

Qualifying Criteria for Personal CGM for People with Type 1 Diabetes

State	Key Qualifying Criteria for Adults	Key Qualifying Criteria for Children (if different)
Alabama	Personal CGM is not covered for adults.	Children under the age of 21 must meet the following criteria: <ol style="list-style-type: none"> a. Documentation of at least one of the following: <ol style="list-style-type: none"> i. Unexplained hypoglycemic episodes OR ii. Hypoglycemic unawareness OR iii. Suspected postprandial hyperglycemia OR iv. Recurrent diabetic ketoacidosis b. AND documentation of at least one of the following: <ol style="list-style-type: none"> i. Two elevated glycosylated hemoglobin levels (HbA1c > 7.0%) within a 120-day time span, while on multiple daily injections of insulin. OR ii. History of severe glycemic excursions (commonly associated with brittle diabetes, hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity and/or very low insulin requirements). OR iii. Widely fluctuating blood glucose levels before mealtime (i.e. pre-prandial blood

		<p>glucose level consistently exceeds 140 mg/dL). OR</p> <p>iv. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL</p>
Alaska	<p>Personal CGM is covered for individuals with type 1 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
California	<p>CGM is not covered for adult Medicaid recipients.</p>	<p>The child must have at least one of the following documented medical criteria:</p> <ul style="list-style-type: none"> a. History of hypoglycemia (blood glucose <65 mg/dl for children under 8 years old and b. <55 for all other clients), including recurrent hypoglycemia or nocturnal hypoglycemia, as documented in a SCC physician report. c. History of hyperglycemia due to client/caretaker fear of hypoglycemia, as documented in a SCC physician report. d. Hypoglycemic unawareness as documented in a SCC physician report.
Connecticut	<p>The individual has at least one of the following:</p> <ul style="list-style-type: none"> a. Hypoglycemia unawareness b. Recurrent hypoglycemia c. Recurrent nocturnal hypoglycemia d. Suboptimal glycemic control 	
Florida	<p>Personal CGM is not covered for adult Medicaid recipients.</p>	<p>Personal CGM is covered for children with type 1 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>

<p>Georgia</p>	<p>Personal CGM is not covered for adult Medicaid recipients.</p>	<p>The individual (<21 years old) must have at least one of the following:</p> <ul style="list-style-type: none"> a. Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl) b. Hypoglycemic unawareness: individual is not aware of symptom but it may be witnessed c. by others d. Poor glycemic control despite at least 4 finger-sticks per day e. Hypoglycemia overnight f. Recurring diabetic ketoacidosis (DKA) g. Specific indications will be considered on a case by case basis when appropriate. h. Insulin pump usage with poor control i. Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for insulin dependent diabetic under 21
<p>Idaho</p>	<p>Dexcom G5 & G6 are covered for people 2 years and older; Abbott FreeStyle Libre is covered for people 18 years and older.</p> <p>For non-therapeutic CGM (i.e., still using a fingerstick to confirm glucose levels before dosing insulin), the individual must have one or more of the following:</p> <ul style="list-style-type: none"> a. Dawn phenomenon, known or suspected b. Hypoglycemia (<60mg/dl) unawareness c. Nocturnal hypoglycemia, known or suspected d. Postprandial hyperglycemia (>180), known or suspected. e. Significant change to diabetes treatment regimen (e.g., initiation of insulin, change from multiple-dose insulin to insulin pump therapy) f. Unexplained hyperglycemia. 	

	<p>Therapeutic CGM (i.e., CGM replaces finger sticks) is covered as long as the individual meets the following:</p> <ul style="list-style-type: none"> a. The participant has been using a blood glucose monitor and performing frequent (four or more times a day) testing b. The participant is insulin-treated with multiple (three or more) daily injections of insulin or a continuous subcutaneous insulin infusion pump c. The participant’s insulin treatment regimen requires frequent adjustment by the participant on the basis of blood glucose monitor or continuous glucose monitor testing results 	
Illinois	<p>Individual is >21 years of age and:</p> <ul style="list-style-type: none"> a. Has been trained on the use of the requested CGM system, AND b. Requires an intensive insulin regimen (2 or more insulin injections per day), or utilizes an insulin pump, AND c. Has documented failure to achieve glycemic goals. 	<p>Individual is <21 years of age and:</p> <ul style="list-style-type: none"> a. Has been trained on the use of the requested CGM system, AND b. Requires an intensive insulin regimen (2 or more insulin injections per day), or utilizes an insulin pump.
Indiana	<p>The individual must have one of the following:</p> <ul style="list-style-type: none"> a. Suboptimal glycemic control despite compliance with multiple daily injections of insulin b. (minimum of 3 injections per day); Documented frequency of standard self-monitoring of blood glucose (minimum of four times per day); Evidence of insulin-induced hypoglycemia (<50 mg/dL) occurring multiple times per week c. History of hypoglycemic unawareness resulting in loss of consciousness, seizure, or need for emergency health services d. An insulin pump used for maintenance of blood sugar control. 	
Iowa	<p>For long-term CGM, the individual must meet at least one of the following:</p>	

