

## DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

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**SUBJECT:** Continuous Glucose Monitors Billing Amendment (20 CAR pts. 570, 641)

**DESCRIPTION:**

Statement of Necessity

The Division of Medical Services (DMS) implements Acts 623 and 857 of 2025. Act 623 amended the coverage criteria of Continuous Glucose Monitors (CGM) by Arkansas Medicaid to now be in accordance with Medicare policy. Act 857 provides that the Arkansas Medicaid Program will amend the coverage of CGM to allow a beneficiary to obtain them through a pharmacy or a Durable Medical Equipment (DME) provider.

DME providers now will be able to use Healthcare Common Procedure Coding System (HCPCS) billing codes when billing DME type medical claims for beneficiaries. The pharmacy billing options, including the web portal, remain available. The DME provider billing with CGM HCPCS codes will not be required to provide a National Drug Code.

All processes for billing CGM will have consistent approval requirements with prior authorization criteria that are no more restrictive than Medicare Local Coverage Determinations (LCD) in compliance with Act 623. Thus, DME criteria now matches pharmacy program coverage criteria, which previously was updated to reflect Medicare LCD.

While the pharmacy claims process (with reimbursement at Wholesale Acquisition Cost (WAC) plus a professional dispensing fee) remains, the Act states that the DME provider reimbursement with HCPCS for medical claims for CGMs must be the Medicare reimbursement. This change requires an amendment to the Arkansas Medicaid State Plan, and thus, approval by the Centers for Medicare & Medicaid.

Summary

- Arkansas Medicaid State Plan Attachment 4.19-B, page 2g: moved information regarding Durable Medical Equipment to new state plan page 4.19-B2g1;
- Arkansas Medicaid State Plan Attachment 4.19-B, page 2g1 (new page): added, “C. Effective for dates of service on or after 05-01-26, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to DME medical claim types but remains in effect for pharmacy claim types. Durable Medical Equipment (DME) medical claims reimbursement reverts to Medicare non-rural rates as described in (A)”;
- Prosthetics Provider Manual Section 212.208 (Continuous Glucose Monitors) – updated section to clarify criteria for CGM.

**PUBLIC COMMENT:** A public hearing was held on this rule on February 25, 2026. The public comment period expired on March 9, 2026. The agency indicated that it received no public comments.

The proposed effective date is pending legislative review and approval.

**FINANCIAL IMPACT:** The agency indicated that this rule has a financial impact.

Per the agency, the total estimated cost to implement this rule is \$1,116,667 for the current fiscal year (\$343,598 in general revenue and \$773,068 in federal funds) and \$6,700,000 for the next fiscal year (\$1,996,600 in general revenue and \$4,703,400 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$343,598 for the current fiscal year and \$1,996,600 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

*(1) a statement of the rule's basis and purpose;*

This Rule will allow Durable Medical Equipment (DME) providers to bill with Healthcare Common Procedure Coding System (HCPCS) codes for Continuous Glucose Monitors (CGM) and supplies via a medical billing claim type and receive Medicare reimbursement. It also clarifies that the coverage criteria used by Medicaid for CGMs mirrors the Medicare local coverage criteria.

*(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;*

Implementation of Acts 623 and 857 of 2025

*(3) a description of the factual evidence that:*

*(a) justifies the agency's need for the proposed rule; and*

*(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;*

N/A

*(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;*

N/A

*(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;*

N/A

*(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and*  
N/A

*(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:*

*(a) the rule is achieving the statutory objectives;*

*(b) the benefits of the rule continue to justify its costs; and*

*(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.*

The agency monitors state and federal rules and policies for opportunities to reduce and control costs.

**LEGAL AUTHORIZATION:** The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements Acts 623 and 857 of 2025. Both Act 623, sponsored by Senator Breanne Davis, and Act 857, sponsored by Representative Jeremy Wooldridge, amended the coverage of a continuous glucose monitor in the Arkansas Medicaid Program.



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

**Office of Policy and Rules**

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

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February 6, 2026

Mrs. Rebecca Miller-Rice  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
#1 Capitol, 5<sup>th</sup> Floor  
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

**Re: Continuous Glucose Monitors Billing Amendment**

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing [Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov).

