

Continuous Glucose Monitors

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines
• Home Blood Glucose Monitors (NCD 40.2)
• Durable Medical Equipment Reference List (NCD 280.1)
• Infusion Pumps (NCD 280.14)
• KX Modifier

Related Medicare Advantage Coverage Summaries
• Diabetes Management, Equipment and Supplies
• Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies
• Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid

Policy Summary

[↪ See Purpose](#)

Overview

The general term Continuous Glucose Monitor (CGM) refers to both therapeutic/non-adjunctive and non-therapeutic/adjunctive CGMs.

A therapeutic or non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone blood glucose monitor (BGM) to confirm testing results. A non-therapeutic or adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions. On February 28, 2022, CMS determined that both therapeutic/non-adjunctive and non-therapeutic/adjunctive CGMs may be classified as Durable Medical Equipment (DME).

Patient Coverage Criteria for nonimplantable (DME) CGMs

Refer to the Non-Medical Necessity Coverage and Payment Rules and Coding Guidelines sections in the LCD-related Policy Article for additional information regarding classification of CGMs as DME.

To be eligible for coverage of a CGM and related supplies, the beneficiary must meet all of the following coverage criteria (1 – 5):

1. The beneficiary has diabetes mellitus; and
2. The beneficiary is insulin-treated with multiple (three or more) daily administrations of insulin or a subcutaneous insulin infusion (CSII) pump; and
3. The beneficiary’s insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and

4. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1 - 3 under Patient Coverage Criteria) above are met; and
5. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to his or her CGM regimen and diabetes treatment plan.

When a CGM (code K0554 or E2102) is covered, the related supply allowance (code K0553 or A4238) is also covered. Supplies (code A4238) for an adjunctive CGM integrated into an external insulin infusion pump are covered when the beneficiary meets both the CGM coverage criteria and the coverage criteria for an external insulin infusion pump. Refer to the External Infusion Pumps LCD (L33794) for additional information regarding billing a CGM receiver incorporated into an insulin infusion pump.

If any of coverage criteria (1 - 5) are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

Non-Adjunctive CGM Devices and Supplies

Non-adjunctive CGM devices replace standard home BGMs (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259). Claims for a BGM and related supplies, billed in addition to a non-adjunctive CGM device (code K0554) and associated supply allowance (code K0553), will be denied.

For non-adjunctive CGMs, the supply allowance (K0553) also includes a home BGM and related supplies (test strips, lancets, lancing device, calibration solution, and batteries), if necessary. Supplies used with a non-covered CGM are considered non-covered (no Medicare benefit) and must not be billed using HCPCS code K0553 or A4238.

Adjunctive CGM Devices and Supplies

Adjunctive CGM devices do not replace a standard home BGM. The supply allowance for an adjunctive CGM (A4238) encompasses all items necessary for the use of the device and includes but is not limited to, CGM sensors and transmitters. Code A4238 does not include a home BGM and related BGM testing supplies. These items may be billed separately, in addition to code A4238. Refer to the Coding Guidelines section in the LCD-related Policy Article for additional information.

For claims with dates of service on or before March 31, 2022, adjunctive CGMs which meet the definition of DME must be billed with code E1399. For claims with dates of service on or after April 1, 2022, adjunctive CGMs which meet the definition of DME must be billed with code E2102. There are currently no stand-alone adjunctive CGMs on the United States (US) market which meet the definition of DME (as described under the Non-Medical Necessity Coverage And Payment Rules section). However, there are adjunctive CGMs incorporated into an insulin infusion pump on the US market which may meet the definition of DME. Refer to the External Infusion Pumps LCD (L33794) for additional information on billing a CGM receiver incorporated into an insulin infusion pump.

For claims with dates of service on or before March 31, 2022, adjunctive CGM disposable supplies which fall under the DME benefit must be billed with code A9999 (Miscellaneous DME Supply Or Accessory, Not Otherwise Specified) for the supply allowance.

For claims with dates of service on or after April 1, 2022, adjunctive CGM disposable supplies which fall under the DME benefit must be billed with code A4238 for the supply allowance.

The CGM supply allowance includes all items necessary for the use of the device and includes, but is not limited to, CGM sensors and transmitters.

