

Qualifying Criteria for Personal CGM for People with Type 2 Diabetes

State	Key Qualifying Criteria for Adults	Key Qualifying Criteria for Children (if different)
Alaska	<p>Personal CGM is covered for individuals with type 2 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
Connecticut	<p>Coverage of CGM is evaluated on a case-by-case basis when there is documented evidence of any one of the following:</p> <ol style="list-style-type: none"> a. Hypoglycemia unawareness b. Recurrent hypoglycemia c. Recurrent nocturnal hypoglycemia d. Suboptimal glycemic control 	
Idaho	<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>The individual must meet the following:</p> <ol 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>Individuals all ages receiving intensive insulin therapy and frequently testing blood glucose levels, with any of the following:</p> <ol style="list-style-type: none"> a. Hypoglycemic unawareness b. Recurrent documented hypoglycemia c. Recurrent nocturnal hypoglycemia d. Recurrent ketoacidosis e. Suboptimal glycemic control including wide glycemic swings. 	

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 use, the individual must use insulin at least 3 times per day and meet at least one of the following:</p> <ul style="list-style-type: none"> a. Hypoglycemic unawareness b. Recurrent episodes of at least moderately severe hypoglycemia with a blood glucose <60 mg/dl 	
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 (<55 mg/dl) per week persisting despite therapy changes over at least the two months preceding in the request 	<p>CGM is not covered for children under 18 years old who have type 2 diabetes.</p>
Massachusetts	<p>For short-term CGM (≤ 3 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. Recurrent diabetic ketoacidosis e. Recurrent episodes of severe hypoglycemia (<50mg/dl) despite 	<p>For short-term CGM (≤ 3 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%

	<p>appropriate modifications in medication regime</p> <p>Long-term CGM is not covered for people with type 2 diabetes.</p>	<p>Long-term CGM is not covered for people with type 2 diabetes.</p>
Minnesota	<p>Personal CGM is covered for individuals with type 2 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 Mexico	<p>Personal CGM is covered for individuals with type 2 diabetes, but exact policy information is not available online. Please contact your healthcare provider or the State Department of Health for coverage details.</p>	
Ohio	<p>The individual meets one of the following:</p> <ol style="list-style-type: none"> a. HgA1C greater than or equal to 7% despite diligent adjustments to therapy based on previous short-term CGMS and self-monitoring 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 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 	
Virginia	<p>The individual (≥16 years old) must have all of the following:</p> <ol 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 	

<p>Washington</p>	<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 (intensive insulin therapy; testing blood glucose 4 or more times per day) b. Suffering from one or more severe episodes of hypoglycemia (< 50 mg/dl or symptomatic) despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day) c. Unable to recognize, or communicate about, symptoms of hypoglycemia. <p>If pregnant, the individual must have been on insulin prior to pregnancy or have trouble controlling A1C during pregnancy and require insulin.</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). 	