

**DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 25-AP: Medical Equipment Devices and Supplies (MEDS) – Reimbursement Methodology Revisions For Continuous Glucose Monitors (CGMs)**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS). Public comment information is at the bottom of this document.

**Changes to Medicaid State Plan**

Effective on or after September 1, 2025, SPA 25-AP will amend Attachment 4.19-B of the Medicaid State Plan in order to implement the following reimbursement methodology changes to continuous glucose monitors (CGMs) reimbursed under the Medical Equipment Supplies and Devices (MEDS) benefit.

Effective for dates of service September 1, 2025, and forward, the Department of Social Services (DSS) is updating the MEDS Pricing Policy for CGM systems by adding 100% of the Medicare fee schedule rate as a third pricing tier to the following CGM procedure codes:

<b>Code</b>	<b>Description</b>	<b>Reimbursement for A4238 &amp; E2102</b>
A4238	Supply allowance for <b>adjunctive, non-implanted</b> (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Lesser of: <ul style="list-style-type: none"><li>• Manufacturer’s Suggested Retail Price (MSRP) minus 15% or</li><li>• Actual Acquisition Cost (AAC) plus 25% or</li><li>• <b>100% of the Medicare Fee Schedule</b></li></ul>
E2102	<b>Adjunctive, non-implanted</b> continuous glucose monitor or receiver	
A4239	Supply allowance for <b>non-adjunctive, non-implanted</b> continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service.	Lesser of: <ul style="list-style-type: none"><li>• Manufacturer’s Suggested Retail Price (MSRP) minus 15% or</li><li>• Actual Acquisition Cost (AAC) plus 25% or</li><li>• <b>100% of the Medicare Fee Schedule</b></li></ul>
E2103*	<b>Non-adjunctive, non-implanted</b> continuous glucose monitor or receiver	Lesser of: <ul style="list-style-type: none"><li>• Manufacturer’s Suggested Retail Price (MSRP) minus 15% or</li><li>• Actual Acquisition Cost (AAC) plus 25% or</li><li>• <b>100% of the Medicare Fee Schedule</b></li></ul>

\*Please note this proposed amendment does not change the reimbursement for the FreeStyle Libre Adjunctive, non-implanted CGM receiver which will continue to be priced at \$96.25.

DSS is making this change from the previously established reimbursement methodology to align with the DME regulation and DSS' pricing policy for MEDS which require the lowest Medicare rate as a component of the payment limitations for reimbursing DME.

HUSKY Health members will continue to have access to CGM systems through the MEDS benefit as well as through the Pharmacy Point of Sale (POS) benefit and will not be impacted by this change.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download", then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

### **Fiscal Impact**

DSS estimates this reimbursement methodology change will decrease annual aggregate expenditures by approximately \$(381,782) in State Fiscal Year (SFY) 2026 and \$(471,883) SFY 2027.

### **Compliance with Federal Access Regulations**

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to medical equipment devices and supplies for which rates are being reduced or payment is being restructured in a manner that could affect access, as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

### **Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS resource center, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "25-AP: Medical Equipment Devices and Supplies (MEDS) – Reimbursement Methodology Revisions For Continuous Glucose Monitors (CGMs)."

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than August 20, 2025.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut**Home Health Services (Continued)**

**(d) Medical supplies, equipment and appliances suitable for use in the home** – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies, equipment and appliances suitable for use in the home. The agency’s fee schedule rates were set as of September 1, 2025, and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule. Over-the-counter products provided by pharmacies, including COVID-19 at-home test kits, are reimbursed at Average Wholesale Price (AWP) with no dispensing fee, except for blood glucose testing strips which are reimbursed at WAC (Wholesale Acquisition Cost) with no dispensing fee and alcohol prep pads which are reimbursed at a maximum amount of \$6.00 per 100 prep pads with no dispensing fee. COVID-19 vaccines will be reimbursed at AWP + \$1.00 with no dispensing fee.

Prescription products and devices provided by pharmacies, including continuous glucose monitoring (CGM) devices, are reimbursed at the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy’s actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug.

TN # 25-AP

Approval Date \_\_\_\_\_

Effective Date 09/01/2025

Supersedes

TN # 25-0020