DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Continuous Glucose Monitors Billing Amendment (Concerning 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dates of service on or after 05-01-26, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to DME medical claim types but remains in effect for pharmacy claim types.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)”; and
- 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 $1,116,666 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.

Office of Policy and Rules
P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437
P: 501.320.6383 F: 501.404.4619

February 6, 2026

Mrs. Rebecca Miller-Rice
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
#1 Capitol, 5th 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.

Sincerely,

Mac Golden

Mac Golden
Attorney III
Office of Policy and Rules

Attachments

QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT Department of Human Services
BOARD/COMMISSION Division of Medical Services
BOARD/COMMISSION DIRECTOR Elizabeth Pitman
CONTACT PERSON Mac Golden
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203-1437
PHONE NO. (501) 320-6383 **EMAIL** Mac.E.Golden@dhs.arkansas.gov
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING
Elizabeth Pitman
PRESENTER EMAIL(S) elizabeth.pitman@dhs.arkansas.gov

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, 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, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

****

1. What is the official title of this rule?
Continuous Glucose Monitors Billing Amendment

2. What is the subject of the proposed rule? 20 CAR Parts 570 & 641

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.

Acts 623 and 857 of 2025

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.

Exception from the Governor

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).

Arkansas Code §§ 20-76-201, 20 77-107, and 25-10-129

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).

Acts 623 and 857 of 2025

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

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.

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).

ar.gov/dhs-proposed-rules

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

If yes, please complete the following:

Date: 02/25/2026

Time: 9:00 am

Place: ar.gov/dhspublichearings

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. 03/09/2026

15. What is the proposed effective date for this rule? 05/01/2026

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.

DME providers and DME association (For)
Pharmacists and Pharmacy association (unknown)

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.

Public comments can be submitted in writing at the above address or at the following email address: 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.

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

[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

From: "Lisa Teague" <Lisa.Teague@dhs.arkansas.gov>
To: "Legal Ads" <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.

From: Legal Ads <legalads@arkansasonline.com>
Sent: Thursday, February 5, 2026 9:31 AM
To: Lisa Teague <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

From: "Lisa Teague" <Lisa.Teague@dhs.arkansas.gov>
To: "legalads" <legalads@arkansasonline.com>

Cc: "Jack Tiner" <jack.tiner@dhs.arkansas.gov>, "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Elaine Stafford" <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)

Or email invoices to: 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

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

humanservices.arkansas.gov

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT Department of Human Services
BOARD/COMMISSION Division of Medical Services
PERSON COMPLETING THIS STATEMENT Andy Morgan
TELEPHONE NO. (501) 534-4125 **EMAIL** Andy.Morgan@dhs.arkansas.gov

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 Continuous Glucose Monitors Billing Amendment

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		**Next Fiscal Year**	
General Revenue		General Revenue	
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total		Total	

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

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	$343,598.	General Revenue	$1,996,600
Federal Funds	$773,068.	Federal Funds	$4,703,400
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	$ 1,116,666.00	Total	$ 6,700,000.00

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**
$ 0.00	$ 0.00

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**
$ 343,598.00	$ 1,996,600.00

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 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)”; and
- Prosthetics Provider Manual Section 212.208 (Continuous Glucose Monitors) - updated section to clarify criteria for CGM.

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) AR-26-0003

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

Janet Mann
Director of Health and Medicaid Director
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

RE: TN AR-26-0003

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arkansas state plan amendment (SPA) to Attachment 4.19-B AR-26-0003, which was submitted to CMS on February 9, 2026. This plan amendment to revise reimbursement for continuous glucose monitors (CGMs) and related diabetic supplies by clarifying that, effective May 1, 2026, DME medical claims will no longer be reimbursed at WAC plus the applicable professional dispensing fee and will instead revert to the Medicare non-rural rate for Arkansas, while pharmacy claim types will continue to be reimbursed at WAC plus the applicable professional dispensing fee.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at Robert.Bromwell@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0003

2. STATE: AR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May, 1 2026

5. FEDERAL STATUTE/REGULATION CITATION
1903(i)(10); 1927(e)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ $1,932,671
b. FFY 2027 $ $4,724,840