Patient Coverage Criteria for implantable CGMs

Implantable continuous glucose monitors (I - CGMs) are class III medical devices that require premarket approval by the FDA (e.g., Eversense). The FDA recently approved expanding the indications of an implantable CGM product to replace fingerstick blood glucose measurements for diabetes treatment decisions.

Coverage and Limitations vary by LCD. There are several requirements, which include having diabetes mellitus and receiving insulin treatment. Refer to the appropriate LCDs for specific individual state coverage guidelines.

Miscellaneous Coding Information

- The supply allowance (code K0553 or A4238) is billed as 1 Unit of Service (UOS) per 30 days. Only one (1) UOS of code K0553 or A4238 may be billed at a time. Billing more than 1 UOS per 30 days of code K0553 or A4238 will be denied as not reasonable and necessary. Refer to the Coding Guidelines section in the LCD-related Policy Article for additional billing instructions.
- Therapeutic non-adjunctive CGM devices replace a standard home blood glucose monitor (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233-A4236, A4244-A4247, A4250, A4253, A4255-A4259). Claims for a BGM and related supplies, billed in addition to an approved CGM device (code K0554) and associated supply allowance (code K0553), will be denied.

Suppliers are reminded that the use of the CG and KX modifiers are required, as appropriate, with the HCPCS codes describing both adjunctive and non-adjunctive CGM devices and the associated supply allowance codes.

- Use modifier KX if the beneficiary is insulin treated (Please refer to Q&A section #4). or
- Use modifier KS if the beneficiary is non-insulin treated.

The KX modifier must not be used for a beneficiary who is not treated with insulin administrations.

The CG modifier must be added to the claim line only if all of the CGM coverage criteria in the Glucose Monitor Local Coverage Determination are met. If any of the coverage criteria for a CGM are not met, the CG modifier must not be used.

If any coverage criteria are not met (see section above on Patient Coverage Criteria for nonimplantable (DME) CGMs), the CGM and related supply allowance will be denied as not reasonable and necessary.

The following HCPCS codes are considered not valid for Medicare purposes and are non-covered:

- A9276 - Sensor; Invasive (e.g., Subcutaneous), Disposable, For Use With Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply
- A9277 - Transmitter; External, For Use With Interstitial Continuous Glucose Monitoring System
- A9278 - Receiver (Monitor); External, For Use With Interstitial Continuous Glucose Monitoring System

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification:

For CPT codes 0446T and 0448T, refer to the applicable LCDs for diagnosis codes that support coverage for implantable continuous glucose monitoring (I - CGM). For CPT code 0447T, there are no diagnosis code limitations applied at this time. For HCPCS codes A4238, E2102, K0553 and K0554, refer to the modifier and diagnosis code tables below and the Q&A section #4.

CPT Code	Description
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation

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HCPCS Code	Description
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service (Effective 04/01/2022)
A9270	Non-covered item or service
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply (Invalid)
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system (Invalid)
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system (Invalid)
A9999	Miscellaneous DME supply or accessory, not otherwise specified (Effective 02/28/2022 – 03/31/2022)
E1399	Durable medical equipment, miscellaneous (Effective 02/28/2022 – 03/31/2022)
E2102	Adjunctive continuous glucose monitor or receiver (Effective 04/01/2022)
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

Modifier	Description
For A4238, E2102, K0553, K0554	
CG	Policy criteria applied
KS	Glucose monitor supply for diabetic beneficiary not treated by insulin (beneficiary is non-insulin treated)
KX	Requirements specified in the medical policy have been met (beneficiary is treated with insulin)

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without non-ketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, left eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E08.3293	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, unspecified eye
E08.3311	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3391	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without non-ketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, unspecified eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E09.3291	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3391	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.3211	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, unspecified eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E10.3291	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without non-ketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, right eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E11.3392	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without non-ketotic hyperglycemic-hyperosmolar coma (NKHHC)

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, left eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E13.3413	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24.019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium

Diagnosis Code	Description
For A4238, E2102, K0553, K0554	
O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium

