



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

### Update to the NYS Medicaid Fee-for-Service (FFS) Preferred Diabetic Supply Program

**Effective July 22, 2021**, the NYS Medicaid FFS Preferred Diabetic Supply Program (PDSP) will follow updated criteria for the coverage of Continuous Glucose Monitors (CGM) and disposable insulin pumps to align with the policy update found in the article titled *New York State Medicaid Coverage of Real-Time Continuous Glucose Monitors* found in the [April 2021 Medicaid Update](#). For the list of products available on the PDSP please visit: <https://newyork.fhsc.com/providers/diabeticsupplies.asp>.

Coverage of CGM may be available for members who are diagnosed with type 1 diabetes and meet all the following criteria:

- Member is under the care of an endocrinologist, or an enrolled Medicaid provider with experience in diabetes treatment, who orders the device; and
- Member is currently performing multiple finger-stick glucose tests daily; and
- Member is on an insulin treatment plan that requires frequent adjustment of insulin dosing; and
- For real-time (RT) CGM only: Member is able, or has a caregiver who is able, to hear and view RT-CGM alerts and respond appropriately.

Coverage of disposable insulin pumps (i.e. Omnipod) may be available for members who are diagnosed with diabetes mellitus when ordered by an endocrinologist or a medical practitioner who has experience managing patients on continuous subcutaneous insulin infusion therapy if the following criteria are demonstrated and documented in the clinical records:

- The member has a diagnosis of gestational diabetes, or
- The member has been on a program of multiple daily injections of insulin (i.e., at least 3 injections per day) with frequent self-adjustments of insulin dose for at least 6 months prior to initiation of the insulin pump and has failed to achieve acceptable control of blood sugars that are not explained by poor motivation or compliance, and
  - has one or more of the following criteria while receiving multiple daily injections:
    - HbA1c >7%
    - History of recurring hypoglycemia
    - Wide fluctuations in blood glucose before mealtime (>140mg/dl)
    - Dawn phenomenon in a fasting state (>200mg/dl)
    - History of severe glycemic excursions, and
  - has completed a comprehensive diabetes education program.

If a member does not meet all criteria listed for the requested product, the provider must submit a PA request to the Magellan Clinical Call Center by phone at (877) 309-9493. Members who are currently using CGM or a disposable insulin pump covered under the PDSP will be allowed to continue.

For coverage of devices not on the PDSP list, please refer to the Durable Medical Equipment (DME) Manual found here: <https://www.emedny.org/ProviderManuals/DME/index.aspx>

For questions regarding Medicaid Pharmacy Policy please contact [ppno@health.ny.gov](mailto:ppno@health.ny.gov).