



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: April 1, 2022  
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**TO: Medical Equipment, Devices and Supplies (MEDS) Providers, Pharmacy Providers, Physicians, Physician Assistants and Advanced Practice Registered Nurses**

**RE: Billing Guidance for Adjunctive (Non-Therapeutic) Continuous Glucose Monitor (CGM) Systems**

This policy transmittal replaces the guidance issued under previously published provider bulletin (PB), [PB 2022-16](#) Continuous Glucose Monitors 1. Billing Guidelines for Therapeutic Continuous Glucose Monitors (CGM) Systems; 2. Reimbursement Methodology Update for Procedure Code K0553 Used for FreeStyle Libre System; 3. Billing Guidance for Non-Therapeutic CGMs by superseding the section labeled “Billing Guidance for Non-Therapeutic Continuous Glucose Monitor (CGM) Systems” only. All other guidance issued in [PB 2022-16](#) remains in full effect.

Effective for dates of service April 1, 2022, and forward, the Department of Social Services (DSS) is following the Centers for Medicare and Medicaid Services’ (CMS) guidance for the Medicare program pertaining to adjunctive (non-therapeutic) CGMs. Per CMS, an **adjunctive** or (non-therapeutic) CGM is defined as a CGM which “can alert patients when glucose levels are approaching dangerous levels, including while they sleep but do not replace blood glucose monitors)” as long as the CGMs satisfy the regulatory definition of DME. A **non-adjunctive** (therapeutic) CGM “can alert patients when glucose levels are approaching dangerous levels, including while they sleep and also replace blood glucose monitors,” as long as the CGMs satisfy the regulatory definition of DME.

The following changes are required effective for dates of service April 1, 2022:

**New Prior Authorization (PA) Requests for Adjunctive (Non-Therapeutic) CGMs for All Medicaid and Dual Eligible Members:**

Per CMS guidance for Medicare, which DSS is adopting in this PB, the following procedure codes must be used when submitting new prior authorizations for adjunctive CGMs:

Procedure Code	Code Description	Units
A4238*	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1-month supply = 1 unit of service	1-month supply = 1 unit of service
E2102*	Adjunctive continuous glucose monitor or receiver	1 per 3 years

\* Procedure codes A4238 and E2102, must be billed at the lesser of Manufacturer’s Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus 25%.

**Existing Prior Authorizations for Adjunctive (Non-Therapeutic) CGMs for Medicaid Only Members:**

Existing prior authorizations for Medicaid only HUSKY members approved under the following procedure codes **A9276**, **A9277** and **A9278** will be allowed to run out:

- **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

**Existing Prior Authorizations for Adjunctive (Non-Therapeutic) CGMs for Medicare Beneficiaries Which Are Dual Eligible Members Will be Denied:**

Per CMS guidance for Medicare, which DSS is adopting in this PB, effective April 1, 2022, procedure codes A9276 thru A9278 are no longer valid for use when billing for adjunctive CGMs for Medicare beneficiaries, therefore, effective April 1, 2022, approved or pending adjunctive CGM PA requests for dual eligible members must be resubmitted using the two new procedure codes A4238 and E2102 as needed.

Any claims billed with procedure codes A9276 thru A9278 for a dual eligible member after May 1, 2022, and forward will deny with edit 740 and post the following Explanation of Benefits (EOB) “Procedure not payable for crossover claim”.

**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](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 the “MEDS – Durable Medical Equipment” fee schedule and also the “MEDS – Medical/Surgical Supplies” fee schedule.

**Posting Instructions**

Policy transmittals can be downloaded from the CMAP 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 Unit**

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