

To: All Providers Participating in the Nebraska Medicaid Program
From: Matthew Ahern, Interim Director *MLA*
Date: July 12, 2024
Re: Update to Continuous Glucose Monitor Policy for Fee-for-Service Members

This provider bulletin is being issued to notify Nebraska Medicaid providers of changes to the coverage of Continuous Glucose Monitoring (CGM) devices for eligible fee-for-service members, **effective August 1, 2024.**

During the 2024 legislative session, [LB857](#) was passed by Governor Pillen. This will change Nebraska Medicaid's coverage of CGM devices for fee-for-service members with diabetes mellitus who meet the criteria for a device.

Coverage Requirements

The continued use of CGM may be considered medically necessary for someone who is being assessed every 6 months by the prescribing healthcare practitioner for adherence to the CGM regimen and diabetes treatment plan. The initial authorization period for therapeutic CGM is 6 months and is then renewed on a yearly basis. Supplies will be provided for 30 days or up to 90 days at a time.

Medicaid fee-for-service members must meet eligibility criteria for the coverage of a long-term CGM for therapeutic purposes. The following criteria are used to determine medical necessity:

- Is insulin-treated, or
- Has a history of problematic hypoglycemia with documentation of at least one of the following:
 - Recurrent (more than one) hypoglycemic events with blood 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
 - A history of one hypoglycemic event with blood glucose <54mg/dL (3.0mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.
- And is being assessed every 6 months by the prescribing healthcare practitioner for adherence to a comprehensive diabetes treatment plan.

The criteria listed above only apply to Nebraska Medicaid fee-for-service members. Providers treating Medicaid members on managed care should refer to that member's health plan guidelines for CGM coverage.

If you have questions regarding this bulletin, please contact Kay DeRossett via email at: Kay.DeRossett@Nebraska.gov.

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