



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: July 1, 2021
Contact: Ginny.Mahoney@ct.gov

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

RE: Rate Reduction of Diabetic Supplies - Test Strips and Lancets

Effective for dates of service July 1, 2021 and forward, the Department of Social Services (DSS) is revising the reimbursement for diabetic blood glucose test strips and lancets when billed by Medical Equipment, Devices and Supplies providers.

The following procedure codes for lancets and blood glucose test strips are being decreased to 100% of the current Medicare rate to remain consistent with Section 17b-262-719(e) of the Regulations of Connecticut State Agencies.

Procedure Code	Procedure Description	Current Rate	New Rate
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	\$31.40	\$8.32
A4259	Lancets, per box of 100	\$10.25	\$1.42

This change applies to all diabetic test strips and lancets reimbursed under HUSKY Health (A, B, C and D).

As a reminder, effective November 4, 2020, per provider bulletin PB [2020-69](#) "Upcoming Changes to Pharmacy Claims for Diabetic Supplies" these items are available through pharmacy Point of Sale (POS) for HUSKY A, B, C and D members of all ages.

Reimbursement of Procedure Code K0553

The reimbursement of procedure code K0553 (supply allowance for therapeutic continuous glucose monitor [CGM] includes all supplies

and accessories, one month supply = 1 unit of service) currently includes lancets and diabetic test strips; therefore, any DME providers whom have previously approved prior authorizations for CGM supplies with dates of service past July 1, 2021 under procedure code K0553 must accurately submit claims which will reflect the newly established fee schedule rates for blood glucose test strips and lancets.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Medical Policy Consultant, email at Ginny.Mahoney@ct.gov.

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