



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**DME/DMS Transmittal No. 7**  
**February 17, 2026**

**TO:** Durable Medical Equipment and Supplies Providers (DME/DMS)

**FROM:** Jamie Smith, Director  
 Office of Long Term Services and Supports *Jamie Smith*

**RE:** Updated Coverage of Continuous Glucose Monitoring Systems

**NOTE:** **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

This transmittal updates coverage of continuous glucose monitoring (CGM) systems, effective January 1, 2026. This transmittal supersedes [PT 06-17 Coverage of Continuous Glucose Monitoring Systems](#).

Maryland Medicaid is expanding its coverage of medically necessary CGM systems. This expansion includes participants with Type 1 and Type 2 diabetes who are using insulin, participants with gestational diabetes mellitus, and participants who have problematic hypoglycemic events.

To qualify for a prescribed CGM to improve glycemic control, the participant must meet all the following initial coverage criteria:

- (1) The participant has a diagnosis of diabetes mellitus or gestational diabetes mellitus;
- (2) The participant's treating practitioner has concluded that the participant or participant's caregiver has sufficient training using the CGM prescribed as evidenced by providing a prescription;
- (3) The CGM is prescribed in accordance with its FDA indications for use; and
- (4) The participant meets one of the following medical criteria:
  - (a) The participant is insulin-treated; or
  - (b) The participant has a history of problematic hypoglycemia with documentation of at least one of the following in the Policy Specific Documentation Requirements of the [LCD-related Policy Article \(A52464\)](#):
    - (i) More than one level 2 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple attempts to adjust medication(s) 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 or physical state requiring third-party assistance for treatment of hypoglycemia.

Within six months prior to ordering the CGM, the treating practitioner must evaluate the participant's diabetes control and determine that the above criteria are met.

Telligen, the Department's utilization control agent, is responsible for preauthorizing durable medical equipment requests, including CGM systems. Instructions for submitting requests to Telligen can be found on their [Education and Training page](#).

The Medicaid DME/DMS/Oxygen Approved Items List can be accessed on the Division of Community Support Services [website](#).

For questions regarding this transmittal, please contact Michael A. Robinson, Ed.D. Chief, Division of Community Support Services at 410-767-7283 or michael.robinson1@maryland.gov.