

To: All Providers Participating in the Nebraska Medicaid Program
From: Matthew Ahern, Interim Director *MLA*
Date: January 8, 2024
Re: Update to Nebraska Medicaid's Preferred CGM Devices

This provider bulletin is being issued to inform Nebraska Medicaid providers of updates to the coverage of Continuous Glucose Monitoring (CGM) devices for eligible fee-for-service beneficiaries with diabetes mellitus.

Effective February 1, 2024, Nebraska Medicaid's preferred CGM devices are as follows:

- Dexcom G6
- Dexcom G7
- Freestyle Libre 2
- Freestyle Libre 3

Nebraska Medicaid covers CGM devices for Type 1, Type 2, and gestational diabetes mellitus as medically necessary. For more information on medical necessity and prior authorization, please refer to [Provider Bulletin 22-22](#).

If you have questions about this bulletin, please email DHHS.MLTCutilizationmanagement@nebraska.gov.

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