	<ul style="list-style-type: none"> a. Hypoglycemic unawareness – the individual is not aware of symptoms of hypoglycemia, but it may be witnessed by others. b. Recurrent episodes of at least moderately severe hypoglycemia (<60 mg/dl) c. Nocturnal hypoglycemia d. A1C levels remain above 7.0% e. Refractory postprandial hyperglycemia f. Recurring diabetic ketoacidosis 	
Kentucky	<p>Personal CGM is covered for individuals with type 1 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
Louisiana	<p>Short-term CGM is not approved.</p> <p>For long-term CGM, the individual must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Recurrent, unexplained, severe hypoglycemia (<50 mg/dl), or impaired hypoglycemia awareness that puts the recipient at risk. b. Pregnant recipient with recurrent, unexplained hypoglycemic episodes, hypoglycemic unawareness or postprandial hyperglycemia, or recurrent diabetic ketoacidosis. 	
Maine	<p>The individual (≥18 years old) must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Failure of 3-7-day diagnostic CGM to reconcile hypoglycemia and subsequent treatment plan change b. Two or more episodes of severe hypoglycemia per week (<55 mg/dl) persisting despite therapy changes over at least the two months preceding in the request 	<p>The child (<18 years old) must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Hypoglycemia unawareness – hypoglycemia requiring assistance from an adult and/or glucagon injection or visit to ER at least twice within the last year b. Under six years of age or determined not competent to request assistance due to functional status specifically documented in medical records c. Nocturnal hypoglycemia (<65 mg/dl for children under 8 years of age and <55 mg/dl for all

		<p>others) refractory to insulin dose changes at least 3 episodes documented in the last 3 months</p> <p>d. A1C <7.5</p>
Maryland	<p>The individual must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Frequent documented severe hypoglycemia (<50 mg/dl) b. Hypoglycemic unawareness that requires assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative actions c. The participant has A1C levels $\geq 7.0\%$ 	
Massachusetts	<p>For short-term CGM (≤ 7 days), the individual (≥ 18 years old) must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Discordance between A1C and blood glucose levels b. Hypoglycemic unawareness c. Postprandial hyperglycemia d. Pregnancy with poorly controlled type 1 diabetes e. Recurrent diabetic ketoacidosis f. Recurrent episodes of severe hypoglycemia (<50mg/dl) despite appropriate modifications in medication regime <p>Long-term CGM is covered if the member is still experiencing or remains at risk for one of the following conditions:</p> <ul style="list-style-type: none"> a. Discordance between A1C and blood glucose levels b. Hypoglycemic unawareness c. Pregnancy with poorly controlled type 1 diabetes d. Recurrent diabetic ketoacidosis e. Recurrent episodes of severe hypoglycemia (<50mg/dl) despite appropriate modifications in medication regime f. Suspected postprandial hyperglycemia 	<p>For short-term CGM (≤ 7 days), the child (2-17 years old) must meet either of the following:</p> <ul style="list-style-type: none"> a. A1C levels below 7.0% and CGM is medically necessary to limit the risk of hypoglycemia b. A1C levels greater than 7.0% <p>Long-term CGM if covered if the member is still experiencing or remains at risk for one of the following:</p> <ul style="list-style-type: none"> a. Discordance between A1C and blood glucose levels b. Hypoglycemic unawareness c. Pregnancy with poorly controlled type 1 diabetes d. Recurrent diabetic ketoacidosis e. Recurrent episodes of severe hypoglycemia (<50mg/dl) despite appropriate modifications in medication regime f. Suspected postprandial hyperglycemia

