CGM is covered as a Medicaid DME benefit with prior authorization.

- The following initial criteria must be met for the client to qualify for the CGM benefit:
  - A client must have diabetes mellitus and meet all of the following medical necessity criteria:
    - The client is insulin-treated; **or**
    - The client has a history of problematic hypoglycemia with documentation of at least one of the following:
      - Recurrent (more than one) level 2 hypoglycemic events (glucose <54 mg/dL [3.0 mmol/L] that persist despite multiple (more than one) attempts to adjust medication(s) and/ or modify the diabetes treatment plan; **or**
      - A history of one level 3 hypoglycemic event (glucose <54 mg/dL [3.0 mmol/L]) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia. A client with hypoglycemia unawareness or several episodes of hypoglycemia a day also qualifies for the CGM benefit if the client does not meet the criteria outlined above.
    - The client's treating practitioner has concluded that the client (or the client's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing. The CGM is prescribed in accordance with its FDA indications for use.
    - Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicaid-approved telehealth visit with the client to evaluate their diabetes control and determined that the criteria in this section are met.

Texas Medicaid Provider Procedures Manual: https://www.tmhp.com/resources/provider-manuals/tmppm - >
Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook:
https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2023/2023-10-oct/2_06_DME_and_Supplies.pdf

Nevada Medicaid
Updated Feb 5, 2024

COVERAGE CRITERIA:

- Recipients must have a diagnosis of Type 1 Diabetes or Gestational Diabetes; patients with Type 2 Diabetes on IIT will also qualify for a CGM; **and**
- Recipients must meet all age restrictions stated in the manufacturer's label; **and**
- Recipient must have been compliant on their current antidiabetic regimen for at least the last six months and this regimen must include multiple daily injections of insulin (requiring at least three injections per day); **and**
- One of the following:
  - Documented history of recurring hypoglycemia; **or**
  - Wide fluctuations in pre-meal blood glucose, has a history of severe glycemic excursion, or is experiencing "Dawn" phenomenon with fasting blood glucose exceeding 200 mg/dL; **or**
  - Recipient is currently using insulin pump therapy while continuing to need frequent dosage adjustment or experiencing recurring episodes of severe hypoglycemia (50 mg/dL).

1. https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/Medicaid_Services_Manual_Complete.pdf
2. https://www.medicaid.nv.gov/Downloads/provider/web_announcement_3273_20240205.pdf

Iowa Medicaid Program – February 2019
Updated Feb 2024

- A CGM is medically necessary when **ONE** of the following are met:
  1. Member has a diagnosis of Type 1 or Type 2 diabetes mellitus and **ALL** the following are met:
     a. Requires the use of insulin daily or are on an insulin pump; **AND**
     b. The member (or their caretaker) has demonstrated the ability to use such a device and analyze the data to make adjustments; **AND**
     c. Treatment guidelines have been provided to the member (or their caretaker) that allows them to safely and effectively take advantage of the information provided by the device; **AND**
     d. The member has **ONE** of the following:
        1. Experiencing reoccurring episode of hypoglycemia; **OR**
        2. Inadequate glycemic control as demonstrated by HbA1c measurements 7.0% or greater, despite multiple alterations in self-monitoring and insulin administration regimens to optimize care; **OR**
        3. Type 1 diabetes and 18 years of age or younger.
  2. Member has a diagnosis of gestational diabetes or any type of diabetes in pregnancy and **ALL** the following are met:
     1. The member (or their caretaker) has demonstrated the ability to use such a device and analyze the date to make adjustments; **AND**
     2. Treatment guidelines have been provided to the member (or their caretaker) that allows them to safely and effectively take advantage of the information provided by the device.

1. https://hhs.iowa.gov/sites/default/files/CAC_February_2019_materials.pdf pg. 17

Pennsylvania Department of Human Services

Updated 04/01/2020 with coverage as Rx for FFS,

Updated 01/08/2024 to add CGM to Statewide PDL

1. Prescriptions That Require Prior Authorization
    - All prescriptions for Continuous Glucose Monitoring Products must be prior authorized.
2. Review of Documentation for Medical Necessity
    - In evaluating a request for prior authorization of a prescription for a Continuous Glucose Monitoring Product, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:
        1. Has **one** of the following:
            1. Use of an antidiabetic medication within the last 90 days
            2. A diagnosis of diabetes

Provider Quick Tips #248, Effective 4/1/2020 - https://www.dhs.pa.gov/providers/Quick-Tips/Documents/PROMISeQuickTip248.pdf

Pennsylvania Statewide PDL website: https://papdl.com/preferred-drug-list and Pharmacy Services Prior Authorization Clinical Guidelines: https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx

Kansas Medical Assistance Program – *Added Jan 1 2024*

- Medical Benefit Criteria:
- The beneficiary receiving a CGM device must be under the care of, and services must be prescribed by, a physician or qualified practitioner who is managing the beneficiary's Type 1 or Type 2 diabetes. Criteria for receiving a CGM device:
  1. Short term use (three to seven days) for diagnostic purposes.
  2. Long term use for the following clinical situations:
     1. Type 1 Diabetes with poor control requiring multiple changes in Insulin dosing and/or clinical symptoms related to hypo or hyperglycemia.
     2. Type 2 Diabetes requiring insulin administration in addition to other medication and/or despite being compliant with prescribed treatment.

