

# Continuous Glucose Monitoring Coverage and Prior Authorization Provider Guide

Carolina Complete Health encourages providers to review and share the following information regarding NC Medicaid's coverage of Continuous Glucose Monitoring (CGM) systems. This includes current prior authorization criteria and therapeutic CGM product guidance for patients living with diabetes.

## Therapeutic CGM Coverage Overview

Covered CGM Systems & Supplies (Therapeutic Products Only):

- Dexcom G6 and G7 (Ages 2 and older)
- FreeStyle Libre 2 and 3 (Ages 4 and older)
- FreeStyle Libre 14 Day (Ages 18 and older)

**NOTE:** FreeStyle Libre 14 Day is not a preferred product and may require trial and failure of preferred CGMs along with clinical criteria.

Coverage is available for beneficiaries who:

- Have a diagnosis of insulin-dependent diabetes (E11.xx); **OR**
- Use an external insulin pump; **OR**
- Have a diagnosis of gestational diabetes; **AND**
- Are willing and able (or have a caregiver willing and able) to use the device as prescribed

**NOTE:** Only FDA-approved therapeutic CGMs are covered under outpatient pharmacy benefits. Non-therapeutic systems fall under DME and must meet criteria in Clinical Coverage Policy 5A-3.

**Reference:** Therapeutic Continuous Glucose Monitoring Systems (CGM) and Related Supplies - <https://www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html>

## Criteria

Initial prior authorization: Beneficiary must meet criteria one through three (1- 3) or one and four (1 and 4) or five (5).

1. The beneficiary has a diagnosis of insulin-dependent diabetes; **AND**
2. The beneficiary or caregiver(s) is willing and able to use the therapeutic CGM system as prescribed; **AND**
3. The beneficiary has had a face-to-face encounter with the treating practitioner to evaluate the beneficiary's glycemic control and determine that criteria one through three (1-3) above have been met, within six months of the initial authorization request; **OR**
4. The beneficiary uses an external insulin pump. **OR**
5. The beneficiary has a diagnosis of gestational diabetes.

**NOTE:** Once approved, the initial authorization is valid for 6 months.

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## First Reauthorization – Up to 12 months

**NOTE:** Reauthorization can be approved for up to 12 months with documentation. Required documentation:

- Proper use of the device; **AND**
- Improved glycemic control; **OR**
- Continued use of an insulin pump

## Subsequent Reauthorizations – Up to 12 Months

**Must include:**

- Face-to-face encounter within 3 months of request
- Continued prescribed use
- Maintenance or improvement in glycemic control; **OR**
- Continued use of insulin pump

**NOTE:** Simultaneous use of more than one therapeutic CGM is not allowed

## EPSDT & Provider Guidance

EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) provisions apply for Medicaid members under the age of 21. Coverage may exceed policy limitations when services are medically necessary to correct or improve a health condition.

- EPSDT Provider Page: [EPSDT Program Overview](#)
- NCTracks Billing Guide: [Provider Manuals](#)
- EPSDT: Prior authorization is still required for beneficiaries under the age of 21. However, medical necessity may allow for flexibility in scope or frequency under EPSDT provisions.

## Submitting PA Request

Providers may submit CGM prior authorization requests using:

- CoverMyMeds® platform: <https://www.covermymeds.health/prior-authorization-forms>
- Fax: **1-833-404-2393** using the [CGM Prior Approval Request Form](#)
- Pharmacy PA Call Center: **(833) 585-4309**

PA submission methods and form are available at: <https://network.carolinacompletehealth.com/resources/pharmacy/outpatient-pharmacy-benefit.html>

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## Additional Provider Resources

- [Dexcom Provider Portal](#)
- [FreeStyle Libre Provider Portal](#)
- [Carolina Complete Health – Quality & HEDIS Resources](#)
- [Health & Wellness Topics for Members](#)
- [Centene Health Library – Diabetes](#)

## Support

Please view the Provider section of our website at [network.carolinacompletehealth.com](https://network.carolinacompletehealth.com) for additional tools and resources. You may also contact your [Provider Engagement Administrator](#) directly for support and education.

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