



2023 Coding Changes for Continuous Glucose Monitoring

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
<u>A9276</u>	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day (non-therapeutic device)	\$11.20 per unit	30 units per month
<u>A9277</u>	Transmitter, external, for use with interstitial continuous glucose monitoring system (non-therapeutic device)	By Report	1 unit every 3 months
<u>A9278</u>	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system (non-therapeutic device)	\$261.39	1 unit in 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>E2102</u> ^{F4}	Adjunctive, non-implanted continuous glucose monitor or receiver	261.29	1 unit in 3 years	A9278
A4238	#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	A9276, A9277

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

Adjunctive CGM systems (formerly non-therapeutic) are devices used as an adjunct to blood glucose monitor (BGM) testing, (e.g. Medtronic). For adjunctive CGMs, the supply allowance (A4238) encompasses all items necessary for the use of the device and includes but is not limited to, CGM sensors and transmitters. Separate billing of CGM sensors and transmitters will be denied as unbundling. Supplies used for adjunct blood glucose testing may be billed separately.

CGM Prior Approval – Requests for CGM supplies found on the Preferred Diabetic Supply Program received using CGM HCPCS codes will be inactivated, and the provider referred to the preferred diabetic supply program for reimbursement. Requests for Dexcom 5, any Medtronic CGM or other CGM not found in the Preferred Diabetic Supply Program will need to be submitted to the Department’s Bureau of Medical Review for prior approval/authorization.

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