



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: March 1, 2020
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TO: Medical Equipment, Devices and Supplies (MEDS) Providers, Pharmacy Providers, Physicians, Physician Assistants and Advanced Practice Registered Nurses

RE: Clarifying Guidance of MEDS Policy Pertaining to Procedure Codes K0553 and K0554 for Therapeutic Continuous Glucose Monitors (CGM)

This policy transmittal provides additional clarifying guidance to Provider Bulletin (PB) 2020-03 “Addition of Codes K0553 and K0554 for Therapeutic Continuous Glucose Monitors (CGM) – MEDS Fee Schedule Update”, which remains in effect.

As previously communicated in PB 2020-03, effective for dates of service March 1, 2020 and forward, the Department of Social Services (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

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 containing a minimum of 100 wipes/swabs per box.

***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 paid to any DME provider within the same month for the same member.**

Please note, that as of the date on which this transmittal is released, the billing system electronic audit implemented to prevent the payment of the procedure codes above when billed in the same month as previously submitted CGM procedure code K0553 is in a post and pay status. This means the audit will post to the claim, but the claim will not be denied for that reason. This transition period will continue until the Department issues an important message informing the providers of when the audit will begin to deny the affected procedure codes when they are billed in the same calendar month.

Process to Request Additional Supplies

As previously communicated in PB 2020-03, the reimbursement of procedure code K0553 includes all the monthly supplies to be used with a therapeutic CGM. An additional amount of \$44.65 was calculated to allow for the following:

- one (1) box of 100 lancets,
- one (1) box of 50 test strips, and

- one (1) box of alcohol wipes/swabs containing a minimum of 100 wipes/swabs per box.

Please see below for the process for obtaining medically necessary supplies in excess of the quantities listed above for both children and adults:

Additional Supplies for Children under Age 21

All children under age 21 must obtain any additional medically necessary diabetic supplies (lancets and test strips) through the pharmacy benefit. The supplies may also include any medically necessary urine test or reagent strips or tablets (100 tablets or strips) through the pharmacy benefit. A separate prescription for the additional quantities of supplies needed per month is required when these items are provided through the pharmacy benefit. This requirement will allow children to continue to use the same type of meters and supplies for continuity of care and will also reduce the possibility of a pediatric member obtaining duplicate diabetic supplies.

Please note that the alcohol wipes and CGM devices may only be obtained through the DME/Medical Surgical Supplier and will require a prescription be signed by a physician.

Additional Supplies for Adult Members Age 21 Year and Over

Adult members age 21 and over who require additional diabetic supplies (lancets, test strips and alcohol wipes/swabs) will need to obtain a detailed, signed prescription specifying additional quantities needed per month from a Husky Health enrolled physician. These supplies must be provided under the DME benefit only.

The MEDS provider must outline in their prior authorization request the quantity of supplies needed each month so that Community Health Network of Connecticut (CHNCT) can authorize the amounts within the bundled code of K0553. For adult members requiring a

typical amount of diabetic testing supplies, the MEDS provider must supply blood glucose logs to validate the frequency of testing and these must reflect the preceding 15 days’ worth of logs. Once medical necessity is confirmed, CHNCT will manually add pricing for the testing supplies into procedure code K0553.

For adult members who also require medically necessary urine tests, reagent strips or tablets (100 tablets or strips), a prescription for this supply is also required and must be signed by a Husky Health enrolled physician. CHNCT will manually add pricing for this testing supply into procedure code K0553.

Please note that the pricing for any additional diabetic supplies will match the set fee for the procedure codes on the DSS medical surgical supply fee schedule. The table below displays the pricing for each of these diabetic testing supplies, which may be added to the medically necessary prior authorization request:

Diabetic Testing Supply item	Fee
Alcohol Wipes per box - (minimum 100 count)	\$3.00
Blood glucose test or reagent strips...per 50 strips	\$31.40
Lancets per box of 100	\$10.25
Urine test or reagent strips or tablets (100 tablets or strips)	\$32.30

Below is an example of the information required when submitting a prior authorization request for Dexcom G5 CGM supplies:

1. Number of months/units: 6
2. Code: K0553
3. Date span: 3/11/2020 to 9/11/2020
4. Type of CGM: Dexcom G5
5. Boxes of sensors: [this will be 6 or 7 depending if you have to front load a box to cover 30 days]
6. Boxes of test strips per month: 1
7. Boxes of lancets per month: 1
8. Boxes of alcohol wipes per month: 1

The pricing will include:

1. Number of boxes of sensors [6 or 7];
2. Transmitter;
3. # boxes of test strips, # lancets and # of alcohol wipes to cover the 6 month authorization.