Questions and Answers

1	Q:	What is the definition of a “Therapeutic” CGM?
	A:	“Therapeutic” CGMs are CGM systems approved by the FDA to replace other blood glucose monitoring systems and to make diabetes treatment decisions. The device classification was established by CMS on 01/12/2017.
2	Q:	What is the definition of an adjunctive and non-adjunctive CGM?
	A:	An adjunctive CGM can alert patients when glucose levels are approaching dangerous levels, including while they sleep but do not replace blood glucose monitors, as long as the CGM satisfies the regulatory definition of DME. A non- adjunctive CGM can alert patients when glucose levels are approaching dangerous levels, including while they sleep and also replace blood glucose monitors, as long as the CGM satisfies the regulatory definition of DME (refer to 42 CFR 414.202 for Durable Medical Equipment).
3	Q:	Will Medicare Advantage cover my supplies when I only have a smart device (smart phones, tablets, personal computers, etc.) and I’m not using a CGM receiving device, other than my smart device?
	A:	No, the DME Benefit excludes coverage for the smart device (smart phones, tablets, personal computers, etc.) when used as the only receiving device. In addition, non-medical items, even when the items may be used to serve a medical purpose are not covered when the smart device is the only device used. A CGM receiver must be used in conjunction with the smart device for supplies to be covered.

4	Q:	How does UHC determine if a member is insulin dependent?
	A:	<p>For dates of service on or before May 11, 2021, UHC requires the use of ICD-10 code Z79.4 in addition to the applicable diabetes diagnosis coding OR requires the use of both KX and CG modifiers when billed with an applicable procedure code (e.g., K0553, K0554) and any of the “applicable diabetes diagnosis codes” listed in this policy guideline. (Note: Append modifier CG only if all of the therapeutic CGM coverage criteria are met. If any of the coverage criteria for a therapeutic CGM are not met, the CG modifier must not be used.)</p> <p>For dates of service on or after May 12, 2021, UHC no longer requires the use of ICD-10 code Z79.4 in addition to the applicable diabetes diagnosis coding. The use of modifier KX indicates the member is treated with insulin, and modifier CG indicates all CGM coverage criteria are met and should not be used if any of the coverage criteria are not met. Therefore, modifiers KX and CG are required when billed with HCPCS code(s) A4238, E2102, K0553, K0554 and any of the “applicable diabetes diagnosis codes” listed in this policy guideline.</p>

References

CMS National Coverage Determinations (NCDs)

[NCD 40.2 Home Blood Glucose Monitors](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33822 Glucose Monitors	A52464 Glucose Monitor - Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
	A58798 Response to Comments: Glucose Monitors – DL33822	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L38617 Implantable Continuous Glucose Monitors (I - CGM)	A58110 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	Novitas	AR, CO, DC, DE, LA, MD MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD MS, NJ, NM, OK, PA, TX
L38623 Implantable Continuous Glucose Monitors (I - CGM)	A58116 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L38657 Implantable Continuous Glucose Monitors (I - CGM)	A58133 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38659 Implantable Continuous Glucose Monitors (I - CGM)	A58138 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38662 Implantable Continuous Glucose Monitors (I - CGM)	A58127 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	CGS	KY, OH	KY, OH
L38664 Implantable Continuous Glucose Monitors (I - CGM)	A58136 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	First Coast	FL, PR, VI	FL, PR, VI
L38686 Implantable Continuous Glucose Monitors (I - CGM)	A58213 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, KS, MO, NE
L38743 Implantable Continuous Glucose Monitors (I - CGM)	A58277 Billing and Coding: Implantable Continuous Glucose Monitors (I - CGM)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

CMS Benefit Policy Manual

[Chapter 15: § 110 Durable Medical Equipment-General](#)

CMS Claims Processing Manual

[Chapter 20: § 10.2 Coverage Table for DME Claims, § 50 Payment for Replacement of Equipment, § 100 General Documentation Requirements, § 110 General Billing Requirements for DME, § 140 Billing for Supplies](#)
[Chapter 23: § 60 Durable Medical Equipment Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#)
[Chapter 26: § 10.5 Place of Service Codes \(POS\) and Definitions](#)

CMS Transmittal(s)

[Transmittal 4328, Change Request 11334, Dated June 28, 2019, July Quarterly Update for 2019 Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#)
[Transmittal 11137, Change Request 12521, Dated December 2, 2021, Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#)
[Transmittal 11268, Change Request 12623, Dated February 17, 2022, Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2022 Update](#)
[Transmittal 11292, Change Request 12654, Dated March 10, 2022, April Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#)
[Transmittal 11408, Change Request 12747, Dated May 12, 2022, Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - July 2022 Update](#)

