

Subject:	Continuous Glucose Monitoring (CGM)- Billing Guidelines		
Policy Number:	PO-RE-103v1		
Effective Date:	6/1/2024	Last Approval Date:	5/6/2024

I. Policy Description

A Continuous Glucose Monitor (CGM) is a minimally invasive device that is designed to measure and record glucose levels continuously and automatically in a patient. The device measures glucose values in the interstitial fluid of subcutaneous tissue. The goal of CGM devices is to record patterns of glucose levels and use these patterns to guide patient management and improve overall glycemic control.

Effective June 1st, 2024, Continuous Glucose Monitoring (CGM) are required to be billed with the National Drug Code (NDC) numbers and appropriate modifiers. The NDC number serves as the unique identifier for determining the specific reimbursement rates corresponding to the manufacturer and product.

The information below applies to the following lines of business.

- Child Health Plus
- Small/Individual Group (Commercial Plan)
- Essential Plan
- Medicaid Managed Care
- Medicare PPO
- Integrated Benefits Dual Connection Plan
- Health & Recovery Plan (HARP)
- Medicare Advantage
- Medicaid Advantage Plus/MAP (Complete Care)
- Qualified Health Plan (QHP)
- Managed Long Term Care Partial Capitation Plan (MLTCP - Senior Health Partners)

Reimbursement Guidelines

1. All Continuous Glucose Monitoring (CGM) codes are required to be billed with a valid corresponding National Drug Code (NDC).
2. Failure to include the correct National Drug Code (NDC) number and modifier with the Continuous Glucose Monitoring (CGM) code may result in delayed or incorrect reimbursement.

3. HCPCS codes A4239 and E2103 have different National Drug Code (NDC) numbers for each manufacturer. These codes are assigned different reimbursement rates based on the respective NDC numbers.

Service	CGMs	HCPCS Codes	Modifier	Description	NDC
Receiver, Sensor, and Transmitter	Freestyle Libre Dexcom	A4239	Yes	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Yes
	Other than Freestyle Libre and Dexcom	E2103		Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Yes

Acceptable Modifiers

Modifier	Description
KX	Glucose monitor supply for diabetic beneficiary treated with insulin.
KS	Glucose monitor supply for diabetic beneficiary NOT treated with insulin.
CS	Use this modifier only if all of the therapeutic CGM coverage criteria 1-6 in the Glucose Monitor Local Coverage Determination (LCD) (L33822) are met. **Do not use the CG modifier if any of the coverage criteria are not met

4. Healthcare Providers and billing staff are responsible for ensuring accurate coding and billing practices.
5. Documentation supporting the use of specific services codes and corresponding NDC numbers should be maintained for auditing purposes.
6. Corrected claim submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.

Billing Instructions for 837 and HCFA 1500

1. Electronic 837 submission:

Field	Electronic 837 version 5010
NDC Qualifier	Loop 2410
	LIN02 (Product/Service ID Qualifier)
National Drug Code (NDC)	Loop 2410
	LIN03 (Product/Service ID)
	Format: XXXXXXXXXXX (11 digits with hyphens omitted)
NDC Quantity	Loop 2410 CTP04 (National Drug Unit Count)
	Numeric value of quantity dispensed
Unit of Measurement	Loop 2410 (NDC Unit of Measurement)

2. CMS-1500 hardcopy submission:

- a. Using the CMS 1500 form, enter the NDC information in field 24D. Place the NDC information in the line's top shaded part and tab

24. A.		DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
		From	To		PLACE OF SERVICE		EMG	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	UNIT	ID.	RENDERING	
MM	DD	YY	MM	DD	YY			OPT/HCPCS	MODIFIER		POINTER				Qty/Day	QUAL	PROMD ID. #	
NDC # 57599-0001-01																		
01	01	24	01	01	24	11		A4239	U8			A	200.00	28		NPI	1234567899	
NDC # 57599-0002-00																		
01	01	24	01	01	24	11		E2103	UB			A	200.00	1		NPI	1234567899	

This policy outlines the billing and coding guidelines for the Continuous Glucose Monitoring System, including the HCPCS codes, acceptable modifiers, and specific NDCs associated with this policy. It is crucial to adhere to these guidelines when submitting claims to ensure accurate reimbursement for covered supplies and services, whether through electronic or hardcopy submission.

II. Applicable Codes

Code	Description	Comment
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	

A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day (non-therapeutic device)	
A9277	Transmitter, external, for use with interstitial continuous glucose monitoring system (non-therapeutic device)	
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system (non-therapeutic device)	
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	
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	

III. Definitions

Term	Meaning
CGM	Continuous Glucose Monitoring
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System
NDC	National Drug Code

IV. Related Policies

Policy Number	Policy Description
N/A	HF-Cares-Diabetes-Brochure_Final.pdf (hfproviders.org)
PO-RE-074	ReimbursementPolicy-PO-RE-074v1-Remote-Patient-Monitoring_FINAL.pdf (hfproviders.org)
PO-RE-088	REIMBURSEMENT POLICY-NDC billing requirements_final.docx (sharepoint.com)

CLINICAL POLICY –
MP-065v7

[Continuous Glucose Monitoring & Insulin Pump Coverage](#)

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

<https://www.cms.gov-Glucose Monitor>

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst’s claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst’s coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor’s revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider’s participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.