Below is an example of the information required when submitting a prior authorization request for FreeStyle Libre CGM supplies for a member who only wanted 1 box of test strips but no other supplies:

1. Number of months/units: 6
2. Code: K0553
3. Date span: 3/11/2020 to 9/11/2020
4. Type of CGM: FreeStyle Libre
5. Boxes of sensors: 6
6. Boxes of test strips per month: 1

The pricing will include:

1. Number of boxes of sensors (6 or 7);
2. Transmitter;
3. # boxes of test strips, to cover the six month authorization.

Pricing for the Dexcom G5 CGM System

The Dexcom G5 CGM System comes in a shipment of 1 box which contains 4 sensors and each sensor lasts for 7 days. Therefore, 1 box of sensors will cover 28 days. In order to cover the initial month of sensors, the member will need an up-front shipment of 2 boxes of sensors. Therefore, CHNCT will authorize 7 boxes of sensors for the first 6 month PA in order to cover that initial double shipment. CHNCT will authorize 6 boxes of sensors for the subsequent 6 month PA. At the end of the year, the member would have received the appropriate number of sensors (52).

However, it is the DME provider’s responsibility to keep track of which 6 month authorization of the year needs the additional box of sensors, in order to cover the shortage of days each month.

If a sensor is faulty and does not last the specified time indicated by the manufacturer,

the patient should be informed that the manufacturer warranty will cover a replacement and only in the case of manufacturer refusal will CMAP cover replacement supplies.

Pricing for the FreeStyle Libre CGM System

Code	Reimbursement
*K0553	\$194.73
K0554	\$96.25

As a reminder, the reimbursement of procedure code K0553 used for the FreeStyle Libre system **includes** all the monthly supplies. The \$194.73 pricing was configured by adding the price of 1 box of 100 lancets, 1 box of 50 test strips and 1 box of alcohol wipes (100 count) as shown below:

Diabetic Testing Supply item	Fee
Alcohol Wipes per box - (minimum 100 count)	\$3.00
Blood glucose test or reagent strips...per 50 strips	\$31.40
Lancets per box of 100	\$10.25
Sum =	\$44.65

MEDS providers are required to obtain a separate prescription for the 1 box of (100) lancets, 1 box of 50 test strips and 1 box of alcohol wipes (100 count).

Children requiring additional quantities of diabetic testing supplies to be used in conjunction with the FreeStyle Libre system, must obtain the additional quantities through the pharmacy benefit and a separate prescription will be required.

If an adult member requires additional quantities of diabetic supplies to be used with the FreeStyle Libre system, the physician will need to confirm the supplies with a prescription and the MEDS provider will have to provide that breakdown on the member’s authorization confirming the amounts the member is actually requiring per month.

MEDS providers should only submit the allowable amount of \$150.08 under procedure code K0553 for any members who do not wish to use diabetic testing supplies in conjunction with their FreeStyle Libre system. This way, the amount of the supplies (1 box of lancets, 1 box of test strips and 1 box of alcohol wipes), which equal to \$44.65 will be deducted from \$194.73.

Prescription Requirements

A prescription is required for every product billed to the Husky Health Program by a MEDS provider. Therefore, any supplies needed with a therapeutic or non-therapeutic CGM require a separate prescription and must be signed by a HUSKY Health enrolled physician. Please note that DSS will allow a physician, physician assistant or APRN to conduct the face-to-face requirements encounter, to provide clinical notes, and fulfill documentation requirements in the member's records. The prescription itself, however, must be signed by a physician.

The physician must include the following on a prescription for a MEDS supplier:

1. Member's name, address and date of birth;
2. Diagnosis for which the MEDS are required;
3. Detailed description of MEDS, including quantities and directions for usage, when appropriate;
4. Length of need for the MEDS prescribed;
5. Name and address of prescribing practitioner including NPI number; and
6. Prescribing practitioner's signature and date signed.

Claim Submission

Because procedure code K0553 is a manually priced code and dollar amounts are used to approve the authorization, MEDS providers will not be allowed to bill their usual and customary price each month. Rather, MEDS providers must submit claims to match shipments and must bill the actual amounts used to determine the pricing of the prior authorization approved per the 6 month period. Providers are reminded

that the pricing for the additional supplies will match the set fee on the DSS fee schedule.

MEDS providers will be required to bill exactly for the supplies being shipped out each month. This means that claims may not be uniform each month as the first month may need to allow for the extra sensor needed for the G5 CGM system.

In addition, the MEDS provider will not be able to bill the claim until all the items are received by the recipient. The date of service will be the last delivery date/the date the unbundled delivery items are considered complete. Providers must keep all delivery tickets/receipts to support the billing.

Accessing the Fee Schedule

The updated MEDS fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site at 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 the "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.

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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