MLN Matters

[MLN Matters MM12345, July Quarterly Update for 2021 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Fee Schedule](#)
[MLN Matters MM10013, Two New “K” Codes for Therapeutic Continuous Glucose Monitors](#)
[MLN Matters MM12654, April Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Fee Schedule](#)
[MLN Matters SE18011, Current Medicare Coverage of Diabetes Supplies](#)

UnitedHealthcare Commercial Policies

[Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#)
[Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#)

Other(s)

[CGS March 24, 2022 LCD and Policy Article Revisions Summary for March 24, 2022](#)
[CGS April 2022 HCPCS Code Updates](#)
[CGS Continuous Glucose Monitors – Correct Coding and Billing, February 24, 2022](#)
[Noridian—Continuous Glucose Monitors – Correct Coding and Billing, February 24, 2022 – Retired](#)
[Continuous Glucose Monitors – Correct Coding and Billing – Revised, March 17, 2022](#)
[PDAC Code Verification Reviews for CGM Devices – Coding and Billing, March 17, 2022](#)
[CGS Documentation Checklist for Continuous Glucose Monitors and Supplies](#)
[CGS letter to provider about CGMs](#)
[CGS- Billing Reminder for the K0553 Supply Allowance for Continuous Glucose Monitors \(CGMs\)](#)
[CGS- Advanced Modifier Engine for DME HCPCS codes](#)
[CMS HCPCS Application Summaries and Coding Recommendations: Second Biannual, 2021 HCPCS Coding Cycle, 61-62. Code of Federal Regulations, Title 42, Section 414.202 Definitions, Durable Medical Equipment](#)
[Durable Medical Equipment \(DME\) Center](#)
[DMEPOS Fee Schedule](#)
[DMECS- DME Coding System](#)
[Medicare Minute: Coverage and Coding of Continuous Glucose Monitors \(Recorded 03/15/2017\)](#)
[Modifier KS - Noridian](#)
[Modifier KX, KS - CGS](#)
[Noridian - Glucose Monitors](#)
[CMS Issues Interim Final Rules with Comment \(CMS-1744-IFC & CMS-5531-IFC\) – COVID-19 Public Health Emergency – Revised](#)
[Classification of Therapeutic Continuous Glucose Monitors as DME under Medicare Part B, CMS Ruling CMS-1682-R, Dated January 12, 2017, CMS Website](#)
[CMS-1738-P, Federal Register, Vol. 85, No. 214, November 4, 2020 Proposed Rules, Section VI \(pp. 70398-70404\)](#)
[CMS-1738-F, Federal Register, Vol. 86, No. 246, December 28, 2021 Final Rule](#)
[Federal Register, Vol. 86, No. 73, April 19, 2021 Final Rule, Continuous Glucose Monitor Secondary Display \(page 20281\)](#)
[ICD-10 - CM Official Guidelines for Coding and Reporting FY 2021](#)
[Insulin Infusion Pumps with Integrated Continuous Glucose Sensing Capabilities and Related Accessories/Supplies - Codes E0787 and A4226 - Correct Coding; Noridian Website – Retired](#)
[Noridian DME Jurisdiction A Supplier Manual](#)
[Noridian DME Jurisdiction D Supplier Manual](#)
[CGS DME Jurisdiction B Supplier Manual](#)
[CGS DME Jurisdiction C Supplier Manual](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

