

June 14, 2023

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Medical Supplier and Pharmacy Providers:

RE: Coding Corrections to numbered letter L 23-15 {Coverage of Disposable External Ambulatory Insulin Delivery System (e.g., Omnipod)} and final bulletin MMP 23-31 {Revisions to Continuous Glucose Monitoring Systems (CGMS)}

On May 23, 2023, Michigan Department of Health and Human Services (MDHHS) identified coding errors in numbered letter [L 23-15](#) and final bulletin [MMP 23-31](#). MDHHS has corrected the errors in the Medicaid Code Rate and Reference tool. These corrections are not policy related and will not be listed in the MDHHS Medicaid Provider Manual.

Numbered Letter L 23-15

Numbered letter [L 23-15](#) notified providers of changes to coverage of the Omnipod, disposable insulin pump effective April 1, 2023. The letter incorrectly listed the quantity limit as 10 pods per month rather than 15 pods per month. MDHHS reprocessed all impacted claims submitted with a quantity of 15 pods but only paid 10 pods. The claims impacted were for dates of service between April 1, 2023, and May 23, 2023. Refer to the corrected coding table below:

Code	Required Modifier	Units	Rate	Note
A9274	KH	Initial Kit = 1 controller (free) +16 pods (one pod is a training pod)	\$829.50	For initial use, providers must append the KH modifier to A9274. Providers may not bill separately for the controller or the training pod.
A9274		15 per month (pods only)	\$55.30 (per pod)	15 units = 15 pods

Final bulletin MMP 23-31

Final bulletin [MMP 23-31](#) informs providers of revisions to the continuous glucose monitoring systems (CGMS) policy effective June 1, 2023. The table in final bulletin [MMP 23-31](#) listing covered CGMS/supply healthcare common procedure coding system (HCPCS) codes incorrectly assigned the NU modifier to HCPCS codes A4238, A4239 and A9276. These items

are supply codes for CGMS and do not require the NU modifier. MDHHS has removed the NU modifier from the supply codes in the Medicaid Code Rate and Reference tool (HCPCS codes A4239 and A9276). Coverage of HCPCS code A4238 began on June 1, 2023 and reflects the code without the NU modifier in the Medicaid Code Rate and Reference Tool). All other HCPCS codes listed in the table reflect the applicable required modifiers.

For dates of service between January 1, 2023 and May 23, 2023 providers that received a denial “unable to determine a rate,” signified by claim adjustment reason code (CARC) 16 and corresponding remittance advice remark code (RARC) N65 for CGMS supply codes A4239 or A9276 may resubmit the denied claims.

Refer to the corrected table below:

Code	Description	Limit	Fee	Modifier
A4238* Coverage began June 1, 2023	Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	1 per month	\$207.24	NU No modifier required.
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial CGMS, one unit = one day supply	30 per month	\$13.32	NU No modifier required.
A9277	Transmitter; external, for use with interstitial CGMS	2 per year	\$525.51	NU
A9278	Receiver (monitor); external, for use with interstitial CGMS	1 per 3 years	\$422.47	NU
E2102 Coverage began June 1, 2023	Adjunctive, non-implanted continuous glucose monitor or receiver	1 per 3 years	\$176.61	NU
		10 per 3 years	\$17.66	RR
		1 per 3 years	\$132.46	UE
K0553** New code effective January 1, 2023 A4239	Supply allowance for therapeutic CGMS, includes all supplies and accessories, one-month supply = one unit of service	1 per month	\$236.34	NU No modifier required.
K0554 New code January 1, 2023 E2103	Receiver (monitor); dedicated, for use with therapeutic CGMS	1 per 3 years	\$248.62	NU
		10 per 3 years	\$24.86	RR
		1 per 3 years	\$186.48	UE

*Adjunctive/non-therapeutic CGMS (E2102) require the beneficiary to use a BGM to test the results shown on the CGMS prior to making a treatment decision. The BGM and BGM supplies are not included in the allowance for the adjunctive/non-therapeutic CGMS supply (A4238) and may be billed separately (within BGM policy limits). HCPCS code A4238 is comprised of all items necessary to use the device (E2102), including CGMS sensors and transmitters.

**The following HCPCS codes are included in the allowance for K0553 (effective January 1, 2023, A4239 replaces K0553) and may not be billed separately: A4233, A4234, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259, E0607, E2100 and E2101.

The remaining portions of final bulletin [MMP 23-31](#) (e.g., standards of coverage, documentation, etc.), are not impacted by the coding errors.

An electronic version of this document is available at www.michigan.gov/medicaidproviders
>> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration