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13 MAY 2026

STATE OF ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE May 01, 2026

(7) DME/Continuous Glucose Monitors.

Procedure Codes and Rates.

A. 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 change when Medicare rates are adjusted) for the allowable procedure codes. All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

B. Effective for dates of service on or after April 1, 2024, reimbursement for Continuous Glucose Monitors (CGM) and related Diabetic Supplies including patch type insulin pumps is based on Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee. Traditional insulin pumps will remain at the Medicare non-rural rate as stated in A above.

C. Effective for dates of service on or after May 01, 2026, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to Durable Medical Equipment (DME) medical claim types but remains in effect for pharmacy claim types. DME medical claims reimbursement reverts to Medicare non-rural rates as described in Paragraph 7(A).

MARKUP

TOC not required

212.208 Continuous Glucose Monitors

~~8-1-24~~5-1-26

A. ~~Effective 4/1/2024, c~~Continuous glucose monitors (CGMs) are available to beneficiaries ~~processed as a~~ through the pharmacy claims process ~~submission~~ by pharmacies and~~or~~ Durable Medical Equipment (DME) providers. ~~Beneficiaries must meet the following criteria for coverage:~~ or by DME providers when billed through the medical claims process using HCPCS codes.

1. ~~Either:~~Criteria for coverage of CGMs will be consistent with Medicare Local Coverage Determinations.

   ~~a. A presence of type 1 diabetes or any other type of diabetes with the use of insulin; 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; or~~

   ~~d. Use of an insulin pump; and~~

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

3. **See the DHS Pharmacy Vendor's website** for specific information ~~for~~ about coverage details regardless of which billing process is used.

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

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

2 Automatically estimates blood glucose levels, also called blood sugar, throughout the day and night; and

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

Beneficiaries with Medicare Part B benefits continue to be serviced under the DME medical billing program only.

MARK-UP

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

SENATE BILL 576

By: Senator B. Davis
By: Representative Pilkington

For An Act To Be Entitled

AN ACT TO AMEND THE COVERAGE OF CONTINUOUS GLUCOSE MONITORS WITHIN THE ARKANSAS MEDICAID PROGRAM; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE COVERAGE OF CONTINUOUS GLUCOSE MONITORS WITHIN THE ARKANSAS MEDICAID PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-77-148(b)(1), concerning the requirements for coverage of a continuous glucose monitor, is amended to read as follows:

(1) Either:

(A) A presence of type 1 diabetes or any other type of diabetes with:

(i) The use of insulin ~~more than two (2) times daily~~ in accordance with Medicare policy; or

(ii) Evidence of Level 2 or Level 3 hypoglycemia; or

(B) Diagnosis of glycogen storage disease type Ia; and

APPROVED: 4/16/25

State of Arkansas *As Engrossed: S4/3/25*
95th General Assembly **A Bill**
Regular Session, 2025 HOUSE BILL 1255

By: Representative Wooldridge
By: Senator B. Davis

For An Act To Be Entitled

AN ACT TO AMEND THE COVERAGE OF A CONTINUOUS GLUCOSE MONITOR IN THE ARKANSAS MEDICAID PROGRAM; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE COVERAGE OF A CONTINUOUS GLUCOSE MONITOR IN THE ARKANSAS MEDICAID PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-77-148(c), concerning the coverage of a continuous glucose monitor within the Arkansas Medicaid Program, is amended to read as follows:

(c) Coverage for a continuous glucose monitor under the Arkansas Medicaid Program shall allow the beneficiary to obtain a continuous glucose monitor through:

(1) A ~~a~~ prescription at a pharmacy and be eligible for rebates as a pharmacy benefit; or

(2)(A) A written order from a ordering practitioner for durable medical equipment provided by a durable medical equipment provider and be eligible as a durable medical equipment benefit.

(B) A durable medical provider shall not be required to submit a National Drug Code as part of any claim submission under this section.

SECTION 2. Arkansas Code § 20-77-148, concerning coverage of

continuous glucose monitors within the Arkansas Medicaid Program, is amended to add an additional subsection to read as follows:

(d) Regardless of whether the coverage for a continuous glucose monitor is provided through a pharmacy or a durable medical equipment provider, the Department of Human Services shall:

(1) Implement consistent approval requirements; and

(2) Reimburse for a continuous glucose monitor provided by a durable medical equipment provider at no less than the Medicare reimbursement under the Healthcare Common Procedure Coding System.

/s/Wooldridge

APPROVED: 4/17/25