Title 23: Division of Medicaid

Part 209: Durable Medical Equipment, Medical Appliances and Medical Supplies

Part 209 Chapter 1: Durable Medical Equipment and Medical Appliances

Rule 1.26: Glucose Monitoring Devices

A. The Division of Medicaid defines glucose monitoring devices as durable medical equipment (DME) for home use to measure glucose levels which includes a:

1. Blood glucose monitor (BGM) defined as a portable battery-operated meter used to determine the beneficiary's blood glucose level by exposing a reagent strip to a small blood sample resulting in the strip's colorimetric reaction to glucose concentrations, and

2. Continuous glucose monitoring (CGM) defined as DME used to detect trends and patterns in the beneficiary's glucose levels in the interstitial or intracellular fluid. There are two types of CGMs:

a) An adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions. The glucose levels are recorded by an external recorder that stores the data until it is downloaded for review or sent via a transmitter to an external monitor for beneficiary interaction.

b) A non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results. These readings are intended to take the place of the information obtained from beneficiary self-monitoring of blood glucose via a BGM.

B. The Division of Medicaid covers a BGM for rental up to amount of purchase, or purchase when prior authorized by the Utilization Management and Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity and ordered by a physician when all the following are criteria are met [Refer to Miss. Admin. Code Part 209, Chapter 2: Medical Supplies, Rule 2.2.C.1 for Blood Glucose Monitor (BGM) and Rule 2.2.C.2 for Continuous Glucose Monitor (CGM)]:

1. The beneficiary has one (1) of the following diagnoses:

a) Type I diabetes mellitus,

b) Type II diabetes mellitus, or

1) With a documented history of blood glucose fluctuating outside the normal range as specified by the physician,

2) Requiring oral diabetes medication, and

3) Requiring a prescribed specialized diet.

c) Gestational diabetes mellitus requiring treatment.

2. The medical record contains documentation that the beneficiary or caregiver is able to demonstrate the ability to accurately perform the blood glucose testing and accurately report the results.

3. The blood glucose monitor is specifically designed for home use rather than clinical use.

C. The Division of Medicaid covers a minimally invasive CGM for rental up to amount of purchase, or purchase when indicated, when approved by the Federal Drug Administration (FDA) as a medical device for home use, medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity, ordered by the physician who is actively managing the beneficiary's diabetes and the beneficiary meets all of the criteria outlined in Miss. Admin. Code, Part 225, Rule 4.3.

D. The CGM device must be a Food and Drug Administration (FDA) approved medical device and be capable of accurately measuring and transmitting beneficiary blood data. Refer to Miss. Admin. Code Part 225, Chapter 4: Continuous Glucose Monitoring Services.

Source: 42 U.S.C. §§1395m, 1395x(n); Miss. Code Ann. §§ 43-13-117, 43-13-121, 83-9-353.

History: Revised eff. 10/01/2023; Revised eff. 07/01/2021; Revised eff. 09/01/2018. Revised eff. 07/01/2015; Revised eff. 01/01/2013.