KMAP Provider Manuals - https://portal.kmap-state-ks.us/PublicPage/Public/ProviderManuals - >
DME Provider Manual - https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME_23200_23156.pdf

Oregon Health Authority – 2018
Updated Jan 1 2024

- All Type 1 Diabetes.
- We recommend coverage for therapeutic CGM in individuals with T2DM or gestational diabetes who use short- or intermediate-acting insulin injections when all of the following criteria are met:
  - A. Have received or will receive diabetes education specific to the use of CGM, **AND**
  - B. Have used the device for at least 50% of the time for a 90-day period by their first follow-up visit (within 3-6 months), **AND**
  - C. Have one of the following at the time of CGM therapy initiation:
  - a. Baseline HbA1c levels greater than or equal to 8.0%, **OR**
  - b. Frequent or severe hypoglycemia, **OR**
  - c. Impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM), **OR**
  - d. Diabetes-related complications (for instance, peripheral neuropathy, end-organ damage).
- Every 6 months following the initial prescription for CGM, the prescriber must conduct an in-person or telehealth visit with the member to document adherence to their CGM regimen to ensure that CGM is used for diabetes treatment planning.

https://www.oregon.gov/oha/HSD/OHP/Announcements/CGM-Devices1223.pdf

California – Medi-Cal; Jan 1 2022
Updated November 2023

- New Policy was implemented Nov 2023. Additionally DHCS relaxed the PA process (now good for 1 year) and will allow 90-day supplies to be provided to patients.
- CGM coverage is limited to prescribing by an endocrinologist, a primary care provider (physician), nurse practitioner, clinical nurse specialist, physician assistant, certified nurse midwife, or other licensed healthcare practitioner with experience in diabetes management; **and**
- A diabetes diagnosis as outlined below; **and**
- Type 1 or Type 2 Diabetes and **one** of the following other requirements:
  - Insulin-dependence based on regular insulin claims history in the past year or other documentation of regular insulin use; **or**
  - History of problematic hypoglycemia with documentation demonstrating recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL [3.0mmol/L]) that persist despite attempts to adjust medication(s) and/or modify the diabetes treatment plan within the past year.
- Pregnancy-Related Diabetes Diagnoses:
  - Restricted to approval for the duration of the pregnancy and 12 months postpartum; **and**
  - Estimated and/or actual date of delivery must be included on the request.
- An HbA1c value measured within eight months of the date of the request is documented on the PA request.

https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/manuals/Medi-Cal_Rx_Provider_Manual.pdf

Idaho Medicaid; *Updated November 2023*

- **THIS POLICY IS BEING UPDATED TO MATCH MEDICARE POLICY.**

1. https://www.idmedicaid.com/Provider%20Guidelines/Suppliers.pdf pg. 58

North Dakota Medical Services Division
Effective July 2022; ***Updated Oct 2023***

The member must meet **one of the following** criteria (1, 2):

1. The member has diabetes (e.g. type 1, type 2, gestational diabetes)
2. The member has recurrent hypoglycemia and CGM is prescribed by or in consult with, a medical geneticist or an endocrinology specialist (subject to clinical review).
   - The member must not have life expectancy of less than 12 months.
   - The member must not reside in a skilled nursing facility.

Member with Type 1 or Type 2 Diabetes (not applicable if pregnant) must meet **both of the following** (1 and 2):

1. The most recent A1c must be provided.
2. **Both the following** must be agreed to by attestation:
   - The member will maintain regular provider visits to review glycemic control every 3-6 months.
   - CGM data will be reviewed at provider office visits, be used to adjust/modify medication regimen to improve outcome and not solely for hypoglycemia alerts.

Members with Type 2 Diabetes (not applicable if pregnant) must meet **one of the following** criteria (1, 2, or 3):

1. The member has been on short-acting and long-acting insulin for at least 6 months, as evidenced by refill history with paid claims or pharmacy printouts.
2. The member is currently Humulin R U-500 or an insulin pump.
3. The member was unable to achieve goal (A1c<7% or TIR>70%) despite triple combination therapy consisting of long-acting insulin dose of at least 10 units per day combined with two other non-insulin anthihyperglycemic agents (oral or injectable), at the maximum tolerated dose with good adherence at least 3 months, as evidenced by refill history with paid claims or pharmacy printouts.

