**Standards of Coverage**

~~A p~~Personal use CGMS ~~and supplies~~ are covered for ~~persons~~ beneficiaries with ~~Type I~~ diabetes when all the following are met:

* The beneficiary is under the care of one of the following:
	+ 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 provider must provide documentation that the beneficiary completed a Medicaid-covered diabetes self-management education [DSME] training within one year prior to the written order);
* The beneficiary has ~~Type I~~ diabetes requiring the administering of insulin ~~three or more times per day~~ or is currently using an insulin pump.~~, and at least one of the following:~~
	+ ~~Is unable to consistently and reliably identify hypoglycemic events (e.g., hypoglycemic unawareness);~~
	+ ~~A recent history of hospitalization or emergency room visits for seizures or other conditions attributed to a hypoglycemic event;~~
	+ ~~Coexistent morbidity that poses an unusual challenge with concomitant hypoglycemia (e.g., uncontrolled epilepsy);~~
	+ ~~The presence of microvascular complication (e.g., vasculopathy, retinopathy); or~~
	+ ~~Ketoacidosis or uncontrolled glucose.~~

~~At least one of the above conditions must be documented (e.g., hypoglycemic unawareness).~~

* The beneficiary’s treatment plan recommends testing blood glucose a minimum of ~~four~~ two times per day;
* ~~The beneficiary has poor diabetic control despite attempts to maximally optimize care (e.g., compliance) with hypoglycemic unawareness, seizures, unexplained hypoglycemic episodes, recurrent ketoacidosis, and/or HbA1c not in an acceptable range;~~
* ~~The beneficiary’s current treatment plan requires frequent adjustments to insulin dosage throughout the day;~~
* ~~The endocrinologist/physician/non-physician practitioner documents beneficiary compliance with their treatment plan; and~~
* The beneficiary or ~~his/her~~ their caregiver is educated on the use of the device and is willing and able to use the CGMS.

**Documentation**

Documentation must be less than 90 days old and include all the following:

* A written order by the treating physician/non-physician practitioner;
* Diagnosis related to the need for the CGMS;
* Length of need;
* Number of finger-stick tests ~~beneficiary performs~~ prescribed per day;
* Frequency of insulin administered per day or indicate if the beneficiary is using an insulin pump;
* Records of hypoglycemic events, HbA1c levels, uncontrolled ketoacidosis, hypoglycemic events, coexistent morbidity having occurred with hypoglycemia or the presence of a microvascular complication(s), as applicable;
* Current treatment plan and beneficiary’s compliance with the plan; and
* Documentation of beneficiary completion of a Medicaid-covered certified DSME training program (if provider other than an endocrinologist is treating the beneficiary’s diabetes). The DSME training program must have been completed within one year prior to the written order for the CGMS and include education on the use of CGMS (refer to the Hospital Chapter in this manual for additional information).

The initial order must be written for six months. If the beneficiary continues to ~~be~~

~~compliant with use of~~ utilize the CGMS ~~and treatment plan~~, the practitioner may write an order for an additional six months. After the first year, an order(s) for replacement sensors, transmitters and ~~receivers~~ other separately billed supplies used with the CGMS (following frequency rules) may be written for a 12-month period.

**Note:** Children’s Special Heath Care Services (CSHCS) beneficiaries require a

prescription from a pediatric endocrinologist.

**PA Requirements**

Prior authorization is not required for ~~infants and toddlers (age 5 and under\*)~~ the following if standards of coverage and documentation requirements are met. ~~Prior authorization is required for all other ages and conditions.~~

* 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.

~~\*It is assumed that hypoglycemic unawareness is common within this age group.~~