Title 23: Division of Medicaid

Part 225: Telemedicine

Part 225 Chapter 4: Continuous Glucose Monitoring Services

Rule 4.3: Covered Services

A. The Division of Medicaid covers:

1. A continuous glucose monitoring (CGM) service when medically necessary, prior authorized by the UM/QIO, Division of Medicaid or designee, ordered by the physician who is actively managing the beneficiary's diabetes and the beneficiary meets all of the following criteria:

    a) Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined below:

        1) Unexplained hypoglycemic episodes,

        2) Nocturnal hypoglycemic episode(s),

        3) Hypoglycemic unawareness and/or frequent hypoglycemic episodes leading to impairments in activities of daily living,

        4) Suspected postprandial hyperglycemia,

        5) Recurrent diabetic ketoacidosis, or

        6) Unable to achieve optimum glycemic control as defined by the most current version of the American Diabetes Association (ADA).

    b) Be able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately.

    c) Has documented self-monitoring of blood glucose at least four (4) times per day.

    d) Requires insulin injections three (3) or more times per day or requires the use of an insulin pump for maintenance of blood glucose control.

    e) Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,

    f) Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,

g) Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

2. CGM service only when the blood glucose data is obtained from a Federal Drug Administration (FDA) approved durable medical equipment (DME) medical device for home use.

B. The Division of Medicaid does not require the provider to have a face-to-face office visit with the beneficiary to download, review and interpret the blood glucose data.

Source: 42 U.S.C. § 1395x(n); Miss. Code Ann. § 43-13-121.

History: Revised eff. 10/01/2023; Revised eff. 07/01/2021; New eff. 07/01/2015.

Rule 4.6: Documentation

Continuous glucose monitoring (CGM) service documentation must include, but is not limited to:

A. The beneficiary and/or care giver is capable of operating the continuous glucose monitoring system,

B. The beneficiary:

1. Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined in Miss. Admin. Code Part 225, Rule 4.3.A.1.a),

2. Requires three (3) insulin injections per day, or use of an insulin pump, for maintenance of blood glucose control,

3. Requires regular self-monitoring of at least four (4) times a day,

4. Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,

5. Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,

6. Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

C. The CGM is a Food and Drug Administration (FDA) approved medical device and is capable of accurately measuring and transmitting beneficiary blood data.

Source: 42 U.S.C. § 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; New eff. 07/01/2015.