Michigan	<p>The individual must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Is unable to consistently and reliably identify hypoglycemic events (hypoglycemic unawareness) b. A recent history of hospitalization or emergency room visits for seizures or other conditions attributed to a hypoglycemic event c. Coexistent morbidity that poses an unusual challenge with concomitant hypoglycemia (e.g., uncontrolled epilepsy) d. The presence of microvascular complication (e.g., vasculopathy, retinopathy) e. Ketoacidosis or uncontrolled glucose 	
Minnesota	<p>Personal CGM is covered for individuals with type 1 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
Mississippi	<p>The individual must meet the following criteria:</p> <ul style="list-style-type: none"> a. Unexplained hypoglycemic episodes b. Nocturnal hypoglycemic episode(s) c. Hypoglycemic unawareness and/or frequent hypoglycemic episodes leading to impairments in activities of daily living d. Suspected postprandial hyperglycemia e. Recurrent diabetic ketoacidosis; OR f. Unable to achieve optimum glycemic control as defined by the most recently by the American Diabetes Association (ADA) 	
New Hampshire	<p>For short-term CGM (≤ 7 days), the individual (≥ 18 years old) must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Discordance between A1C and blood glucose levels b. Hypoglycemic unawareness c. Postprandial hyperglycemia 	<p>For short-term CGM (≤ 7 days), The child (2-17 years old) must meet either of the following:</p> <ul style="list-style-type: none"> a. A1C levels below 7.0% and the CGM device is medically necessary to limit the risk of hypoglycemia b. A1C levels greater than 7.0%

	<ul style="list-style-type: none"> d. Pregnancy with poorly controlled type 1 diabetes e. Recurrent diabetic ketoacidosis f. Recurrent episodes of severe hypoglycemia (<50mg/dl) despite appropriate modifications in medication regime <p>Long-term CGM if covered if the member is still experiencing or remains at risk for one of the following conditions:</p> <ul style="list-style-type: none"> a. Discordance between A1C and blood glucose levels b. Hypoglycemic unawareness c. Pregnancy with poorly controlled type 1 diabetes d. Recurrent diabetic ketoacidosis e. Recurrent episodes of severe hypoglycemia (<50mg/dl) despite appropriate modifications in medication regime f. Suspected postprandial hyperglycemia 	<p>Long-term CGM if covered if the member is still experiencing or remains at risk for one of the following conditions:</p> <ul style="list-style-type: none"> a. Discordance between A1C and blood glucose levels with A1C level above or below 7.0% b. Hypoglycemic unawareness c. Pregnancy with poorly controlled type 1 diabetes d. Recurrent diabetic ketoacidosis e. Recurrent episodes of severe hypoglycemia (i.e., less than 50mg/dl) despite appropriate modifications in medication regime a. f. Suspected postprandial hyperglycemia
New Mexico	<p>Personal CGM is covered for individuals with type 1 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
New York	<p>The individual must:</p> <ul style="list-style-type: none"> a. Be under the care of the endocrinologist who orders the device; and, b. Currently be performing at least four finger stick glucose tests daily; and, c. Be on an insulin treatment plan that requires frequent adjustment of d. insulin dosing; and, e. Be able, or have a caregiver who is able, to hear and view CGM alerts f. and respond appropriately. 	
North Carolina	<p>The individual must meet either one of the following:</p> <ul style="list-style-type: none"> a. Has documentation of recurrent unexplained severe hypoglycemic 	

	<p>episodes, fasting hyperglycemia, nocturnal hypoglycemic episodes, or hypoglycemic unawareness</p> <p>b. Has an external insulin pump which communicates with a CGM</p>	
Ohio	<p>The individual meets one of the following:</p> <p>a. HgA1C greater than or equal to 7% despite diligent adjustments to therapy based on previous short-term CGMS and self-monitoring</p> <p>b. History of recurrent hypoglycemia (<55 mg/dL) or hypoglycemic unawareness despite diligent adjustments to therapy based on previous short-term CGMS and self-monitoring</p> <p>c. The patient is pregnant with poorly controlled diabetes; poorly controlled is defined as unexplained Agents for Tardive Dyskinesia hypoglycemic episodes, hypoglycemic unawareness, suspected post-prandial hyperglycemia, or recurrent diabetic ketoacidosis</p>	
Oregon	<p>The individual must have a baseline A1C \geq 8.0%, frequent or severe hypoglycemia, or impaired awareness of hypoglycemia</p>	<p>Real-time CGM is covered for children and adolescents under age 21 with type 1 diabetes who have received or will receive diabetes education specific to the use of CGM and who have used the device for at least 50% of the time at their first follow-up visit.</p>
Rhode Island	<p>The individual must have hypoglycemia unawareness characterized by one of the following:</p> <p>a. History of recurrent, severe bouts of hypoglycemia defined as a disabling episode requiring assistance of another individual to manage OR</p> <p>ii. Recurrent episodes of severe hypoglycemia defined as a glucose level of 50 mg/dl</p>	