1. https://nddruglookup.hidinc.com/forms/CGM_PA_Form.pdf
2. http://www.hidesigns.com/assets/files/ndmedicaid/NDPDL.pdf pg.186

Montana – November 2, 2021; Updated Q3 2023

- Montana Medicaid mirrors Medicare policy.

1. https://medicaidprovider.mt.gov/docs/providernotices/2021PN/TherapeuticContinuousGlucoseMonitorDevices11022021.pdf

New Hampshire
Updated October 1, 2023

- The State of New Hampshire Department of Health and Human Services contracts with Magellan Rx Management to manage a medical supply program which applies to all New Hampshire Medicaid recipients without other insurance or Medicare coverage. **Medicaid managed care organization (MCO) recipients are not included in the diabetic supply program.**
- Dexcom and Abbott are the preferred continuous glucose monitoring systems.

1. https://nh.magellanrx.com/announcements

South Dakota Medicaid – *Updated October 2023*

- South Dakota Medicaid covers continuous glucose monitoring systems for Medicaid recipients who meet the following conditions: **Pediatrics (Under 21 years of age) and Adults (22 years of age and older)**
  - The recipient has Type 1 diabetes mellitus; **or**
  - The recipient has Type 2 diabetes mellitus and is using rapid acting insulin (e.g., insulin lispro, insulin glulisine, insulin aspart/combination) and/or short acting insulin (e.g., insulin regular); **or**
  - The recipient has gestational diabetes.

1. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Durable_Medical_Equipment.pdf pg. 7

Wyoming Department of Health
Updated: Q3 2023

- Prior authorization will be required to verify if the client injects insulin daily. Matches Medicare policy.
- Monitors will also be limited to the labeled age.

1. https://www.uwyo.edu/dur/_files/pdl1.1.23draft_pt.pdf pg.4

Delaware Medicaid
Updated – September 28, 2023

CONTINUOUS GLUCOSE MONITORS (CGM) PREFERRED AGENTS

Preferred status implementation: DexCom, FreeStyle Libre

- All other CGM devices are nonpreferred
- Two (2) preferred products are required before a non-preferred product will be approved.

1. https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=940&language=en-US&PortalId=0&TabId=94

Oklahoma Health Care Authority – *Updated July 24, 2023*

COVERAGE CRITERIA:

- Members with a medically documented diagnosis of diabetes mellitus meeting the criteria of American Diabetes Association Standards of Medical Care in Diabetes; **AND**
- The member is insulin-treated; **OR**
- Additional SoonerCare members may be approved for CGM use based on the following:
  - The member is 20 years of age or under and has problematic hypoglycemia with documentation of at least one of the criteria below:
    - Recurrent of two (2) or more Level 2 [glucose <54 mg/dL (3.0mmol/L) hypoglycemic] that persists despite multiple attempts to adjust medication(s) and/or modify the diabetes treatment plan; **OR**
    - A History of one (1) Level 3 event characterized by altered mental and/or physical status requiring third-party assistance for treatment of hypoglycemia; **AND**
    - Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or telehealth visit with the member and/or family to evaluate their diabetes control and determine that criteria above are met; **AND**
- Member and/or family member has participated in age-appropriate diabetes education, training, and support prior to beginning CGM. Member must be seen at least every six (6) months following the initial prescription of the continuous glucose monitoring (CGM), by the CGM prescriber to assess adherence to their CGM regimen and diabetes treatment plan; **AND**
- Member must receive ongoing instruction and regular evaluation of technique, results, and their ability to use data from self-monitoring of blood glucose to adjust therapy; **AND**
- CGM must be used as close to daily as possible for maximal benefit. Documentation (i.e. trend graphs or CGM reports) must be in the member's prescriber records demonstrating the member's daily use of the CGM; **AND**
- Member must continue to meet the initial criteria above in order to be approved for continued use of CGM.
  - Children ages 2 and up will be approved for the Dexcom®
  - Children ages 4 and up will be approved for Freestyle Libre®

1. https://oklahoma.gov/ohca/providers/types/pharmacy/diabetic-supplies-for-pharmacy.html
2. https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/pharmacy/forms/07.2023%20-%20PHARM%20-%20139.pdf

Tennessee Medicaid; TennCare

Effective July 2023

CGM is covered as a pharmacy benefit by TennCare. Coverage criteria:

