



CORRECTION - 2023 Coding Changes for Continuous Glucose Monitoring

The following is a corrected communication for coding changes for Continuous Glucose Monitoring (CGM). Codes previously deleted have been restored without any gap in service.

Effective January 1, 2023, the following changes are being made to New York State (NYS) Medicaid Fee For Service Approval for Continuous Glucose Monitors (CGM). Coverage criteria included in the most recent DMEPOS manual update remains the same.

The charts below document the changes to 2023 HCPCS coding. Certain CGM products and related diabetic supply products (disposable insulin delivery systems) will still be reimbursed via the Preferred Diabetic Supply Program, along with glucose meters and test strips. Please see the pharmacy preferred diabetic supply program for additional information. <https://newyork.fhsc.com/providers/diabeticsupplies.asp>

Changes will be as follows:

Deleted Codes

Code	Description	Fee	Frequency
<u>K0553</u>	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	\$248.38	1 unit per month
<u>K0554</u>	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system	\$261.39	1 unit in 3 years

Changes to Description/Authorization Method

Code	Description	Fee	Frequency
A9276	#Sensor; invasive (e.g. subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day	\$11.20 per unit	30 units per month
<u>A9277</u>	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	BR	1 unit per year
<u>A9278</u>	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system (ancillary device)	261.29	1 unit per 3 years

New Codes

New Code	Description	Fee	Max Units/ Frequency	Replaces Code(s)
<u>E2103</u>^{F4}	Non-adjunctive, non-implanted continuous glucose monitor or receiver	261.29	1 unit in 3 years	K0554
<u>A4239</u>^{F9}	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	194.19	1 unit per month	K0553
<u>A4238</u>^{F9}	#Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	401.63	1 unit per month	
<u>E2102</u>^{F4}	Adjunctive, non-implanted continuous glucose monitor or receiver	261.29	1 unit in 3 years	

Non -Adjunctive CGM systems (formerly therapeutic) are devices used to make treatment decisions without the need for a stand-alone blood glucose monitor (BGM) to confirm testing results (e.g., Dexcom, Freestyle Libre).

Adjunctive CGM systems (formerly non-therapeutic) are devices used as an adjunct to BGM testing (e.g., Medtronic).

Codes A9276, A9277 and A9278 should be used with CGM systems that do not connect to durable medical equipment for insulin delivery (e.g., Medtronic's Guardian Connect). Ancillary devices such as cell phones are not covered.

Codes A4238 and E2102 should be used for adjunctive CGM systems connected to durable medical equipment for insulin delivery. (e.g., MiniMed 770g system).

CGM Reimbursement– Pharmacy providers dispensing CGM supplies found on the Preferred Diabetic Supply Program should utilize this Program for reimbursement. Requests for Dexcom 5, any Medtronic CGM, other CGM not found in the Preferred Diabetic Supply Program, or all CGM dispensed by DMEPOS providers, should be submitted to the Department's Bureau of Medical Review for prior approval or authorization by the Dispensing Validation System (DVS).

For questions regarding CGM Prior Approval, contact the Bureau of Medical Review at 1 800 342-3005, option 1 or email at OHIPMEDPA@health.ny.gov.

For questions regarding CGM coverage guidelines, contact OHIP Policy unit at (518) 473-2160 or email at pffs@health.ny.gov

For questions regarding the Preferred Diabetic Supply Program Policy - (518) 486-3209 ppno@health.ny.gov