

Changes for Approval of Continuous Glucose Monitoring and Insulin pumps for Individuals with Type 1 Diabetes

Effective January 15, 2019, the following changes are being made to New York State (NYS) Medicaid Fee For Service Approval for Continuous Glucose Monitors (CGM) and Insulin pumps. Only prior approval requirements have been updated – reimbursement and coverage criteria included in the most recent DMEPOS manual update remains the same.

Updates are necessary with the addition of certain CGM products and related diabetic supply products (disposable insulin delivery systems) to the Preferred Diabetic Supply Program. Please see the pharmacy preferred diabetic supply program for additional information.

<https://newyork.fhsc.com/providers/diabeticsupplies.asp>

Changes will be as follows:

ALL CGM Devices

| Code | Description | Fee | Max Units/ Frequency |
|---------------------|--|--------|-------------------------|
| <u>A9276</u> | Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day | 11.20 | 30 units/month |
| <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 once/ a month |

CGM Prior Approval – Requests for Dexcom 6 or other CGM system supplies (i.e. Freestyle Libre) listed in 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 4/5, any Medtronic CGM or other CGM not found in the Preferred Diabetic Supply Program will need to be submitted to Department’s the Bureau of Medical Review for prior approval.

Insulin Pump changes will be as follows:

| Code | Description | Fee | Max Units/ Frequency |
|---------------------|--|---------|-------------------------|
| <u>E0784</u> | External ambulatory infusion pump, insulin | 4399.30 | 1/5 years |

Insulin pump Prior Approval – Requests for disposable insulin pump supplies and meters (i.e. Omnipod) listed in Preferred Diabetic Supply Program received using code E0784 or E1399 will be inactivated and the provider referred to the Preferred Diabetic Supply Program for reimbursement. Requests for traditional insulin pumps that meet the definition of DME (non-disposable) must be submitted to the Department’s Bureau of Medical Review and will require documentation demonstrating that the request meets published policy before prior approval.

For questions regarding CGM and Insulin pump 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