*Date	Summary of Changes
06/08/2022	<p>Policy Summary</p> <p><i>Overview</i></p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ The general term “Continuous Glucose Monitor (CGM)” refers to both therapeutic/non-adjunctive and non-therapeutic/adjunctive CGMs ○ A therapeutic or non-adjunctive CGM can be used to make treatment decisions without the need for a stand-alone blood glucose monitor (BGM) to confirm testing results <ul style="list-style-type: none"> ▪ A non-therapeutic or adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions ▪ On Feb. 28, 2022, the Centers for Medicare & Medicaid Services (CMS) determined that both therapeutic/non-adjunctive and non-therapeutic/adjunctive CGMs may be classified as Durable Medical Equipment (DME) <p><i>Patient Coverage Criteria for Nonimplantable (DME) CGMs</i></p> <ul style="list-style-type: none"> ● Updated instruction to clarify both the <i>Non-Medical Necessity Coverage and Payment Rules and Coding Guidelines</i> sections in the Local Coverage Determination (LCD)-related Policy Article should be referenced for additional information <i>regarding classification of CGMs as DME</i> ● Replaced language indicating “therapeutic CGMs and related supplies are covered by Medicare when all of the [listed] coverage criteria are met” with “to be eligible for coverage of a CGM and related supplies, the beneficiary must meet all of the [listed] coverage criteria” ● Added language to indicate: <ul style="list-style-type: none"> ○ When a CGM (HCPCS codes K0554 or E2102) is covered, the related supply allowance (HCPCS codes K0553 or A4238) is also covered ○ Supplies (HCPCS code A4238) for an adjunctive CGM integrated into an external insulin infusion pump are covered when the beneficiary meets both the CGM coverage criteria and the coverage criteria for an external insulin infusion pump; refer to the <i>External Infusion Pumps Local Coverage Determination (LCD) (L33794)</i> for additional information regarding billing a CGM receiver incorporated into an insulin infusion pump ○ If any coverage criteria [in the policy] are not met, the CGM and related supply allowance will be denied as not reasonable and necessary <p>Non-Adjunctive CGM Devices and Supplies</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ Non-adjunctive CGM devices replace standard home BGMs (HCPCS codes E0607, E2100, and E2101) and related supplies (HCPCS codes A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, and A4259); claims for a BGM and related supplies, billed in addition to a non-adjunctive CGM device (HCPCS code K0554) and associated supply allowance (HCPCS code K0553), will be denied ○ For non-adjunctive CGMs, the supply allowance (HCPCS code K0553) also includes a home BGM and related supplies (test strips, lancets, lancing device, calibration solution, and batteries), if necessary; supplies used with a non-covered CGM are considered non-covered (no Medicare benefit) and must not be billed using HCPCS codes K0553 or A4238 <p>Adjunctive CGM Devices and Supplies</p> <ul style="list-style-type: none"> ● Reformatted and revised language pertaining to adjunctive CDM devices, supplies, and accessories to indicate: <ul style="list-style-type: none"> ○ Adjunctive CGM devices do not replace a standard home BGM <ul style="list-style-type: none"> ▪ The supply allowance for an adjunctive CGM (HCPCS code A4238) encompasses all items necessary for the use of the device and includes, but is not limited to, CGM sensors and transmitters ▪ HCPCS code A4238 does not include a home BGM and related BGM testing supplies; these items may be billed separately, in addition to HCPCS code A4238 ▪ Refer to the <i>Coding Guidelines</i> section in the LCD-related Policy Article for additional information ○ For claims with dates of service on or before Mar. 31, 2022, adjunctive CGMs which meet the definition of DME must be billed with HCPCS code E1399

*Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ For claims with dates of service on or after Apr. 1, 2022, adjunctive CGMs which meet the definition of DME must be billed with HCPCS code E2102 ▪ There are currently no stand-alone adjunctive CGMs on the United States (US) market which meet the definition of DME (as described under the <i>Non-Medical Necessity Coverage and Payment Rules</i> section); however, there are adjunctive CGMs incorporated into an insulin infusion pump on the US market which may meet the definition of DME ○ For claims with dates of service on or before Mar. 31, 2022, adjunctive CGM disposable supplies which fall under the DME benefit must be billed with HCPCS code A9999 (miscellaneous DME supply or accessory, not otherwise specified) for the supply allowance ○ For claims with dates of service on or after Apr. 1, 2022, adjunctive CGM disposable supplies which fall under the DME benefit must be billed with HCPCS code A4238 for the supply allowance ○ The CGM supply allowance includes all items necessary for the use of the device and includes, but is not limited to, CGM sensors and transmitters <p>Patient Coverage Criteria for Implantable CGMs</p> <ul style="list-style-type: none"> ● Removed language indicating the FDA approved indication must include use as a therapeutic CGM in order to be considered reasonable and necessary <p>Miscellaneous Coding Information</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Only one (1) Unit of Service (UOS) of HCPCS code A4238 may be billed at a time; billing more than 1 UOS per 30 days will be denied as not reasonable and necessary ○ Refer to the <i>Coding Guidelines</i> section in the LCD-related Policy Article for additional billing instructions ● Removed language indicating HCPCS codes A9276 and A9277 are not used to bill for supplies used with code K0554 [receiver (monitor)] <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version MPG363.14

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).