



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: March 1, 2020  
Contact: Ginny Mahoney 860-424-5145

**TO: Medical Equipment, Devices and Supplies (MEDS) Providers and Pharmacy Providers**

**RE: Addition of Codes K0553 and K0554 for Therapeutic Continuous Glucose Monitors (CGM) - MEDS Fee Schedule Update**

**Addition of Codes K0553 and K0554 to the Durable Medical Equipment (DME) Fee Schedule**

Effective for dates of service March 1, 2020 and forward, the Department of Social Services (DSS) is revising its DME fee schedule to include the following procedures:

- **K0553** - Supply allowance for therapeutic Continuous Glucose Monitor (CGM), includes all supplies and accessories, one-month supply = one unit of service
- **K0554** - Receiver (monitor)

These procedure codes must be used when billing for **therapeutic** CGM systems including the Freestyle Libre system and will require prior authorization (PA).

Providers should continue to use the following existing procedure codes when billing for **non-therapeutic** CGMs:

- **A9276** – Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit
- **A9277** – Transmitter, external for use with interstitial continuous glucose monitoring system

- **A9278** – Receiver (monitor); external, for use with interstitial continuous glucose monitoring system

**Prior Authorization and Frequency Limits**

Consistent with current policy, therapeutic CGMs will continue to require PA.

Effective for dates of service March 1, 2020 and forward, providers must submit all PA requests for **therapeutic** CGM systems under procedure codes K0553 and K0554. There is no change to the PA process for non-therapeutic CGMs under procedure codes A9276, A9277 and A9278, which will continue to require PA.

**Frequency Limits and Billing Guidelines for Therapeutic CGM Codes**

Effective for dates of service March 1, 2020 and forward, **therapeutic** CGMs billed under procedure codes K0533 and K0554 will have the following frequency limitations:

Procedure Code	Limitations
K0553*	1 per month
K0554	1 per 3 years

\*In addition, the following procedure codes are included in the reimbursement allowance for procedure code K0553 and must not be billed separately:

A4233	A4234	A4235	A4236
A4244	A4245	A4246	A4247
A4250	A4253	A4255	A4256
A4258	A4259	E0607	E2101

Claims in which any of the procedure codes above are billed in the same month as procedure code K0553 will be denied. DME providers will be able to research by logging into their secure Web portal from [www.ctdssmap.com](http://www.ctdssmap.com) and selecting Claims > Claim History for Specific Services > DME – Medical Supplies to determine if any other DME provider has billed any of the procedure codes affected by this change.

#### **Therapeutic CGM Pricing under Codes K0553 and K0554**

Effective March 1, 2020, DSS has established pricing specific to the type of therapeutic CGM system billed.

#### **FreeStyle Libre CGM System:**

Code	Reimbursement
*K0553	\$194.73
K0554	\$96.25

Please note: the reimbursement of procedure code K0553 used for the FreeStyle Libre system includes all the monthly supplies which must be provided by the DME provider when billing for K0553:

- one (1) box of lancets,
- one (1) box of test strips, and
- one (1) box of alcohol wipes

#### **Other Therapeutic CGM Systems:**

Code	Reimbursement
*K0553	Lesser of MSRP minus 15% or AAC plus 25% plus \$44.65
K0554	Lesser of MSRP minus 15% or AAC plus 25%

Please note: the reimbursement of procedure code K0553 includes all the monthly supplies which must be provided by the DME provider when billing for K0553:

- one (1) box of lancets,
- one (1) box of test strips, and
- one (1) box of alcohol wipes.

In order to cover the monthly cost for the supplies for any other therapeutic CGM system excluding FreeStyle Libre, an additional reimbursement of \$44.65 will be calculated in the reimbursement for the PA.

**\*For all therapeutic CGMs, any supplies billed separately by any DME provider under codes A4233 thru A4259, E0607 and E2101 will be denied if procedure code K0553 has been billed by any DME provider within the same month for the same member.**

**Accessing the Fee Schedules:** The updated MEDS fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and scroll down to “MEDS – Durable Medical Equipment” fee schedule.

**Posting Instructions** Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy and Regulations, Ginny Mahoney, Health Policy Consultant (860) 424-5145.

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