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Effective Date: March 2, 2022
Contact: Ginny.Mahoney@ct.gov

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

RE: Continuous Glucose Monitors 1. Billing Guidelines for Therapeutic Continuous Glucose Monitor (CGM) Systems; 2. Reimbursement Methodology Update for Procedure Code K0553 Used for FreeStyle Libre System; 3. Billing Guidance for Non-Therapeutic Continuous Glucose Monitor (CGM) Systems

This policy transmittal supersedes previous provider bulletins (PBs), [PB 2020-03](#) Addition of Codes K0553 and K0554 for Therapeutic Continuous Glucose Monitors (CGM) – MEDS Fee Schedule Update and [PB 2020-22](#) Clarification of MEDS Policy Pertaining to Codes K0553 and K0554 Therapeutic CGMs.

1. Billing Guidelines for Therapeutic CGMs

Providers must continue to use the following existing procedure codes when billing for **therapeutic** CGM systems:

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

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.

Procedure codes A4233 thru A4259, E0607 and E2101 are included in the reimbursement allowance for procedure code K0553 and must not be billed separately by Durable Medical Equipment (DME) vendors for 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 K0553 has been paid to any DME provider within the same month for the same member.**

Therapeutic CGM Pricing under Procedure Code K0554

Providers should continue to follow the current reimbursement methodology when billing the receiver (monitor) under procedure code K0554 which remains as follows:

Code	CGM System	Reimbursement
K0554	Freestyle Libre System	\$96.25
K0554	All Other CGM Therapeutic CGM Systems	Lesser of Manufacturer's Suggested Retail Price (MSRP) minus 15% or

		Actual Acquisition Cost (AAC) plus 25%
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Prior Authorization and Frequency Limits for Therapeutic CGM Codes

Consistent with current policy, therapeutic CGMs will continue to require prior authorization (PA).

Effective for dates of service March 2, 2022 and forward, the frequency limits for therapeutic CGMs billed under procedure codes K0553 and K0554 will continue to remain as follow:

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

Claim Submission for Therapeutic CGMs

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 FreeStyle Libre 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.

2. Reimbursement Methodology Update K0553 for the FreeStyle Libre System

For all new PA requests received on or after March 2, 2022 and forward, the Department of Social Services (DSS) is revising the reimbursement methodology for procedure code K0553 (Supply allowance for therapeutic CGM, includes all supplies and accessories, one-month supply = one unit of service) when used for billing the supplies used for the Freestyle Libre system.

The new reimbursement methodology when billing the supplies under procedure code K0553 will mirror the current reimbursement methodology used for all other therapeutic CGM systems which is as follows:

Code	Reimbursement
K0553	Lesser of MSRP minus 15% or AAC plus 25%

3. Billing Guidance for Non-therapeutic CGMs:

There is no change to the PA process for non-therapeutic CGMs and 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

Accessing the Fee Schedule

The updated MEDS fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) 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 CMAP Web site at www.ctdssmap.com.

Distribution

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

Responsible Unit

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

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