

Continuous Glucose Monitor Coverage Update: Effective November 1, 2025

Health First Colorado (Colorado's Medicaid program) has updated its continuous glucose monitor (CGM) coverage to align with [Medicare's Glucose Monitor policy](#).

Who Can Order or Prescribe a CGM

- Physicians
- Nurse Practitioners
- Physician Assistants
- Clinical Pharmacists

Coverage Criteria (Effective November 1, 2025)

CGMs and related supplies are covered when **all** the following are met:

1. Member has diabetes mellitus
2. Member is insulin-treated with three or more daily insulin administrations, or uses a continuous subcutaneous insulin infusion (CSII) pump
3. Member's insulin regimen requires frequent adjustment based on blood glucose or CGM results
4. Within six months prior to ordering, the treating practitioner completes an in-person or telehealth visit to assess diabetes control and confirm the criteria above
5. Every six months thereafter, the treating practitioner conducts a follow-up visit (in-person or telehealth) to assess adherence and treatment plan
6. Member has received or has a documented plan to receive diabetes education specific to CGM use
7. Member (or caregiver) can see, hear and respond to CGM alerts
8. Member meets manufacturer recommendations (age, calibration, etc.)
9. Provider documents medical necessity as applicable
10. Member has otherwise qualifying circumstances or is otherwise deemed medically necessary.

Prior Authorization Requests (PARs)

- [Submit PARs \(including CGM supplies\) through the Department of Health Care Policy & Financing \(HCPF\) utilization management vendor.](#)
- PAR approvals are valid for six months.
- The [PAR portal](#) will ask about CGM-related diabetes education.

Reauthorization may be approved when:

- The member continues to meet initial criteria (except for the self-monitoring requirement)
- The member has had a follow-up visit (in-person or telehealth) within six months of renewal
- The provider verifies regular use of the device
- The member continues to receive education and evaluation on device use
- The request is otherwise medically necessary

Members who initially qualified using three or more daily insulin doses may remain eligible for reauthorization even if CGM use has reduced insulin needs.

Repairs, Replacements and Upgrades

Repairs and replacements are covered when:

- The CGM was purchased by Health First Colorado or owned by the member/family.
- It is **used exclusively** by the member, **out of warranty**, and **not damaged** due to misuse.

Upgrades may be approved if:

- The device is **no longer functional, obsolete**, or a **different model** is expected to improve outcomes.
- The current device has been in use ≥ 3 years (or less if replacement is medically necessary).

All requests must meet **medical necessity** per **CCR 2505-10 8.076.8**.

Covered CGM Devices and National Drug Code (NDC) Crosswalk

HCPSCS	Modifier	NDC	Product Name	Product Category
A4239	Blank*	08627005303	Dexcom G6 Sensor	Blood Glucose Sensor
A9277	U1	08627001601	Dexcom G6 Transmitter	Blood Glucose Transmitter
E2103	U4	8627009111	Dexcom G6 Receiver	Blood Glucose Receiver
A4239	U3	08627007701	Dexcom G7 Sensor	Blood Glucose Sensor
E2103	Blank*	8627009111	Dexcom G7 Receiver	Blood Glucose Receiver
A9276	U1	17491002296	Eversense E3 Sensor - HLDR	Glucose Sensor, Implant/Dexamet
A9277	Blank*	17491002292	Eversense E3 Smart Transmitter	Blood Glucose Transmitter
A4239	U2	57599000101	FreeStyle Libre 14 Day Sensor	Flash Glucose Sensor
A4239	U1	57599083500	FreeStyle Libre 2 Plus Sensor	Blood Glucose Sensor
A4239	U2	57599080000	FreeStyle Libre 2 Sensor	Flash Glucose Sensor
E2103	U2	57599080300	FreeStyle Libre 2 Reader	Blood Glucose Reader
A4239	U2	57599081800	FreeStyle Libre 3 Sensor	Blood Glucose Sensor
E2103	Blank*	57599082000	FreeStyle Libre 3 Reader	Blood Glucose Reader
A4239	U1	57599084400	FreeStyle Libre 3 Sensor Plus	Blood Glucose Sensor
A4238	Blank*	63000041338	Guardian 4 Glucose Sensor	Blood Glucose Sensor
A4238	Blank*	63000051968	Guardian 4 Glucose Sensor	Blood Glucose Sensor
A9277	U2	63000044515	Guardian 4 Transmitter Kit	Blood Glucose Transmitter
A9277	U2	63000044516	Guardian 4 Transmitter Kit	Blood Glucose Transmitter
A9277	U1	76300000260	Guardian Connect Transmitter	Blood Glucose Transmitter
A9277	U2	43169095568	Guardian Link 3 Transmitter	Blood Glucose Transmitter
A9277	U2	63000031699	Guardian Link 3 Transmitter	Blood Glucose Transmitter
A4238	Blank*	43169070405	Guardian Sensor 3	Blood Glucose Sensor
A4238	Blank*	63000017962	Guardian Sensor 3	Blood Glucose Sensor
A4238	Blank*	63000033698	Guardian Sensor 3	Blood Glucose Sensor
A4238	Blank*	63000035844	Guardian Sensor 3	Blood Glucose Sensor

*In the modifier column, the term "Blank" indicates that no modifier should be submitted with the procedure code and NDC combination.

Billing Notes

- Claims must include the correct HCPSCS code, modifier, and NDC combination. Incorrect submissions will be denied.
- **Omnipod® 5 and DASH®**: Use **procedure code A9274 with modifier U1**.
 - Requires prior authorization
 - Claims must be submitted via the [HCPF Provider Web Portal](#)
 - Claims must include an invoice or manufacturer's suggested retail price (MSRP) attached and the appropriate modifier for pricing

For more information, see the [Health First Colorado Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) webpage](#).