- Patient has Diagnosis of Type 1 Diabetes Mellitus **OR** Diagnosis of Type 2 Diabetes Mellitus; **AND**
- Patient meets at least one of the following:
  - Documented HbA1C ≥7% measured within 6 months of PA request (e.g., submission of chart notes or lab data)
  - Documented frequent hypoglycemia or nocturnal hypoglycemia episodes with blood glucose < 50 mg/dL
  - Documented history of hypoglycemic unawareness
  - Dawn phenomenon with fasting blood sugars frequently exceeding 200mg/dL
  - History of emergency room visit or hospitalization related to ketoacidosis or hypoglycemia; OR
  - Diagnosis of Gestational Diabetes Mellitus with suboptimal glycemic control that is likely to cause risk or harm to the mother/fetus; **AND**
- Prescribed by or in consultation with an endocrinologist or healthcare practitioner with experience in diabetes management; **AND**
- Patient requires frequent use of insulin (≥ 3 times per day) or is currently on an insulin pump

Optum is TennCare's PBM: https://www.optumrx.com/oe_tenncare/landing - > TennCare Criteria PDL: https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/preferred-drug-list/Criteria%20PDL.pdf

Missouri HealthNet
Updated June 15, 2023

COVERAGE CRITERIA:

- Participant requires any insulin administration **OR**
- Participant has a history of hypoglycemia, a hypoglycemic event, or a comorbidity that poses an unusual challenge with concomitant hypoglycemia or hyperglycemia (e.g., uncontrolled epilepsy)
- Participant is visually impaired

1. https://dss.mo.gov/mhd/cs/pharmacy/pdf/cgm-clinical-edit.pdf

Michigan Department of Health and Human Services – *Effective June 1, 2023*

Personal use CGMS are covered for beneficiaries with diabetes when all the following are met:

- An endocrinologist; **or**
- A physician or non-physician practitioner (nurse practitioner, physician assistant or clinical nurse specialist) who is managing the beneficiary's diabetes.
- The beneficiary has diabetes requiring the administering of insulin or is currently using an insulin pump.
- The beneficiary or their caregiver is educated on the use of the device and is willing and able to use the CGMS.
- Prior authorization is not required for the following if standards of coverage and documentation requirements are met:
  - Type I diabetes
  - Diabetes in pregnancy, childbirth, and the puerperium period (insulin or non-insulin treated)
  - Prior authorization is required for all other conditions and clinical scenarios where use of CGMS may be beneficial, including but not limited to Type II diabetes

1. https://content.govdelivery.com/attachments/MIDHHS/2023/05/01/file_attachments/2484068/Final%20Bulletin%20MMP%2023-31-CGM.pdf

Utah Department of Health
Updated May 1 2023

Utah Medicaid added CGM to its PDL with a PA and the following criteria:

- Diagnosis of Type 1, Type 2 or Gestational Diabetes; **AND**
- Patient and/or care giver adheres to a comprehensive diabetes treatment plan supervised by the treating provider, and is capable of recognizing and responding to the alarms and alerts of the device; **AND**
- Provider attests to the patient and/or care giver having appropriate ongoing counseling and training for CGM use.

Additional criteria for Type 2 or Gestational Diabetes or Other Diabetes (All the following criteria must be met):

- Patient has been adherent to blood glucose testing.
- One of the following applies:
  - Patient's insulin regimen requires frequent adjustment based on BGM or CGM testing results.
  - Patient has hypoglycemia unawareness (onset of neuroglycopenia before the appearance of autonomic warning symptoms or failure to sense a significant fall in blood glucose below normal levels).
  - Patient experiences recurrent episodes of level 2 hypoglycemia (glucose level of less than 54 mg/dl), which are not attributable to a dosing error.
  - A history of one level 3 hypoglycemic event (glucose level less than 54 mg/dl characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.

1. https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Continuous%20Glucose%20%20Monitor%20(CGM).pdf
2. https://medicaid.utah.gov/pharmacy/preferred-drug-list/ Utah PDL

New York State Medicaid – 2017

Moved to Pharmacy Benefit for FFS in January 2019; updated 7/1/2021; updated 4/1/22; ***effective 4/1/2023, all Managed Care pharmacy transitioned to NYRx, including CGM***

NY Medicaid covers CGM as a pharmacy benefit when the following criteria are met:

- Diagnosis of gestational diabetes, **or**
- Diagnosis of type 1 or type 2 diabetes **and**:
  - Ordering provider is enrolled in Medicaid and is an endocrinologist, or provider with experience in diabetes treatment, **and**
  - Member is compliant with regular visits to review CGM data with their provider, **and**
  - Member is on self or care giver administered insulin or an insulin pump, **and**
  - Member or member caregiver can hear and view CGM alerts and respond appropriately.
  - All Medicaid FFS and Managed Care receive pharmacy benefits through NYRx, the NY Medicaid Pharmacy Program. New York is part of the Magellan Diabetic Supply Program (DSP).

