

Continuous Glucose Monitor (CGM) Use Criteria

Created: 4/2025

Revised: 10/2025, 02/2026, 6/2026

Initial Request:

1. Does the member have a diagnosis of Type 1 Diabetes, Type 2 Diabetes (insulin-dependent), or Gestational Diabetes treated with insulin?
 - a. If yes, and member has a diagnosis of Type 1 Diabetes or Gestational Diabetes, go to 2
 - b. If yes member has a diagnosis of Type 2 Diabetes, go to 3
 - c. If no, deny as not meeting criteria
2. Is the member currently on insulin therapy (any regimen)?
 - a. If yes, go to 4
 - b. If no, deny as not meeting criteria
3. Is the member using short-acting insulin injections?
 - a. If yes, go to 4
 - b. If no, deny as not meeting criteria
4. Has the provider attested the member received (or will receive) CGM-specific diabetes education and that CGM data will be integrated into care?
 - a. If yes, go to 5
 - b. If no, deny as not meeting criteria
5. Does documentation show at least one of the following risk/need factors:
 - HbA1c $\geq$ 8.0%, or
 - Frequent/severe hypoglycemia, or
 - Impaired hypoglycemia awareness, or
 - Diabetes-related complications (e.g., neuropathy, retinopathy, nephropathy)
 - a. If yes, approve preferred (Freestyle brand) CGM and supplies for up to 6 months
 - b. If no, deny as not meeting criteria

Renewal Criteria:

1. Do the submitted chart notes and medication fill history support continued use of insulin injections (for Type 1 diabetes) or continued use of short-acting insulin injections (for Type 2 diabetes)?
 - a. If yes, go to 2
 - b. If no, deny as not meeting criteria
2. Has documentation been provided from data tracking software of device supporting member's use of CGM device for at least 50% of the time during the previous 90 days AND prescriber attestation supporting member's use of CGM for at least 50% of the time during the previous renewal period?
 - a. If yes, go to 2
 - b. If no, deny as not meeting criteria
3. Is there evidence that member has ongoing clinical benefit documented (e.g., improved A1c, reduced hypo/hyperglycemia)?
 - a. If yes, go to 3
 - b. If no, deny as not meeting criteria
4. Does provider follow-up confirm ongoing use and benefit?
 - a. If yes, approve for up to 12 months
 - b. If no, deny as not meeting criteria

Rationale: These criteria are intended to align with Oregon Health Authority (OHA) Guideline Note 108 and applicable Oregon Administrative Rules governing Continuous Glucose Monitoring (CGM) coverage. CGM devices are prioritized for members with insulin-treated diabetes who are at increased risk for hypoglycemia, poor glycemic control, or diabetes-related complications and who are expected to clinically benefit from continuous glucose data integration into treatment planning. Criteria require appropriate patient selection, provider oversight, diabetes education, and demonstration of continued clinical benefit and device utilization consistent with OHA coverage expectations.

References:

1. Oregon Health Authority. *Oregon Administrative Rules (OAR) 410-122-0730: Continuous Glucose Monitoring Equipment and Supplies*. Oregon Secretary of State. Updated January 1, 2024. Available at: <https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>. Accessed October 2, 2025.
2. Oregon Health Authority, Health Evidence Review Commission (HERC). *Guideline Note 108: Continuous Glucose Monitoring*. Prioritized List of Health Services. Updated 2024. Available at: <https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments/Prioritized-List-GN-108.docx>. Accessed October 2, 2025.
3. Oregon Health Authority. *Oregon Administrative Rules (OAR) Chapter 410, Division 122: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)*. Oregon Secretary of State. Available at: https://oregon.public.law/rules/oar_chapter_410_division_122. Accessed October 2, 2025.
4. American Diabetes Association. *Standards of Care in Diabetes—2024*. Diabetes Care. 2024;47(Suppl 1):S1-S180. doi:10.2337/dc24-SINT.