

To: All Providers Participating in the Nebraska Medicaid Program
From: Kevin Bagley, Director *KB*
Date: February 23, 2023
Re: Continuous Glucose Monitoring Updated Medicaid Reimbursement Policy

This provider bulletin is being issued as an update to [Provider Bulletin 22-22](#) regarding coverage for Continuous Glucose Monitoring (CGM) devices for eligible beneficiaries with diabetes beginning January 1, 2023.

Nebraska Medicaid is revising its reimbursement policy for CGM device codes A4238 and A4239 (CGM device monthly supplies and accessories) effective January 1, 2023. Previously, Nebraska Medicaid communicated that both codes would be reimbursed at invoice cost. Instead, Nebraska Medicaid will reimburse both codes using the applicable Medicare rate. The updated rates are listed in the attached table.

Note: No other reimbursement policy changes were made from the previous guidance issued in Provider Bulletin 22-22.

The CGM device and supply rates will also be available for reference after the next annual update on the DHHS Fee Schedule, which can be found here: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>.

CPT/HCPC code list for CGM

| CPT/HCPCS | Mod | Rate | PA | Description | Guidance |
|--------------|-----|-----------------|----------|--|---|
| E2102 | NU | \$205.36 | X | Adjunctive, non-implanted CGM or receiver | |
| E2102 | RA | \$205.36 | X | | |
| E2102 | RB | By invoice | X | | |
| E2103 | NU | \$281.13 | X | Non-adjunctive, non-implanted CGM or receiver | |
| E2103 | RA | \$281.13 | X | | |
| E2103 | RB | By invoice | X | | |
| A4238 | | \$240.98 | X | Supply allowance for adjunctive, non-implanted CGM, includes all supplies and accessories, 1 month supply + 1 unit of service | Initial PA is 6 months, renewal PA is required annually. |
| A4239 | | \$255.01 | X | Supply allowance for non-adjunctive, non-implanted CGM, includes all supplies and accessories, 1 month supply + 1 unit of service | Initial PA is 6 months, renewal PA is required annually. |
| 95249 | | \$44.40 | | Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording | This code is covered when the beneficiary begins using a new CGM device, up to once per year. |
| 95250 | | \$132.31 | | Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified healthcare professional-(office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording | This code is covered up to 4 times per year. |
| 95251 | | \$28.42 | | Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report | This code is covered up to 8 times per year. |


PA: Prior Authorization

NU: New

RB: Repair

X: Prior authorization is required

RA: Replacement



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