

TOC required**212.208 Continuous Glucose Monitors****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/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.
- 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.**)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, ~~2021~~2022

CATEGORICALLY NEEDY

7. Home Health Services (Continued)

7.c. ~~Medical supplies, equipment, and appliances suitable for use in the home. In accordance with 42 CFR 440.70(b)(3) medical supplies, equipment and appliances are suitable for use in any setting in which normal life activities take place.~~
(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; 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.

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.

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 / inxsufflator devices.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, ~~2021~~2022

MEDICALLY NEEDED

7. Home Health Services (Continued)

- 7.c. ~~Medical supplies, equipment, and appliances suitable for use in the home. In accordance with 42 CFR 440.70(b)(3) medical supplies, equipment and appliances are suitable for use in any setting in which normal life activities take place. (Continued)~~ (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/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.

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.

MARKUP

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

April-January 1,
20022022

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.

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

State of Arkansas *As Engrossed: S3/16/21 S3/18/21*
93rd General Assembly
Regular Session, 2021

A Bill

SENATE BILL 521

By: Senators B. Davis, T. Garner
By: Representatives Pilkington, McCollum

For An Act To Be Entitled

AN ACT TO MANDATE THAT THE ARKANSAS MEDICAID PROGRAM
COVER A CONTINUOUS GLUCOSE MONITOR FOR AN INDIVIDUAL
WITH DIABETES; AND FOR OTHER PURPOSES.

Subtitle

TO MANDATE THAT THE ARKANSAS MEDICAID
PROGRAM COVER A CONTINUOUS GLUCOSE
MONITOR FOR AN INDIVIDUAL WITH DIABETES.

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

SECTION 1. Arkansas Code Title 20, Chapter 7, Subchapter 1, is amended
to add an additional section to read as follows:

20-7-141. Continuous glucose monitor – Definition.

(a) 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.

(b) The Arkansas Medicaid Program shall provide coverage for a
continuous glucose monitor for the treatment of an individual if the
individual has:

(1) Either:



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

3 (i) The use of insulin more than two (2) times
4 daily; or

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

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

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

9
10 SECTION 2. TEMPORARY LANGUAGE. DO NOT CODIFY. Rules.

11 (a) The Secretary of the Department of Human Services shall promulgate
12 rules necessary to implement Section 1 of this act.

13 (b)(1) When adopting the initial rules to implement Section 1 of this
14 act, the final rule shall be filed with the Secretary of State for adoption
15 under § 25-15-204(f):

16 (A) On or before January 1, 2022; or

17 (B) If approval under § 10-3-309 has not occurred by
18 January 1, 2022, as soon as practicable after approval under § 10-3-309.

19 (2) The Secretary of the Department of Human Services shall file
20 the proposed rule with the Legislative Council under § 10-3-309(c)
21 sufficiently in advance of January 1, 2022, so that the Legislative Council
22 may consider the rule for approval before January 1, 2022.

23
24
25 /s/B. Davis

26
27
28 **APPROVED: 4/12/21**
29
30
31
32
33
34
35
36