

# Reimbursement of Continuous Glucose Monitoring for Individuals with Type 1 Diabetes

Effective November 1, 2017, New York State (NYS) Medicaid will begin covering Continuous Glucose Monitors (CGM) for members who have a diagnosis of Type 1 diabetes and meet the coverage criteria outlined in this policy.

NYS Medicaid members who meet each of the following criteria may be eligible for a CGM device. The member must:

- Have a diagnosis of Type 1 diabetes; and
- Be under the care of the endocrinologist who orders the device; and
- Currently be performing at least four finger stick glucose tests daily; and
- Be on an insulin treatment plan that requires frequent adjustment of insulin dosing; and
- Be able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately.

Additional CGM Guidelines:

- In addition to the above coverage criteria, ordering providers should verify that their patients meet manufacturer's recommendations for appropriate age range, testing and calibration requirements, etc., prior to prescribing the CGM device.
- Members must comply with the manufacturer's specified finger stick testing recommendations for the CGM device prescribed.
- Only one type of monitor will be covered: either therapeutic (such as but not limited to DexCom5) or non-therapeutic (such as but not limited to Metronics Minimed).
- Ancillary devices (such as but not limited: smart phones, tablets, personal computers) are not covered
- Replacement will be considered when medically necessary and outside of manufacturer's warranty and not for recent technology upgrades.
- Repairs will be funded if outside of manufacturer's warranty and cost effective (< 50% of Fee).
- Claims submitted for all supplies and receiver (monitor) without a diagnosis of Type 1 diabetes will be denied.

Reimbursement for receiver (monitor) and supplies will be as follows:

## Therapeutic Devices

Code	Description	Fee	Max Units/ Frequency
<b><u>K0554</u></b>	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system	261.29	1 unit/ every 3 years
<b>K0553</b>	# Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	248.38	1 unit/ once a month

The supply allowance (K0553) includes all supplies necessary for monitoring glucose levels using CGM, which **includes but is not limited to**: therapeutic sensors, therapeutic transmitters, test strips, home glucose monitor, lancets, alcohol wipes, batteries.

**Non-Therapeutic Devices**

<b>Code</b>	<b>Description</b>	<b>Fee</b>	<b>Max Units/ Frequency</b>
<b>A9276</b>	# Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day *	25.20	Up to 5 units/ once a month
<b>A9277</b>	# Transmitter; external, for use with interstitial continuous glucose monitoring system	358.71	1 unit/ every 3 months
<b><u>A9278</u></b>	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	261.29	1 unit/ every 3 years

\* For FFS Medicaid, disregard the following text for sensors (A9276): “one unit = 1 day”. Providers would access DVS once every 30 days for up to 5 units total per month.

Codes K0554 and A9278 require Prior Approval. (underlined)  
Codes K0553, A9276 and A9277 require DVS Authorization. (#)

For questions regarding CGM Prior Approval or DVS authorization, contact the Bureau of Medical Review at 1 800 342-3005, option 1 or email at [OHIPMEDPA@health.ny.gov](mailto: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](mailto:pffs@health.ny.gov)