Division of Medical Services
P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437
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MEMORANDUM

TO: Interested Persons and Providers

FROM: Elizabeth Pitman, Director, Division of Medical

DATE: Services October 11, 2021

SUBJ: Continuous Glucose Monitors

As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you have any comments, please submit those comments in writing, no later than November 11, 2021.

NOTICE OF RULE MAKING

The Director of the Division of Medical Services of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 25-10-129, 20-76-201, and 20-77-107.

Effective January 1, 2022:

The Director of the Division of Medical Services (DMS) amends the Prosthetic/DME (Durable Medical Equipment) Provider Manual and the Medicaid State Plan to include coverage for Continuous Glucose Monitors (CGM). Act 643 of the 93rd General Assembly requires Arkansas Medicaid to cover the costs of CGMs and related supplies. Authorized procedure codes are updated and provided via an embedded hyperlink. The Medicaid State Plan is updated with the coverage criteria including amount, duration, and scope. Medicaid payments for the GCMs and related supplies are calculated using the Medicare rate methodology used by Medicaid. The projected annual cost of this change for state fiscal year (SFY) 2022 is $2,093,399 ($594,107 state portion with a federal match of $1,499,293) and for SFY 2023 is $4,186,799 ($1,188,213 state portion with a federal match of $2,998,585).

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than November 11, 2021. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people. This notice also shall be posted at the local office of the Division of County Operations (DCO) of DHS in every county in the state.

A public hearing by remote access only through a Zoom webinar will be held on October 20, 2021, at 1:00 p.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at **https://us02web.zoom.us/j/85292090330**. The webinar ID is **852 9209 0330**. If you would like the electronic link, "one-tap" mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at ORP@dhs.arkansas.gov.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-396-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed, and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color, or national origin. 4502035775

Elizabeth Pitman, Director
Division of Medical Services

TOC required

212.208 Continuous Glucose MonitorsReserved 8-1-051-1-22

A. The Arkansas Medicaid Program provides coverage for a continuous glucose monitor (CGM) for the treatment of a Medicaid client if the client has:

1. Either:

(a.) A presence of type 1 diabetes or any other type of diabetes with the use of insulin more than two (2) times daily; or

(b.) A presence of type 1 diabetes or any other type of diabetes with evidence of Level 2 or Level 3 hypoglycemia; or

(c.) Diagnosis of glycogen storage disease type 1a; and

2. Regular follow-up with a healthcare provider at a minimum every six (6) months to assess for ongoing benefit.

B. Definition. As used in this section, "continuous glucose monitor" means an instrument or device, including repair and replacement parts, that:

1. Is designed and offered for the purpose of aiding an individual with diabetes;

2 Measures glucose levels at set intervals by means of a small electrode placed under the skin and held in place by an adhesive; and

3 Is generally not useful to an individual who has not been diagnosed with diabetes.

C. Additional requirements are set out in Section 242.113.

242.113 Continuous Glucose Monitors 1-1-22

A. A Continuous Glucose Monitor (CGM) is covered by Arkansas Medicaid as set out in Section 212.208 of this provider manual.

B. The correct procedure codes and modifiers are found in the following link:

View or print the procedure codes and modifiers for Durable Medical Equipment (DME), oxygen equipment and supplies, orthotic appliances, prosthetic devices and medical supplies, procedures and services.

C. A prior authorization (PA) is required for a CGM. Requests for prior authorization must be submitted to DHS or its designated vendor. **View or print contact information for how to submit the request**. Requests must be made on form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components*. (**View or print form DMS-679A and instructions for completion.**)

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7. Home Health Services (Continued)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to $130.00 per month, per beneficiary. The $130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers cannot bill for underpads/diapers if a beneficiary is under the age of three years.

(6) DME/Continuous Glucose Monitors.

A. Continuous Glucose Monitors (CGM) will be covered for Arkansas Medicaid clients. The services will be provided for those clients who meet the following criteria:

(1) Either:

(a) A presence of type 1 diabetes or any other type of diabetes with the use of insulin more than two (2) times daily; or

(b) A presence of type 1 diabetes or any other type of diabetes with evidence of Level 2 or Level 3 hypoglycemia; or

(c) Diagnosis of glycogen storage disease type 1a; and

(2) Regular follow-up with a healthcare provider at a minimum every six (6) months to assess for ongoing benefit.

