



COVERAGE CRITERIA for CONTINUOUS GLUCOSE MONITORS and SUPPLIES

Therapeutic CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-6) are met:

1. The beneficiary has diabetes mellitus; and,
2. The beneficiary has been using a BGM and performing frequent, four or more times per day, testing; and,
3. The beneficiary is insulin-treated with multiple three or more daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and,
4. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and,
6. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

Please contact Active Medical Customer Service 859-421-1195 or your Sales Representative if you have any questions regarding specific patient qualifications. We will be happy to work with individual Insurers on behalf of your patients. You can learn more about Continuous Glucose Monitoring and Supplies here: <https://med.noridianmedicare.com/documents/2230703/17635061/Continuous+Glucose+Monitors+DCL>

