



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2025-17**

Provider Bulletin 2025-39  
August 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: September 1, 2025  
Contact: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)

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

**RE: Revised Billing Guidelines for (Non-Adjunctive) Continuous Glucose Monitors (CGMs) and Adjunctive Non-Implanted CGMs**

Effective for dates of service September 1, 2025, and forward, the Department of Social Services (DSS) is updating the MEDS Pricing Policy for Continuous Glucose Monitoring (CGM) systems by adding 100% of the Medicare fee schedule rate as a third pricing tier.

This policy transmittal supersedes previously published provider bulletins (PBs), [PB 2022-30 April 2022 Quarterly HIPAA Update – Changes to the DME Fee Schedule and Medical Surgical Supply \(MSS\) Fee Schedule](#) and (PB) [PB 2022-102 January 2023 HIPAA Update – 1 Coverage and Description changes to Procedure Codes on the DME and Medical Surgical Supply Fee Schedule](#); 2. *Added/Deleted Codes and Billing Guidelines for (non-Adjunctive) Continuous Glucose Monitors (CBMs)*; 3. *Billing Guidelines for Adjunctive non-Implanted CGMs*; 4. *Non-DME Interstitial CGMs Considered Non-Payable*.

These changes apply to services reimbursed under the HUSKY Health (A, B, C, and D) programs.

**1. Billing Guidance for Non-Adjunctive CGMs:**

Effective September 1, 2025, the manual pricing for the following procedure codes for non-adjunctive, non-implanted CGMs will include a third pricing tier:

Code	Description	Reimbursement for A4239 & E2103 CGMs*
A4239**	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service.	Lesser of:  Manufacturer's Suggested Retail Price (MSRP) minus 15%  or  Actual Acquisition Cost (AAC) plus 25%
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	or  <b>100% of the Medicare Fee Schedule</b>

\*Please see the below section for billing and reimbursement for the Freestyle Libre CGM system.

**\*\*Please note: There will be no additional reimbursement for monthly supplies to Durable Medical Equipment (DME) vendors:** A4239 is defined as a supply allowance that covers all the items required for a non-adjunctive (therapeutic) CGM system for one month. This bundle typically includes the CGM sensors, transmitters, and other necessary accessories like adhesive patches,

insertion devices, lancets, test strips and alcohol wipes/swabs. Exception for pharmacy benefit: In cases where the bundled items for A4239 are provided through the member's pharmacy benefit, the DME provider may not be required to supply them.

Procedure codes A4233 thru A4259, E0607 and E2101 continue to be included in the reimbursement allowance for procedure code A4239 and must not be billed separately by DME vendors for Non-Adjunctive (therapeutic) CGMs. **Any supplies billed separately by any DME provider under procedure codes A4233 thru A4259, E0607 and E2101 will be denied if procedure code A4239 has been paid to any DME provider within the past 30 days for the same member.**

#### **\*Billing Guidance for the Freestyle Libre CGM**

Effective for September 1, 2025, and forward the reimbursement methodology for supplies for the Freestyle Libre system will include a third tier as follows:

Code	Reimbursement	Quantity
A4239 supply allowance for the FreeStyle Libre non-adjunctive CGM, includes all supplies and accessories, 1 month supply = 1 unit of service for Freestyle Libre	Lesser of:  MSRP minus 15% or AAC plus 25% or <b>100% of the Medicare Fee Schedule</b>	1 per month
E2103 FreeStyle Libre Adjunctive, non-implanted CGM or receiver	<b>\$96.25</b>	1 per 3 years

Providers should continue to use procedure code E2103 when billing for the receiver (monitor) for the Freestyle. E2103 for the Freestyle Libre receiver (monitor) continues to be limited to 1 per 3 years.

#### **2. Billing Guidance for Adjunctive CGMs:**

Effective for dates of service September 1, 2025, and forward, providers may continue to provide adjunctive CGMs under the following procedure codes:

Code	Description	Reimbursement
A4238	Supply allowance for adjunctive, non-implanted (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Reimbursement will be the lesser of:  MSRP minus 15% or AAC plus 25%
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	or  <b>100% of the Medicare Fee Schedule</b>

**The allowable amount will remain in effect for the entire date span of the authorization, regardless of any increases to MSRP, AAC or Medicare Fee Schedule.**

**Any existing prior authorizations that were approved prior to the effective date of September 1, 2025, using the previous reimbursement policy will remain valid until the end of the authorization period.**

**Accessing the Fee Schedule**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

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

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

**Responsible Units:** DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Medical Policy Supervisor at [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov).

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