NYRx Preferred Diabetic Supply Program: https://newyork.fhsc.com/providers/diabeticsupplies.asp ->
NYRx Preferred Diabetic Supply Program Fact Sheet, with CGM Coverage Criteria: https://newyork.fhsc.com/downloads/providers/NYRx_PDSP_preferred_supply_list.pdf

Connecticut Department of Social Services
Medical Assistance Program
Updated March 1, 2023

CGMs are covered as a pharmacy or medical benefit when:

- Patient is managed by an endocrinologist or clinician with expertise in treating individuals with diabetes: **AND**
- Patient satisfies one or more of the criteria listed below:
  a) Patient is diagnosed with Type 1 Diabetes; **OR**
  b) Patient is diagnosed with Type 2 Diabetes **AND** is treated with insulin **AND** has patterns of hypoglycemia or hyperglycemia; **OR**
  c) Patient is using an insulin pump for insulin delivery; **OR**
  d) Patient has gestational diabetes or is pregnant and a CGM is recommended by the treating provider.

The Pharmacy Continuous Glucose Monitor PA Form lists coverage criteria and is available on the Pharmacy Information webpage of the Connecticut Medical Assistance Program (https://www.ctdssmap.com/CTPortal/Pharmacy-Information) web site.

https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=Pharm_CGM_PA_Form.pdf&URI=Forms/Pharm_CGM_PA_Form.pdf

Husky Health also includes the same criteria in the medical policy published on their provider page:
https://www.huskyhealthct.org/providers/provider_postings/policies_procedures/Continuous_Glucose_Monitors_Policy.pdf

Provider Bulletin 2023-05, January 2023: https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb23_05.pdf&URI=Bulletins/pb23_05.pdf

Indiana Family and Social Services Administration (FSSA)- 2018; ***Updated January 1, 2023***

Continuous glucose monitors on the Preferred Diabetes Supply List are available with no Prior Authorization.

https://www.in.gov/medicaid/providers/files/bulletins/BT2022119.pdf

Ohio Department of Medicaid – 2017
Updated July 1, 2022; implemented Uniform PDL Oct 2022

- Continuous Glucose Monitoring (CGM) is covered as a pharmacy benefit and does not require prior authorization

- As noted on the Preferred Diabetic Supply List, the following practice standards warrant CGM usage:
  - Must have had appointment with provider within past 6 months **AND**
    - Diagnosis of type 1 diabetes **OR**
    - Diagnosis of type 2 diabetes and require insulin dose adjustment within the last 12 months, or have significant inability to adequately monitor blood glucose via fingerstick, or not require prandial insulin with A1c >7% **OR**
    - History of significant or recurring hypoglycemia

- Per the contractual agreement between ODM and Managed Care Plans, all Managed Care Plans are required to adhere to ODM's Preferred Diabetic Supply List.

ODM Drug Coverage Information (https://medicaid.ohio.gov/stakeholders-and-partners/phm/drug-coverage) ->
Ohio Medicaid Preferred Diabetic Supply List (https://medicaid.ohio.gov/static/PHM/drug-coverage/OH+August+12%2C+2023+PDSL.pdf)

Rhode Island
Updated September 12, 2022

- Long-term use for the following clinical situations:
  - Type 1 Diabetes with poor control requiring multiple changes in insulin dosing and/or clinical symptoms related to hypo or hyperglycemia.
  - Type 2 Diabetes requiring Insulin administration in addition to other medication and/or despite being compliant with prescribed treatment, have a poorly controlled A1C, unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, or recurrent diabetic ketoacidosis.
  - Gestational Diabetes. Coverage is limited to the duration of pregnancy.

1. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/CGM%20Policy%20Final%20091222.pdf

Wisconsin BadgerCare

Effective January 1, 2022; updated May 2022; ***updated Aug 2022***

PA requests for personal continuous glucose monitoring devices and accessories may be approved for members who meet **ALL** of the following criteria:

1. The member has Type 1 and/or Type 2 diabetes mellitus.
2. The member is 21 years of age or older.
3. The member is insulin-treated with multiple daily administrations of insulin or a continuous subcutaneous insulin infusion pump.
4. The member has the motivation to use a personal continuous glucose monitoring device on a near-daily basis and has the ability and readiness, as assessed by their medical team, to make appropriate adjustments to their treatment regimen from the trending information obtained from the continuous glucose monitoring device.
5. The member is receiving in-depth diabetes education and is in regular close contact with their diabetes management team.

