



Continuous Glucose Monitoring Prior Authorization Criteria

Products: Dexcom and Freestyle Libre

Effective Date: January 1, 2024

Prior Authorization Criteria for Approval

1. The patient has diabetes mellitus
AND
 2. One of the following:
 - a. On insulin therapy or
 - b. If not on insulin, history of problematic hypoglycemia with documentation of one of the following:
 - i. Recurrent (more than one) level 2 hypoglycemic events (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
- ii. A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia

Length of therapy approved: 12 months

References:

[LCD - Glucose Monitors \(L33822\) \(cms.gov\)](#)

[Article - Glucose Monitor - Policy Article \(A52464\) \(cms.gov\)](#)

Approval and Revision History

- November 21st, 2023: Reviewed and approved by the Utilization Management Committee
- October 1st, 2024: Reviewed and approved by the Utilization Management Committee
- February 3rd, 2026: Reviewed and approved by the Utilization Management Committee