

Correction to Continuous Glucose Monitoring (CGM) Authorization Criteria in TMPPM

Last updated on 3/24/2026

On November 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) published an unintended change to the prior authorization requirements for CGM in the *Texas Medicaid Provider Procedures Manual (TMPPM), Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*.

On April 1, 2026, TMHP will correct this change to state that clients must be insulin-treated or have a documented history of problematic hypoglycemia to qualify for CGM benefits.

Note: These authorization requirements already existed for CGM, but were mistakenly changed in the TMPPM.

Additional criteria for CGM authorization can be found in the TMPPM's *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, subsection 2.2.12.7.1, "Prior Authorization."

For more information, call the TMHP Contact Center at 800-925-9126.

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to Medicaid members who are enrolled in their MCO. Administrative procedures, such as prior authorization, precertification, referrals, and claims and encounter data filing, may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the member's specific MCO for details.

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