B. A prior authorization (PA) will be required; and

C. Rate methodology is set out in Attachment 4.19-B.

7.d. Physical therapy, occupational therapy, or speech-language pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Physical therapists must meet the requirements outlined in 42 CFR 440.110(a).

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after July 1, 2017, individual and group physical therapy are limited to six (6) units per week. Effective for dates on or after January 1, 2021, physical therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients.

8. Private Duty Nursing to enhance the effectiveness of treatment for ventilator-dependent beneficiaries or non-ventilator dependent tracheotomy beneficiaries

Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

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Services are covered for Medicaid-eligible beneficiaries age 21 and over when determined medically necessary and prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition, the beneficiary must be:

A. Ventilator dependent (invasive) or

B. Have a functioning trach

1. requiring suctioning and
2. oxygen supplementation and
3. receiving Nebulizer treatments or require Cough Assist / inexsufflator devices.

MARKUP

7. Home Health Services (Continued)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to $130.00 per month, per recipient. The $130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers cannot bill for underpads/diapers if a recipient is under the age of three years.

(6) DME/Continuous Glucose Monitors.

A. Continuous Glucose Monitors (CGM) will be covered for Arkansas Medicaid clients. The services will be provided for those clients who meet the following criteria:

(1) Either:

(a) A presence of type 1 diabetes or any other type of diabetes with the use of insulin more than two (2) times daily; or

(b) A presence of type 1 diabetes or any other type of diabetes with evidence of Level 2 or Level 3 hypoglycemia; or

(c) Diagnosis of glycogen storage disease type 1a; and

(2) Regular follow-up with a healthcare provider at a minimum every six (6) months to assess for ongoing benefit.

B. A prior authorization (PA) will be required; and

C. Rate methodology is set out in Attachment 4.19-B.

7.d. Physical therapy, occupational therapy, or speech-language pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after July 1, 2017, individual and group physical therapy are limited to six (6) units per week. Effective for dates of service on or after January 1, 2021, physical therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be provided if medically necessary for eligible Medicaid recipients.

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7. Home Health Services (Continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (continued)

(5) Aerochamber Device

Effective for dates of service on or after October 1, 1997, reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The Title XIX (Medicaid) maximum established was based on a 1997 survey of Durable Medical Equipment (DME) providers. The information obtained in the survey indicated there is only one major manufacturer and distributor of the aerochamber devices (with or without mask) to providers enrolled in the Arkansas Medicaid Program. It was determined the aerochamber devices are sold to each provider for the same price. As a result, the current Title XIX (Medicaid) maximum for the aerochamber devices (with or without mask) was established based on the actual manufacturer=s list prices. Thereafter, adjustments will be made based on the consumer price index factor to be implemented at the beginning of the appropriate State Fiscal Year, July 1.

(6) Specialized Wheelchairs, Seating and Rehab Items

Reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. Effective for claims with dates of service on or after May 1, 1995, the Title XIX (Medicaid) maximums were established utilizing the manufacturer's current published suggested retail price less 15%. The 15% is the median of Oklahoma Medicaid which is currently retail less 12% and Texas Medicaid which is currently retail less 18%. Effective for claims with dates of service on or after September 1, 1995, the following Kaye Products, procedure codes Z2059, Z2060, Z2061 and Z2062, are reimbursed at the manufacturer's current published suggested retail price. The State Agency and affected provider association representatives will review the rates annually and negotiate any adjustments.

(7) DME/Continuous Glucose Monitors.

Procedure Codes and Rates.

A. **Rates. Effective for dates of service on or after January 1, 2022, reimbursement for Continuous Glucose Monitors (CGM) and related supplies is based on the Medicare non-rural rate for the State of Arkansas (effective as of July 28, 2021, and subject to ~~increase~~ change when Medicare rates ~~increases~~ are adjusted) for the allowable procedure codes. All rates are published on the agency's website (http://human services.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-provider/see-schedules). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.**

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B. Procedure Codes. The procedure codes utilized by Arkansas Medicaid for this benefit will align with procedure codes used by Medicare.

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