ForwardHealth (WI Medicaid) will consider coverage of a personal continuous glucose monitoring device on a case-by-case basis **for members under 21 years old** who meet the above criteria despite appropriate modifications in insulin regimen. Documentation for members under 21 years old must include an assessment by an endocrinologist or diabetes nurse educator of readiness of the member to use the device on a near-daily basis, as well as clear documentation that the member or their caregiver is compliant with self-monitoring as described above.

https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=16&s=3&c=11&nt= LINK CURRENTLY IS NOT WORKING FOR FORWARD HEALTH

West Virginia Department of Health and Human Resources Bureau for Medical Services

Effective June 28, 2022

- Pediatric patients (<18 years of age) diagnosed with Type 1 Diabetes shall receive a prior authorization with no further restrictions beyond those included in the manufacturer's label.
- All other prior authorization requests for the covered CGMs listed on this document may be approved if the following criteria are met:
  - 1. Patient must be diagnosed with Type I, Type II or Gestational Diabetes; **AND**
  - 2. Patient must meet all age restrictions stated in the manufacturer's label; **AND**
  - 3. This regimen must include multiple daily injections of insulin (requiring at least 3 injections per day) OR the patient is currently using insulin pump therapy.
- Approval Duration: Initial approval will be for 3 months.

1. https://dhhr.wv.gov/bms/BMS%20Pharmacy/Documents/Drug%20PA%20Criteria/Continuous%20Glucose%20Monitors%206.28.2022.pdf

Colorado Department of Health Care Policy & Financing
Effective April 2021; ***updated 2022***

Initial Coverage Criteria:

- The beneficiary has diabetes mellitus; **and**
- The beneficiary is insulin-treated with multiple (three or more) daily administrations of insulin or a subcutaneous insulin infusion (CSII) pump; **and**
- The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; **and**
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or telehealth visit with the beneficiary to evaluate their diabetes control and determines that criteria (1-3) above are met; **and**
- Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person or telehealth visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan; **and**
- Receipt of, or documented plan to receive, diabetes education specific to the use of CGMs; **and**
- Be able to hear and view the CGM alerts and respond accordingly or have a caregiver who is able to do so; **and**
- Providers should verify that the patient meets the manufacturer's recommendations for appropriate age range, testing and calibration requirement, etc. before prescribing the CGM device.
- Or has an otherwise qualifying circumstance or is otherwise deemed medically necessary.

1. https://hcpf.colorado.gov/DMEPOS-manual#Therapeutic%20Continuous%20Glucose%20Monitor%20(CGM)%20Benefit%20Coverage

Alabama Medicaid
Effective Oct 1 2019; ***updated Sept 1 2021***

The use of the CGM device, for children 20 years old and younger with an EPSDT screening and for all ages who are pregnant, is considered medically appropriate if all of the following criteria are met in addition to the documentation requirements.

1. Patient is diagnosed with Type 1 diabetes mellitus; or pregnant female (Type 1 or 2); **and**
2. Patient is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; **and**
3. Patient's insulin treatment regimen requires frequent adjustment by the patient and/or caregiver on the basis of BGM or CGM testing results; **and**
4. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the patient to evaluate their diabetes control (to include HbA1c) and determine that criteria (1-4) above are met; **and**
5. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

Alabama Medicaid Provider Billing Manual, Chapter 14 – DME - https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.4G_Oct2023.aspx ->
CGM Coverage Policy in DME Chapter of Provider Billing Manual: https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.4G_Oct2023/Oct23_14.pdf

Illinois Department of Healthcare and Family Services (HFS) – *Effective 2021*

- Prior authorization is required, ordering provider is an endocrinologist or nurse practitioner/physician assistant working with an endocrinologist (other prescribers must consult with the above), and recipients must meet the following eligibility criteria:
  - Type 1 Diabetes – Patient is <21 years of age **and**:
    - Has been trained on the use of the requested CGM system, **AND**
    - Requires an intensive insulin regimen (2 or more insulin injections per day), or utilizes an insulin pump.
  - Type 1 Diabetes – Patient is > 21 years of age **and**:
    - Has been trained on the use of the requested CGM system, **AND**
    - Requires an intensive insulin regimen (2 or more insulin injections per day), or utilizes an insulin pump, **AND**
    - Has documented failure to achieve glycemic goals.
  - Type 2 Diabetes:
    - Patients all ages receiving intensive insulin therapy and frequently testing blood glucose levels, with any of the following:
      - Hypoglycemic unawareness
      - Recurrent documented hypoglycemia
      - Recurrent nocturnal hypoglycemia
      - Recurrent ketoacidosis
      - Suboptimal glycemic control including wide glycemic swings.
  - Gestational Diabetes
    - Suboptimal glycemic control
  - Cystic Fibrosis-Related Diabetes
    - Suboptimal glycemic control including wide glycemic swings contributing to exacerbations.

