

Prescription

- Specific Type of Device
- Description of Supplies
- Date of Order
- Physician Signature
- Physician Name Printed or NPI

Initial Coverage

To be eligible for coverage of a CGM and related supplies, the patient must meet all the following initial coverage criteria:

1. The patient has diabetes mellitus; and
2. The patient is being prescribed, to improve glycemic control, meets at least one of the criteria below:
 - a. Patient is on insulin, or
 - b. Patient 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 <54mg/dl (3.0mmol/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 <54mg/dl (3.0mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.

Within six (6) months prior to ordering CGM, the treating physician has an in-person or Medicare approved telehealth visit with the patient to evaluate their diabetes control.

Ongoing Coverage

1. Every six (6) months following the initial prescription of the CGM, the treating practitioner conducts an in-person or Medicare-approved telehealth visit to document adherence to their CGM regimen and diabetes treatment plan.
2. A new SWO/CMN is needed every 12 months.

Disclaimer

This information was prepared as an educational tool and not intended to grant rights or impose obligation. This information is only intended to be a general summary and not intended to take place of written law or regulations.

Current as of April 2023

Scan For CGM Qualification Guidelines