Sincerely,

*Mac Golden*

Mac Golden  
Attorney III  
Office of Policy and Rules

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH  
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT \_\_\_\_\_  
 BOARD/COMMISSION \_\_\_\_\_  
 BOARD/COMMISSION DIRECTOR \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_  
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING \_\_\_\_\_  
 PRESENTER EMAIL(S) \_\_\_\_\_

**INSTRUCTIONS**

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, [miller-ricer@blr.arkansas.gov](mailto:miller-ricer@blr.arkansas.gov), for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, [garritym@blr.arkansas.gov](mailto:garritym@blr.arkansas.gov), for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

\*\*\*\*\*

1. What is the official title of this rule?  
\_\_\_\_\_
2. What is the subject of the proposed rule? \_\_\_\_\_
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes      No

*If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).*

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes      No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? \_\_\_\_\_

On what date does the emergency rule expire? \_\_\_\_\_

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?  
Yes      No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

*Please be sure to advise Bureau Staff if this information changes for any reason.*

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. \_\_\_\_\_

15. What is the proposed effective date for this rule? \_\_\_\_\_

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

## NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, and 25-10-129. The projected effective date of the rule is May 1, 2026.

The Division of Medical Services (DMS) implements Acts 623 and 857 of 2025. The Acts amend coverage criteria of Continuous Glucose Monitors (CGM) to now be in accordance with Medicare policy and provide that a beneficiary may obtain them through a pharmacy or a Durable Medical Equipment (DME) provider. DME providers may use the Healthcare Common Procedure Coding System (HCPCS) when billing DME type medical claims for beneficiaries. The pharmacy billing options, including the web portal, remain available. DME provider billing via HCPCS will not be required to provide a National Drug Code. All processes for billing CGM will have consistent approval requirements with prior authorization criteria that are no more restrictive than Medicare Local Coverage Determinations (LCD).

Effective for dates of service on or after May 01, 2026, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to Durable Medical Equipment (DME) medical claim types but remains in effect for pharmacy claim types. DME medical claims reimbursement reverts to Medicare non-rural rates. Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers.

These changes require an amendment to the Arkansas Medicaid State Plan to be approved by the Centers for Medicare & Medicaid, and revision of the Prosthetics Medicaid Provider Manual. The estimated financial impact is \$1,116,667.00 (State \$343,598.00; Federal \$773,068.00) for state fiscal year 2026 and \$6,700,000.00 (State \$1,996,600.00; Federal \$4,703,400.00) for state fiscal year 2027.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at [ar.gov/dhs-proposed-rules](https://www.ar.gov/dhs-proposed-rules).

Public comments can be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov). All public comments must be received by DHS no later than March 9, 2026. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing will be held online by remote access. Public comments may be submitted at the hearing. The details for attending the online public hearing appear at [ar.gov/dhspublichearings](https://www.ar.gov/dhspublichearings).

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4502292178**

Elizabeth Pitman, Director  
Division of Medical Services

**From:** [Legal Ads](#)  
**To:** [Lisa Teague](#)  
**Subject:** Re: Full Run Ad (Rule 315)  
**Date:** Thursday, February 5, 2026 8:46:08 PM  
**Attachments:** [image001.png](#)  
**Importance:** High

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[EXTERNAL SENDER]

Scheduled for Sun 2/8, Mon 2/9, and Tues 2/10. If this is incorrect, please advise.

Thanks,

Gregg Sterne, Legal Advertising  
Arkansas Democrat-Gazette  
[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)

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**From:** "Lisa Teague" <[Lisa.Teague@dhs.arkansas.gov](mailto:Lisa.Teague@dhs.arkansas.gov)>  
**To:** "Legal Ads" <[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)>  
**Sent:** Thursday, February 5, 2026 9:36:22 AM  
**Subject:** RE: Full Run Ad (Rule 315)

Sunday 2/8. Sorry about that.

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**From:** Legal Ads <[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)>  
**Sent:** Thursday, February 5, 2026 9:31 AM  
**To:** Lisa Teague <[Lisa.Teague@dhs.arkansas.gov](mailto:Lisa.Teague@dhs.arkansas.gov)>  
**Subject:** Re: Full Run Ad (Rule 315)  
**Importance:** High

[EXTERNAL SENDER]

Lisa,

Did you need this to start on Saturday 2/7, or Sun 2/8?

