

CareOregon Guide to Coding Continuous Glucose Monitors and Supplies

Background

Effective 01/01/2023, the Center for Medicare and Medicaid Services established new and updated code sets for continued glucose monitoring (CGM). As such, CareOregon has updated our claims system in accordance with CMS guidelines. Some of the updated code descriptions include the use of smart phones (see below Updated Code Descriptions). While Medicare will not cover codes A9276-A9278, Medicaid may cover these supply codes if the continuous glucose monitoring system is medically necessary, medically appropriate, and least costly to meet the medical needs of the patient.

NOTE: Supply codes A9276, A9277 and A9278 cannot be billed if they are used with any adjunctive CGM or non-adjunctive CGM. Providers must use the proper supply code (i.e., A4238, A4239).

This guide is to establish appropriate billing of continuous glucose monitoring devices and supplies, according to updated coding guidelines. It only encompasses the rules for coding and billing continuous glucose monitors and their associated supplies. All rules for prior authorization and utilization management review are still applicable and should be followed in addition to proper coding guidelines.

Definitions

Adjunctive (non-therapeutic) CGMs are CGMs that beneficiaries use to check their glucose levels and trends which must be verified by use of a blood glucose monitor to make diabetes treatment decisions.

CGM: Continued Glucose Monitor

CMS: Centers for Medicare and Medicaid Services

DME: Durable Medical Equipment

Non-Adjunctive (therapeutic) CGMs can be used to make treatment decisions without the need for a stand-alone home blood glucose monitor to confirm testing results. Non-adjunctive CGMs can be either real time CGM or flash continuous glucose monitoring technology.

Coding Policy

CareOregon is establishing a policy to follow updated CGM guidelines, eliminating deleted codes as of 2023, adding newly implemented codes and updating code sets with a new description.

New Codes

E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
A4239	Supply allowance for nonadjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver

A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
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The following codes have been deleted and should be discontinued for use effective 01/01/2023.

Deleted

K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
K0554	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system

The following codes have an updated description and are no longer applicable for the billing of adjunctive continuous glucose monitors and supplies. These codes should only be used for CGM systems that are not considered durable medical equipment and are not covered as DME.

Updated

A9276	Sensor, invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system

References

[Durable Medical Equipment \(DME\) Center | CMS](https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center) <https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center>
[List of CPT/HCPCS Codes | CMS](https://www.cms.gov/medicare/fraud-and-abuse/physiciansselfreferral/list_of_codes) https://www.cms.gov/medicare/fraud-and-abuse/physiciansselfreferral/list_of_codes

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.

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