



Glucometers | CGM

Medicare Part B

- Covered as DME & must meet the Part B deductible and then pay the 20% copay
 - Part B annual deductible is \$257 for 2025
 - Must receive from a supplier enrolled in Medicare
 - <https://www.medicare.gov/publications/11022-medicare-coverage-of-diabetes-supplies.pdf>
 - [Durable Medical Equipment Cost Compare | Medicare.gov](#)

La Medicaid

- Preferred products - OneTouch Ultra 2 or Verio Flex; True Metrix or True Metrix Air
- CGM: Dexcom G6 or G7, Freestyle Libre 2, 3, or 14

BCBS commercial

- Preferred products – Contour Next, EZ, USB or Link; TRUE Metrix; DEXCOM, & FRESTYLE
- For \$0 True Metrix call 1-866-788-9618 or \$0 Contour Next call 1-800-401-8440
- Prior Authorization for CGM devices: Resource for CGM devices: [Medical Policy](#)

FMOLHS

- Preferred products – Freestyle Freedom Lite or InsulinX, Precision XTRA, OneTouch Verio,
- Prior Authorization for CMG devices: FREESTYLE Libre 2,3, or 14 or DEXCOM G6 or G7

UHC commercial

- Preferred products - Accu-Chek Guide ME, Contour Next, OneTouch Verio Flex or ULTRA 2
- Prior Authorization for CGM devices: DEXCOM, FREESTYLE LIBRE, & Guardian

Humana MA

- Covered under the DME Medical Benefit & must meet the plan deductible and copays.
- CenterWell is the preferred pharmacy for \$0 cost share once a deductible is met. Preferred products include TRUE METRIX AIR, Accu-Chek Guide or Guide Me
- Preferred CGM devices for those on insulin: DEXCOM G6 or G7, FREESTYLE LIBRE 2,3, or 14

Blue Advantage

- Covered under the DME Medical Benefit & must meet the plan deductible and copays.
- Preferred are Abbott (Precision), LifeScan (OneTouch), or Arkray (Glucocard) products
- Prior Authorization for CGM devices

Wellcare MA

- Covered under the DME Medical Benefit & must meet the plan deductible and copays.
- Preferred are OneTouch Ultra 2, Verio Flex, or Verio Reflect
- Prior Authorization for CGM devices: DEXCOM G6 or G7, FREESTYLE LIBRE 2, 3, or 14



**Health Leaders
Network**