Please reply ASAP before 12 noon today.

Thanks,

Gregg Sterne, Legal Advertising  
Arkansas Democrat-Gazette  
[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)

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**From:** "Lisa Teague" <[Lisa.Teague@dhs.arkansas.gov](mailto:Lisa.Teague@dhs.arkansas.gov)>  
**To:** "legalads" <[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)>

**Cc:** "Jack Tiner" <[jack.tiner@dhs.arkansas.gov](mailto:jack.tiner@dhs.arkansas.gov)>, "Mac Golden" <[Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov)>, "Lakeya Gipson" <[Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov)>, "Elaine Stafford" <[elaine.stafford@dhs.arkansas.gov](mailto:elaine.stafford@dhs.arkansas.gov)>  
**Sent:** Wednesday, February 4, 2026 7:21:36 AM  
**Subject:** Full Run Ad (Rule 315)

Good morning,

Please run the attached Notice of Public Hearing in the *Arkansas Democrat-Gazette* on the following days:

- Sunday, February 7, 2026
- Monday, February 8, 2026
- Tuesday, February 9, 2026

I am aware that the print version will only be provided to all counties on Sundays.

**Invoice to:** AR Dept of Human Services  
P.O. Box 1437  
Slot S535  
Little Rock, AR 72203  
ATTN: Lakeya Gipson  
([Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov))

**Or email invoices to:** [dms.invoices@arkansas.gov](mailto:dms.invoices@arkansas.gov)

**NOTE:** Please reply to this email using "REPLY ALL"



**Lisa Teague**  
Rules & Regulations Coordinator  
Arkansas Department of Human Services  
Office of Policy and Rules

**From:** [Lisa Teague](#)  
**To:** [Arkansas Register](#)  
**Cc:** [Jack Tiner](#); [Mac Golden](#); [Lakeya Gipson](#); [JAMIE EWING](#)  
**Subject:** DHS/DMS-Proposed Rule -Continuous Glucose Monitors Billing Amendment (r.315)  
**Date:** Friday, February 6, 2026 7:07:00 AM  
**Attachments:** [SOS Initial-Continuous Glucose Monitors Billing Amendment.pdf](#)  
[image001.png](#)

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Good morning,

Attached is the proposed rule for “Continuous Glucose Monitors Billing Amendment”. The public notice will run in the Arkansas Democrat- Gazette February 8,9,&10, 2026. The public comment period ends March 9, 2026.

Please post.

Thank you,



**Lisa Teague**

Rules & Regulations Coordinator  
Arkansas Department of Human Services  
Office of Policy and Rules

P: 501.396.6428

[lisa.teague@dhs.arkansas.gov](mailto:lisa.teague@dhs.arkansas.gov)

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY.**

**DEPARTMENT** \_\_\_\_\_  
**BOARD/COMMISSION** \_\_\_\_\_  
**PERSON COMPLETING THIS STATEMENT** \_\_\_\_\_  
**TELEPHONE NO.** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

**TITLE OF THIS RULE** \_\_\_\_\_

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes                      No
  
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes                      No
  
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes                      No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
  - (a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes      No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose; **This Rule will allow Durable Medical Equipment (DME) providers to bill with Healthcare Common Procedure Coding System (HCPCS) codes for Continuous Glucose Monitors (CGM) and supplies via a medical billing claim type and receive Medicare reimbursement. It also clarifies that the coverage criteria used by Medicaid for CGMs mirrors the Medicare local coverage criteria.**

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; **Implementation of Acts 623 and 857 of 2025**

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs; **N/A**

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **N/A**

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **N/A**

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; **N/A** and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;

(b) the benefits of the rule continue to justify its costs; and

(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

**The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.**

## **Statement of Necessity and Rule Summary Continuous Glucose Monitor (CGM) Billing Amendment**

### **Statement of Necessity**

The Division of Medical Services (DMS) implements Acts 623 and 857 of 2025. Act 623 amended the coverage criteria of Continuous Glucose Monitors (CGM) by Arkansas Medicaid to now be in accordance with Medicare policy. Act 857 provides that the Arkansas Medicaid Program will amend the coverage of CGM to allow a beneficiary to obtain them through a pharmacy or a Durable Medical Equipment (DME) provider.

