Criteria Checklist
Alabama Medicaid Agency
Continuous Glucose Monitoring
Children under the age of 21 and EPSDT eligible

PREREQUISITE CRITERIA All of the following must be met with supporting documentation*:

- Medicaid eligible EPSDT recipients less than 21 years of age and recipients of all ages with Type I diabetes and pregnant.
- Patient is diagnosed with Type 1 diabetes mellitus
- Patient is insulin-treated with multiple (three or more) daily injections of insulin or a Medicaid-covered continuous subcutaneous insulin infusion (CSII) pump.
- Patient’s insulin treatment regimen requires frequent adjustment by the patient and/or caregiver on the basis of BGM or CGM testing results.
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the patient to evaluate their diabetes control (to include HbA1c) and determined that criteria (1-4) above are met.
- Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the patient to assess adherence to their CGM regimen and diabetes treatment plan.

RECERTIFICATION/RENEWAL:

For patients who have received CGM equipment and supplies through AL Medicaid and are in need of a Prior Authorization Renewal, an updated prescription and an attestation from the patient’s prescribing provider, stating their recommendation for continued CGM therapy, is required. A request for replacement of the Receiver (A9278) will be considered for approval every five years upon review of submitted medical documentation. If a replacement request is submitted within less than five years and the replacement is due to a natural disaster and not the result of misuse, neglect or malicious acts by the user, the request may be considered for approval and payment.

Limitations
Approval will be given for only type I diabetes mellitus diagnosis codes. Please refer to Chapter 14 of Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES
A9276, A9277, A9278

Maximum limits apply to each of the procedure codes indicated above. Requests for replacement of A9278 will be limited to once every five years based on a review of submitted documentation requested.