1. https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/cgmcriteria2021final.pdf
2. https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/pdl10012023.pdf

MA Medicaid - MassHealth
Effective January 1 2021

MassHealth covers CGM as a pharmacy benefit, and includes CGM on the MassHealth Non-Drug List which is considered part of the Uniform Formulary.

- **Coverage criteria:**
  - Documentation of all of the following is required for a diagnosis of diabetes mellitus:
  - Appropriate diagnosis; **and**
  - Member's treatment regimen includes insulin; **and**
- One of the following:
  - A1c ≥ 7% or that does not meet documented target treatment goal; **or**
  - Frequent hypoglycemia (or nocturnal hypoglycemia); **or**
  - History of hypoglycemic unawareness; **or**
  - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL; **or**
  - History of emergency room visit or hospitalization related to ketoacidosis or hypoglycemia; **or**
  - Use with compatible insulin pump to achieve glycemic control; **or** pregnancy.

MassHealth Non-Drug Product List: https://mhdl.pharmacy.services.conduent.com/MHDL/ and https://mhdl.pharmacy.services.conduent.com/MHDL/pubdownloadpdfwelcome.do?docId=8&fileType=PDF
MassHealth Guidelines for Medical Necessity Determination, 07/22:
https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-diabetes-management-devices-continuous-glucose-monitoring-systems-and-insulin-pumps-0/download

Minnesota Department of Human Services
Effective April 1, 2020

- Minnesota Medicaid does not require a PA for CGM.

https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/diabetic-testing-supplies.jsp

Alaska Medicaid

- CGM is preferred on the PDL.
- There is no prior authorization requirement.
- A Certificate of Medical Necessity is required.

1. https://health.alaska.gov/dhcs/Pages/pdl/default.aspx

Vermont – Department of Vermont Health Access

- Patient has a diagnosis of Diabetes Mellitus **AND**
- Patient age is FDA approved for the requested product **AND**
- One of the following criteria are met:
  - The patient requires treatment with insulin **OR**
  - The patient has a history of problematic hypoglycemia AND medications that could contribute to hypoglycemia (e.g. sulfonureas, meglitinides) have been discontinued AND there is documentation of at least one of the following:
    - Recurrent level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple attempts to adjust medication(s) and/or modify the diabetes treatment plan **OR**
    - A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third party assistance for treatment of hypoglycemia

CGM Coverage Criteria as published 10/06/2023 on the Department of Vermont Health Access PDL & Clinical Criteria website.

Maine Department of Health and Human Services

Continuous Glucose Monitoring Criteria: The patient has a diagnosis of Diabetes Mellitus, AND Practitioner feels the patient has sufficient training to use

- 2 years of age or older for Dexcom G6, ≥ 14 years for Medtronic Guardian, or ≥ 4 years for Freestyle Libre 2.
- At least one of the following is documented:
  - Hypoglycemic unawareness or Treated with insulin (at least 1X day),
  - Has history of problematic hypoglycemia with documentation of at least one recurrent level 2 hypoglycemic events,
  - 1 level 3 hypoglycemic event

04/29/2021 -> Current PDL (http://mainecarepdl.org/pdl) -> MaineCare PDL.xls (http://mainecarepdl.org/sites/default/files/ghs-files/pdl/2021-04-20/pdlmainecriteria-042021.xls)

Washington State Health Care Authority - 2018

- Continuous glucose monitoring is covered for children/adolescents less than 19 years old, adults with Type 1 diabetes, adults with Type 2 diabetes and pregnant women who are:
  - Unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day); **or,**
  - Suffering from one or more severe (blood glucose < 50 mg/dl or symptomatic) episodes of hypoglycemia despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day); **or,**
  - Unable to recognize, or communicate about, symptoms of hypoglycemia.
- Continuous glucose monitoring is covered for pregnant women with any of the following:
  - Type 1 diabetes,
  - Type 2 diabetes,
  - Type 2 diabetes and blood glucose does not remain well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) on diet and/or oral medications during pregnancy and require insulin,
  - Gestational diabetes whose blood glucose is not well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) during pregnancy and require insulin.

1. https://www.hca.wa.gov/assets/program/cgm-final-findings-decision-20180318.pdf

Virginia Department of Medical Assistance Services - 2016

- Type I diabetes, no age limitations, ALL of the following are met:
  - Inadequate glycemic control despite self-monitoring at least 4 x/day, with fasting glucose > 150; **and,**
  - Recurring episodes of severe hypoglycemia <50 mg/dl OR hypoglycemic unawareness; **and,**
  - Insulin injections are required 3 or more times per day or an insulin pump is used for maintenance of blood sugar control Authorization is for purchase of DME.