DME providers now will be able to use [Healthcare Common Procedure Coding System \(HCPCS\)](#) billing codes when billing DME type medical claims for beneficiaries. The pharmacy billing options, including the web portal, remain available. The DME provider billing with CGM HCPCS codes will not be required to provide a National Drug Code.

All processes for billing CGM will have consistent approval requirements with prior authorization criteria that are no more restrictive than Medicare Local Coverage Determinations (LCD) in compliance with Act 623. Thus, DME criteria now matches pharmacy program coverage criteria, which previously was updated to reflect Medicare LCD.

While the pharmacy claims process (with reimbursement at Wholesale Acquisition Cost (WAC) plus a professional dispensing fee) remains, the Act states that the DME provider reimbursement with HCPCS for medical claims for CGMs must be the Medicare reimbursement. This change requires an amendment to the Arkansas Medicaid State Plan, and thus, approval by the Centers for Medicare & Medicaid.

### **Summary**

- Arkansas Medicaid State Plan Attachment 4.19-B, page 2g: moved information regarding Durable Medical Equipment to new state plan page 4.19-B2g1;
- Arkansas Medicaid State Plan Attachment 4.19-B, page 2g1 (New page): added, “C. Effective for dates of service on or after 05-01-26, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to DME medical claim types but remains in effect for pharmacy claim types. Durable Medical Equipment (DME) medical claims reimbursement reverts to Medicare non-rural rates as described in (A)”;
- Prosthetics Provider Manual Section 212.208 (Continuous Glucose Monitors) - updated section to clarify criteria for CGM.

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

~~May 01, 2026~~  
April 1, 2024

7. Home Health Services (Continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (continued)

(5) Aerochamber Device

Effective for dates of service on or after October 1, 1997, reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The Title XIX (Medicaid) maximum established was based on a 1997 survey of Durable Medical Equipment (DME) providers. The information obtained in the survey indicated there is only one major manufacturer and distributor of the aerochamber devices (with or without mask) to providers enrolled in the Arkansas Medicaid Program. It was determined the aerochamber devices are sold to each provider for the same price. As a result, the current Title XIX (Medicaid) maximum for the aerochamber devices (with or without mask) was established based on the actual manufacturer's list prices. Thereafter, adjustments will be made based on the consumer price index factor to be implemented at the beginning of the appropriate State Fiscal Year, July 1.

(6) Specialized Wheelchairs, Seating and Rehab Items

Reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. Effective for claims with dates of service on or after May 1, 1995, the Title XIX (Medicaid) maximums were established utilizing the manufacturer's current published suggested retail price less 15%. The 15% is the median of Oklahoma Medicaid which is currently retail less 12% and Texas Medicaid which is currently retail less 18%. Effective for claims with dates of service on or after September 1, 1995, the following Kaye Products, procedure codes Z2059, Z2060, Z2061 and Z2062, are reimbursed at the manufacturer's current published suggested retail price. The State Agency and affected provider association representatives will review the rates annually and negotiate any adjustments.

**This Section moved to Section 4.19-B page 2g1**

~~(7) DME/Continuous Glucose Monitors.~~

~~Procedure Codes and Rates.~~

~~A. Rates. Effective for dates of service on or after January 1, 2022, reimbursement for Continuous Glucose Monitors (CGM) and related supplies is based on the Medicare non-rural rate for the State of Arkansas (effective as of July 28, 2021, and subject to change when Medicare rates are adjusted) for the allowable procedure codes. All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.~~

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

non-rural rate as stated in A above.

MARK-UP

TN:245-000611  
Supersedes TN:214-

Approval: ~~March 19, 2024~~

Effective Date: ~~41-1-~~

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

May 01, 2026

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7. Home Health Services (Continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (continued)

(5) Aerochamber Device

Effective for dates of service on or after October 1, 1997, reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The Title XIX (Medicaid) maximum established was based on a 1997 survey of Durable Medical Equipment (DME) providers. The information obtained in the survey indicated there is only one major manufacturer and distributor of the aerochamber devices (with or without mask) to providers enrolled in the Arkansas Medicaid Program. It was determined the aerochamber devices are sold to each provider for the same price. As a result, the current Title XIX (Medicaid) maximum for the aerochamber devices (with or without mask) was established based on the actual manufacturer's list prices. Thereafter, adjustments will be made based on the consumer price index factor to be implemented at the beginning of the appropriate State Fiscal Year, July 1.

