



## Updated Continuous Glucose Monitoring Criteria

Effective October 1, 2023, NYS Medicaid criteria for Continuous Glucose Monitoring (CGM) has changed. The Department has revised the insulin criteria requiring frequent adjustments. The criteria now only specify that members with a diagnosis of type 1 or type 2 diabetes must have an insulin treatment plan or insulin pump. Frequent adjustments are no longer a criterion for CGM. This represents an expansion of NYS Medicaid coverage and alignment with current national coverage standards. Billing for CGM has not changed.

The revised NYS Medicaid CGM policy is as follows:

### Coverage of a CGM is available for:

1. **Members with a diagnosis of gestational diabetes; or**
2. **Members with a diagnosis of type 1 or type 2 diabetes, who meet all the following criteria:**
  - **Are under the care of an endocrinologist, or an enrolled Medicaid provider with experience in diabetes treatment, who orders the device.**
  - **Are compliant with regular visits to review CGM data with their provider.**
  - **Are on an insulin treatment plan or an insulin pump.**
  - **Are able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately**

Billing guidance for DME/supply products can be found at:

[https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_Billing\\_Guidelines.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Billing_Guidelines.pdf)

HCPCS codes and limits can be found here:

<https://www.emedny.org/ProviderManuals/DME/>

For questions on the Preferred Diabetic Supply Program Policy – 518-486-3209 or [nyrx@health.ny.gov](mailto:nyrx@health.ny.gov)

For questions on non-preferred DME and supplies- Bureau of Medical Review, Office of Health Insurance Programs (DME)- (800) 342-3005