

State of Kansas  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Public Notice

The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Continuous Glucose Monitors (CGM) will be covered under the Durable Medical Equipment (DME) benefit. The beneficiary must be under the care of, and services must be prescribed by, a physician or qualified practitioner who is managing the beneficiary's diabetes.

The proposed effective date for the State Plan Amendment (SPA) is January 1, 2024.

Fee-For-Service Only	Estimated Federal Financial Participation
FFY 2024	\$ 516,512
FFY 2025	\$ 688,682

To request a copy of the proposed SPA, to submit a comment, or to review comments, please contact William C. Stelzner by email at [william.stelzner@ks.gov](mailto:william.stelzner@ks.gov) , or by mail:

William C. Stelzner  
Kansas Department of Health and Environment  
Division of Health Care Finance  
900 SW Jackson, Room 900N  
Topeka, KS 66612.

The last day for public comment is December 11, 2023.

Draft copies of the proposed SPA may also be found at a Local Health Department (LHD).

Christine Osterlund  
Interim Medicaid Director  
Deputy Secretary of Agency Integration and Medicaid  
Division of Health Care Finance  
Kansas Department of Health and Environment

**PREVENTIVE SERVICES LIMITATIONS**

**Subcutaneous Continuous Glucose Monitors (CGM) Support**

**Program:**

The beneficiary receiving a CGM device must be under the care of, and services must be prescribed by, a physician or qualified practitioner who is managing the beneficiary's Type 1 or Type 2 diabetes.

Criteria for receiving a CGM device:

1. Short term use (three to seven days) for diagnostic purposes.
2. Long term use for the following clinical situations:
  1. Type 1 Diabetes with poor control requiring multiple changes in Insulin dosing and/or clinical symptoms related to hypo or hyperglycemia.
  2. Type 2 Diabetes requiring insulin administration in addition to other medication and/or despite being compliant with prescribed treatment.

**Limitations:**

Prior Authorization for CGM device is required and will be valid for a period not to exceed 12 months.

Reauthorization Requirements:

1. Attestation by treating provider that the device is medically necessary.
2. Attestation by treating provider of compliance and appropriate use of the device.

**Services:**

Subcutaneous Continuous Glucose Monitors (GCM) Support services include:

- Initial assessment for CGM device
- Professional management
- Ongoing evaluations of device as well as the proper use of the device by the beneficiary
- Replacement of the device as warranted

**Providers:**

Physicians

Other Practitioners:

- APRNs
- Physician Assistants

**Provider Qualifications:**

Physicians – An individual licensed by the State of Kansas to provide services within their scope of practice.

Other Practitioners – An individual licensed by the State of Kansas to provide services within their scope of practice.

# KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#13.c.4.  
Page 1

## PREVENTIVE SERVICES LIMITATIONS

### Methods and Standards for Establishing Payment Rates

#### Subcutaneous Continuous Glucose Monitors (GCM) Support

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of January 1, 2024 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

# KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#12.c.  
Page 1

## Methods and Standards for Establishing Payment Rates

### **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)**

(1) To satisfy the statute at 1903(i)(27) of the Social Security Act, if the item of DMEPOS is covered by Medicare, the Medicaid fee will be 80% of the Non-Rural Medicare fee schedule. State Only Funds will be used when access issues arise.

(2) For items of DMEPOS not paid at the Medicare fee, the fee will be set by the State Medicaid agency and will be determined from pricing information gathered from providers, manufacturers, surveys of the Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.

(3) Manual pricing is reasonable when one procedure code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the procedure code, resulting in access-to-care issues. Examples include 1) procedure codes with a description of “not otherwise specified,” “unclassified,” or “other miscellaneous;” and 2) procedure codes covering customized items.

(4) The Medicaid fees for oxygen equipment, oxygen, and oxygen-related supplies will be 80% of the Non-Rural Medicare fee schedule, as stated in Section (1), for the same procedure code.

(5) Effective July 1, 2023, self-monitoring blood pressure devices are added to the DMEPOS list.

(6) Effective January 1, 2024, subcutaneous continuous glucose monitors (CGM) are added to the DMEPOS list.

SEE ATTACHMENT 4.19-b, #12.C., Page 2 FOR THE PUBLISHED STATE DEVELOPED FEE SCHEDULE RATES

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#12.c.  
Page 2

### Methods and Standards for Establishing Payment Rates

#### **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)**

CONTINUATION FROM ATTACHMENT 4.19-b, #12.c., Page 1:

(7) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of January 1, 2024 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at

<https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

(8) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the Total Parenteral Nutrition (TPN) solutions. The agency's fee schedule rate was set as of May 1, 2020 and is effective for TPN solutions provided on or after that date. The agency's established fee schedule rates are published on the agency's website at

<https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

The links in (7) and (8) will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list – TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.