(6) Specialized Wheelchairs, Seating and Rehab Items

Reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. Effective for claims with dates of service on or after May 1, 1995, the Title XIX (Medicaid) maximums were established utilizing the manufacturer's current published suggested retail price less 15%. The 15% is the median of Oklahoma Medicaid which is currently retail less 12% and Texas Medicaid which is currently retail less 18%. Effective for claims with dates of service on or after September 1, 1995, the following Kaye Products, procedure codes Z2059, Z2060, Z2061 and Z2062, are reimbursed at the manufacturer's current published suggested retail price. The State Agency and affected provider association representatives will review the rates annually and negotiate any adjustments.

STATE OF ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE

May 01, 2026

(7) DME/Continuous Glucose Monitors.

Procedure Codes and Rates.

- A. Effective for dates of service on or after January 1, 2022, reimbursement for Continuous Glucose Monitors (CGM) and related supplies is based on the Medicare non-rural rate for the State of Arkansas (effective as of July 28, 2021, and subject to change when Medicare rates are adjusted) for the allowable procedure codes. All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.
- B. Effective for dates of service on or after April 1, 2024, reimbursement for Continuous Glucose Monitors (CGM) and related Diabetic Supplies including patch type insulin pumps is based on Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee. Traditional insulin pumps will remain at the Medicare non-rural rate as stated in A above.
- C. Effective for dates of service on or after May 01, 2026, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to Durable Medical Equipment (DME) medical claim types but remains in effect for pharmacy claim types. DME medical claims reimbursement reverts to Medicare non-rural rates as described in Paragraph 7(A).

STATE OF ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE

May 01, 2026

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**TOC not required****212.208 Continuous Glucose Monitors**8-1-24 5-1-  
26

- A. ~~Effective 4/1/2024, c~~Continuous glucose monitors (CGMs) are available to beneficiaries processed as a through the pharmacy claims process submission by pharmacies and/or Durable Medical Equipment (DME) providers. Beneficiaries must meet the following criteria for coverage: or by DME providers when billed through the medical claims process using HCPCS codes.
1. ~~Either:~~Criteria for coverage of CGMs will be consistent with Medicare Local Coverage Determinations.
    - a. ~~A presence of type 1 diabetes or any other type of diabetes with the use of insulin; or~~
    - b. ~~A presence of type 1 diabetes or any other type of diabetes with evidence of Level 2 or Level 3 hypoglycemia; or~~
    - c. ~~Diagnosis of glycogen storage disease type 1a; or~~
    - d. ~~Use of an insulin pump; and~~
  2. Regular follow-up with a healthcare provider at a minimum every six (6) months to assess for ongoing benefit.
  3. See the DHS Pharmacy Vendor's website for specific information ~~for~~ about coverage details regardless of which billing process is used.
- B. Definition: ~~-~~ As used in this section, "continuous glucose monitor" means an instrument or device, including any repair and replacement parts, that:
1. Is designed and offered for the purpose of aiding an individual with diabetes;
  2. Automatically estimates blood glucose levels, also called blood sugar, throughout the day and night; and
  3. Is generally not useful to an individual who has not been diagnosed with diabetes.

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

**TOC not required****212.208 Continuous Glucose Monitors**

5-1-26

- A. Continuous glucose monitors (CGMs) are available to beneficiaries through the pharmacy claims process by pharmacies and Durable Medical Equipment (DME) providers, or by DME providers when billed through the medical claims process using HCPCS codes.
1. Criteria for coverage of CGMs will be consistent with Medicare Local Coverage Determinations.
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- B. Definition - As used in this section, "continuous glucose monitor" means an instrument or device, including any repair and replacement part, that:
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Beneficiaries with Medicare Part B benefits continue to be serviced under the DME medical billing program only.