- Type 2 diabetes, age >16, ALL of the following are met:
  - Inadequate glycemic control despite self-monitoring at least 4 x/day, with fasting glucose >150; **and,**
  - Recurring episodes of severe hypoglycemia <50 mg/dl OR hypoglycemic unawareness; **and,**
  - Insulin injections are required 3 or more times per day or an insulin pump is used for maintenance of blood sugar control.

- Pregnant individuals with Type 1 or Type 2 diabetes who are injecting insulin, ALL of the following are met:
  - Inadequate glycemic control despite self-monitoring at least 4 x/day, with fasting glucose >150; **and**
  - Recurring episodes of severe hypoglycemia <50 mg/dl or hypoglycemic unawareness; **and**
  - Insulin injections are required three (3) or more times per day or an insulin pump is used for maintenance of blood sugar control.

Virginia DMAS DME Provider Manual (https://vamedicaid.dmas.virginia.gov/pdf_chapter/durable-medical-equipment-and-supplies#gsc.tab=0) -> Chapter IV Covered Services & Utilization

Maryland Medical Assistance Program - 2016

- CGM systems will be covered for Medical Assistance participants when prescribed by an endocrinologist and all of the following medical necessity criteria are met:
  - The participant has Type 1 diabetes;
  - The participant requires insulin injections at least 3 times per day or an insulin pump to maintain blood sugar control;
  - The participant (or caregiver if a child) has demonstrated compliance with a physician ordered diabetic treatment plan including regular self-monitoring of blood glucose at least 4 times per day and multiple alterations in insulin administration regimens;
  - The participant (or caregiver if a child) is capable of using long-term CGM system on a near daily basis**; and,**
  - The participant has **one** of the following:
    - Frequent documented severe hypoglycemia (less than 50 mg/dl);
    - Hypoglycemic unawareness that requires assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative actions; **or,**
    - HbA1c levels > = 7.0%

https://mmcp.health.maryland.gov/MCOupdates/Documents/pt_%2008-17.pdf and
Maryland DOH, Division of Community Support Services (https://mmcp.health.maryland.gov/communitysupport/Pages/Home.aspx) ->
Request form for CGM (https://health.maryland.gov/mmcp/communitysupport/Documents/DMS%20DME%20Oxygen/CGM%20Request%20Form.pdf)

Washington DC District of Columbia Medicaid

- Initial requests for *personal long-term use* of continuous interstitial glucose monitoring device (CGM) and CGM supplies may be approved if the following criteria are met:
- A. Individuals greater than or equal to 14 years old with diabetes mellitus (any type) who meet the following criteria:
  - 1. Inadequate glycemic control, demonstrated by HbA1c measurements between 7.0% and 10.0%, despite multiple alterations in self-monitoring and insulin administration regimens to optimize care; **AND**
  - 2. Insulin injections are required multiple times daily or a medically necessary insulin pump is used for maintenance of blood sugar control; **OR**
- B. Individuals, regardless of age, with diabetes mellitus (any type) who meet the following criteria:
  - 1. Recurring episodes of hypoglycemia; **AND**
  - 2. Inadequate glycemic control despite multiple alterations in self-monitoring and insulin administration regimens to optimize care; **AND**
  - 3. Insulin injections are required multiple times daily or a medically necessary insulin pump is used for maintenance of blood sugar control; **or**

  Individuals with type 1 diabetes who are pregnant, during the course of the pregnancy, who meet the following criteria:
  - 1. Inadequate glycemic control, including fasting hyperglycemia or with recurring episodes of hypoglycemia in spite of compliance with multiple alterations in self-monitoring and insulin administration regimens to optimize care; **AND**
  - 2. Insulin injections are required multiple times daily or a medically necessary insulin pump is used for maintenance of blood sugar control; **AND**
  - 3. Multiple blood glucose tests are required daily.

Provider Page, Diabetic Supplies Program for District of Columbia: https://client.formularynavigator.com/Search.aspx?siteCode=1414946905

Florida

- Florida Medicaid does not currently have published coverage policy for CGM.

Arizona

- Arizona Health Care Cost Containment System (AHCCCS) does not currently have published coverage policy for CGM.

1. https://www.azahcccs.gov/Resources/GuidesManualsPolicies/pharmacyupdates.html

New Jersey

- New Jersey Medicaid does not currently have published CGM coverage criteria.

New Mexico

- New Mexico Medicaid does not publish policies, including CGM coverage criteria.

Hawaii

- Hawaii Medicaid does not currently have published CGM coverage criteria.

Puerto Rico

- TBD…