Geisinger Health Plan 100 N. Academy Ave. Danville, PA 17822-3220 GeisingerHealthPlan.com



Operations Bulletin – July 8, 2022 Updates to payment and billing procedures for continuous glucose monitors (CGM)

Geisinger Health Plan is updating billing procedures for continuous glucose monitors (CGM) for Commercial & Medicaid business segments effective July 15, 2022. Providers should bill therapeutic CGM systems using codes K0553, K0554 and adjunctive CGM systems using codes E2102, A4328.

Medicare policy updates

On December 28, 2021, the Centers for Medicare & Medicaid Services (CMS) published a final rule (CMS-1738-R) addressing the classification and billing of continuous glucose monitors (CGM) under Medicare Parts B & C.¹ This rule applies to both adjunctive CGMs (used to alert patients when glucose levels are approaching dangerous levels so that another device like a blood glucose monitor can inform treatment decisions) and therapeutic CGMs (used to alert patients when glucose levels are approaching dangerous levels to inform treatment decisions without the use of another device), so long as the CGM meets the regulatory definition of durable medical equipment.

Payment and billing

The new CMS ruling expands the classification of DME to include adjunctive CGMs, offering more diabetes treatment options to providers and their patients.² In addition, CMS has expired the usage of the following Healthcare Common Procedure Coding System (HCPCS) codes: A9276 (Disposable sensor, CGM sys)³; A9277 (External transmitter, CGM sys)⁴, and A9278 (External receiver, CGM sys)⁵ as of March 31, 2022.

On April 1, 2022, the following codes were added to the Medicare HCPCS file to identify adjunctive CGM receivers and their related supplies and accessories:

- E2102 (Adjunctive continuous glucose monitor or receiver)
- A4238 (Supply allowance for non-implantable adjunctive CGM; includes all supplies and accessories, 1 month supply = 1 unit of service)

In accordance with CMS, Geisinger Health Plan will update billing procedures for adjunctive CGM devices (E2102, A4238) for Commercial and GHP Family (Medicaid) members and expire the usage of codes A9276, A9277, A9278. Providers should continue to bill therapeutic (non-adjunctive) CGMs and related supplies using codes K0553, K0554. **This will apply to claims with dates of service on or after July 15, 2022**, according to the payment and billing classifications above.

Questions about your claim?

If you have questions or want to check on the status of an existing claim, call **800-447-4000**. Say "provider", then "claims" to connect with our Provider Care team.

This Operations Bulletin and the information contained herein amend the Geisinger Health Plan Medical Benefit Policy for Continuous Subcutaneous Glucose Monitor CGM (MP071), effective July 15, 2022.

For your reference:

- <u>"Medicare Program; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</u> (DMEPOS) Policy Issues, and Level II of the Healthcare Common Procedure Coding System (HCPCS); DME Interim Pricing in the CARES Act; Durable Medical Equipment Fee Schedule Adjustments to Resume the Transitional 50/50 Blended Rates to Provide Relief in Rural Areas and Non-Contiguous Areas." Federal Register: Centers for Medicare & Medicaid Services.
- <u>"Continuous Glucose Monitors Correct Coding and Billing Revised." Noridian Healthcare</u> <u>Solutions, LLC (Joint DME MAC, Jurisdiction A)</u>
- Per Medicare, Geisinger Gold members must be on insulin to be prescribed a CGM. See additional coverage criteria for all CGMs in the <u>Local Coverage Determination for Glucose</u> <u>Monitors (L33822)</u>.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

¹ CMS Rulings: CMS-1738-R. Centers for Medicare & Medicaid Services. Published 05/13/22. Accessed 7/5/22.
² April Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule. Centers for Medicare & Medicaid Services. Updated 03/10/22. Accessed 6/23/22.

³ Durable Medical Equipment Coding System (DMECS): HCPCS Code A9276. Palmetto GBA. Accessed 6/24/22.
⁴ Durable Medical Equipment Coding System (DMECS): HCPCS Code A9277. Palmetto GBA. Accessed 6/24/22.
⁵ Durable Medical Equipment Coding System (DMECS): HCPCS Code A9278. Palmetto GBA. Accessed 6/24/22.