Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Provider alert

Blue Cross commercial and BCN commercial

Category: Authorizations/referrals, Pharmacy

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We're changing how we cover continuous glucose monitor products for commercial members, starting Jan. 1, 2026

Effective Jan. 1, 2026, Blue Cross Blue Shield of Michigan and Blue Care Network are changing how we cover continuous glucose monitor, or CGM, products that members fill at the pharmacy or through a durable medical equipment, or DME, provider.

What's changing?

A member must meet **one** of the following requirements for CGM coverage:

1. Uses insulin.
2. Has a diagnosis of diabetes and history of problematic hypoglycemia (low blood sugar) with at least one of the following:
    a. Recurrent (more than one) level 2 hypoglycemia events (glucose < 54 mg/dL (3.0 mmol/L) that persist despite multiple (more than one) attempts to adjust medication or medications, or modify the diabetes treatment plan.
    b. A history of one level 3 hypoglycemia event (glucose < 54 mg/dL (3.0 mmol/L) characterized by altered mental or physical state requiring third-party assistance for treatment of hypoglycemia.
3. Has a diagnosis of diabetes and is currently pregnant and experiencing post-prandial hyperglycemia (high blood sugar after meals or snacks).

Members prescribed CGM by physicians participating in the Michigan Collaborative for Type 2 Diabetes, known as MCT2D, a Collaborative Quality Initiative or the Provider-Delivered Care Management, or PDCM, program will no longer be exempt from meeting at least one of the requirements listed above.

How will members be affected by this change?

Members who fill CGMs through their pharmacy benefits, at the pharmacy:	• Members with at least one prior insulin pharmacy claim paid within the past 365-day period won't be affected by this change. These members will continue to qualify for CGM coverage at the pharmacy without prior authorization. • Members with prior authorizations for CGMs approved before Jan. 1, 2026, won't be affected by this change until their authorizations are termed. For these members, submit prior authorization requests after their prior authorizations are termed. • For members without active prior authorizations for CGMs as of Jan. 1, 2026, submit prior authorization requests.

Members who fill CGMs through their medical benefits (DME provider):	• Members with prior authorizations for CGMs approved before Jan. 1, 2026, won't be affected by this change until their authorizations are termed. For these members, submit CGM prescription orders to network DME providers after their prior authorizations are termed. DME providers will follow up with prescribers if prior authorizations are required. • For members without active prior authorizations for CGMs as of Jan. 1, 2026, submit CGM prescription orders to network DME providers. DME providers will follow up with prescribers if prior authorizations are required.

How to submit prior authorization requests for CGM filled under pharmacy benefits

Submit prior authorizations through the Medical and Pharmacy Drug PA Portal. It offers real-time status checks and immediate approvals for certain medications.

To access the Medical and Pharmacy Drug PA Portal, log in to our provider portal (**availity.com**),** click *Payer Spaces* in the menu bar, and then click the BCBSM and BCN logo. Click the *Medical and Pharmacy Benefit Drug Prior Auth* tile in the *Applications* tab.

If you need to request access to our provider portal, see the *Register for Web Tools* webpage on **bcbsm.com.**

Note: Effective Jan. 1, 2026, MCT2D providers can no longer bill CPT code *99453 to J&B Medical to request reimbursement for the Patient Empowerment Toolkit, which consists of a scale, blood pressure monitor and a three-month supply of CGM sensors, for Blue Cross commercial members residing in Michigan with PDCM benefits.

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