South Carolina	<p>At least one of the following criteria must be met:</p> <ul style="list-style-type: none"> a. Unexplained hypoglycemic episodes b. Nocturnal hypoglycemic episodes c. Hypoglycemic unawareness and/or frequent hypoglycemic episodes leading to impairment in activities of daily living d. A1C $\geq 9\%$ with demonstrated compliance with insulin regimen and blood glucose monitoring at least 4x/day 	
South Dakota	<p>Short-term CGM (≤ 3 days) is covered.</p> <p>For long-term CGM, the individual must meet both of the following:</p> <ul style="list-style-type: none"> a. A history of documented hypoglycemic unawareness, recurrent nocturnal hypoglycemia, recurrent diabetic ketoacidosis, or recurrent episodes of hypoglycemia b. Documentation of poorly controlled diabetes despite compliance and persistent A1C $> 7.5\%$, (above goal with inconsistent blood glucose pattern and wide fluctuations in blood glucose results refractory to multiple treatment regimen adjustments), and with cardiovascular, neurologic, or metabolic comorbidities and microvascular or macrovascular diabetic complications in adult recipients. 	
Tennessee	<p>Personal CGM is covered for individuals with type 1 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
Texas	<p>The individual must have at least one of the following:</p> <ul style="list-style-type: none"> a. Frequent unexplained hypoglycemic episodes b. Unexplained large fluctuations in daily, preprandial blood glucose 	

	<p>c. Episodes of ketoacidosis or hospitalization for uncontrolled glucose</p>	
Vermont	<p>For long-term CGM, the individual (≥ 21 years) must have completed a 7-day trial of CGM and meet at least one of the following:</p> <ul style="list-style-type: none"> a. CGM is used to detect daily trends in glucose levels to optimize blood glucose control in order to reduce serious hypoglycemic and hyperglycemic events b. Documented hypoglycemic unawareness c. High risk pregnancy treated with insulin with poor glycemic control d. Insulinoma inoperable or not cured by surgery with frequent and unpredictable severe hypoglycemic episodes 	<p>For long-term CGM, the individual (< 21 years) must have completed a 7-day trial of CGM and meet at least one of the following:</p> <ul style="list-style-type: none"> a. The CGM is used to detect daily trends in glucose levels to optimize blood glucose control in order to reduce serious hypoglycemic and hyperglycemic events b. Documented hypoglycemic unawareness c. High risk pregnancy treated with insulin with poor glycemic control d. Insulinoma inoperable or not cured by surgery with frequent and unpredictable severe hypoglycemic episodes
Virginia	<p>The individual must have all of the following:</p> <ul style="list-style-type: none"> a. Inadequate glycemic control with fasting glucose > 150 mg/dl b. Recurring episodes of severe hypoglycemia (< 50 mg/dl) or hypoglycemia unawareness c. Insulin injections at least 3 times per day or an insulin pump 	
Washington	<p>The individual must meet at least one of the following:</p> <ul style="list-style-type: none"> a. Unable to achieve target A1C despite adherence to an appropriate glycemic management plan b. Suffering from one or more severe episodes of hypoglycemia (< 50 mg/dl or symptomatic) despite adherence to an appropriate glycemic management plan c. Unable to recognize or communicate about symptoms of hypoglycemia <p>CGM is covered for all pregnant women with type 1.</p>	

<p>West Virginia</p>	<p>The individual must have at least one of the following:</p> <ul style="list-style-type: none"> a. Documented history of recurring hypoglycemia; OR b. Wide fluctuations in pre-meal blood glucose, history of severe glycemic excursions; OR c. Experiencing “Dawn” phenomenon with fasting blood glucose exceeding 200 mg/dL; OR d. individual is currently using insulin pump therapy while continuing to need frequent dosage adjustments or experiencing recurring episodes of severe hypoglycemia (50 mg/dL). 	
<p>Wisconsin</p>	<p>The individual (≥ 25 years old) must have successfully completed a 72-hour trial using professional CGM that was found to be clinically meaningful, and meet one of the following:</p> <ul style="list-style-type: none"> a. There is documentation available supporting hypoglycemic unawareness (which may include nocturnal asymptomatic hypoglycemia) with recurrent, ongoing hypoglycemia (<50 mg/dl) or a significant risk for hypoglycemia (i.e., $A1C \leq 7.0$ or another predisposing condition/comorbidity) b. The member has not been able to achieve optimal glycemic control as defined by the treating endocrinologist 	
<p>Wyoming</p>	<p>Continuous glucose monitoring systems are covered for adults with type 1 diabetes who have not achieved adequate glycemic control despite frequent self-monitoring of fingerstick blood glucose levels, especially people with hypoglycemia unawareness.</p>	