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Attachment 4.19-B, page 2g~~
Attachment 4.19-B, page 2g1 (New page)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
~~Attachment 4.19-B, page 2g; Approved 3-19-24; TN #24-0006~~
Attachment 4.19-B, page 2g1 (New Page)

9. SUBJECT OF AMENDMENT
Continuous Glucose Monitor (CGM) Billing amendment.

10. GOVERNOR'S REVIEW *(Check One)*
[✓] GOVERNOR'S OFFICE REPORTED NO COMMENT
[ ] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
[ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
[ ] OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
S. Elizabeth Pitman

12. TYPED NAME
Elizabeth Pitman

13. TITLE
Director, Division of Medical Services

14. DATE SUBMITTED
02/09/2026

15. RETURN TO
Office of Rules Promulgation
PO Box 1437, Slot S295
Little Rock, AR 72203-1437
Attn: Mac Golden

FOR CMS USE ONLY

16. DATE RECEIVED
02/09/2026

17. DATE APPROVED
May 7, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
05/01/2026

19. SIGNATURE OF APPROVING OFFICIAL
Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL
Todd Mcmillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS

Pen and ink change to blocks 7 and 8 authorized via email on 5/8/2026. Block 7 removed Attachment 4.19-B page 2g. Block 8 removed Attachment 4.19-B, page 2g; Approved 3-19-24; TN #-0006 and added Attachment 4.19-B, page 2g1 (New Page).

Instructions on Back

(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. Fee schedules can be found at: https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/.

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).

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE May 01, 2026

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

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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 part~~s~~, 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.
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 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 part, that:

1. Is designed and offered for the purpose of aiding an individual with diabetes;
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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.

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

SENATE BILL 576

By: Senator B. Davis
By: Representative Pilkington

For An Act To Be Entitled

AN ACT TO AMEND THE COVERAGE OF CONTINUOUS GLUCOSE MONITORS WITHIN THE ARKANSAS MEDICAID PROGRAM; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE COVERAGE OF CONTINUOUS GLUCOSE MONITORS WITHIN THE ARKANSAS MEDICAID PROGRAM.

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

SECTION 1. Arkansas Code § 20-77-148(b)(1), concerning the requirements for coverage of a continuous glucose monitor, is amended to read as follows:

(1) Either:

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

(i) The use of insulin ~~more than two (2) times daily~~ <u>in accordance with Medicare policy</u>; or

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

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

APPROVED: 4/16/25

State of Arkansas *As Engrossed: S4/3/25*
95th General Assembly **A Bill**
Regular Session, 2025 HOUSE BILL 1255

By: Representative Wooldridge
By: Senator B. Davis

For An Act To Be Entitled

AN ACT TO AMEND THE COVERAGE OF A CONTINUOUS GLUCOSE MONITOR IN THE ARKANSAS MEDICAID PROGRAM; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE COVERAGE OF A CONTINUOUS GLUCOSE MONITOR IN THE ARKANSAS MEDICAID PROGRAM.

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

SECTION 1. Arkansas Code § 20-77-148(c), concerning the coverage of a continuous glucose monitor within the Arkansas Medicaid Program, is amended to read as follows:

(c) Coverage for a continuous glucose monitor under the Arkansas Medicaid Program shall allow the beneficiary to obtain a continuous glucose monitor through:

(1) A ~~a~~ prescription at a pharmacy and be eligible for rebates as a pharmacy benefit; or

(2)(A) A written order from a ordering practitioner for durable medical equipment provided by a durable medical equipment provider and be eligible as a durable medical equipment benefit.

(B) A durable medical provider shall not be required to submit a National Drug Code as part of any claim submission under this section.

SECTION 2. Arkansas Code § 20-77-148, concerning coverage of

continuous glucose monitors within the Arkansas Medicaid Program, is amended to add an additional subsection to read as follows:

(d) Regardless of whether the coverage for a continuous glucose monitor is provided through a pharmacy or a durable medical equipment provider, the Department of Human Services shall:

(1) Implement consistent approval requirements; and

(2) Reimburse for a continuous glucose monitor provided by a durable medical equipment provider at no less than the Medicare reimbursement under the Healthcare Common Procedure Coding System.

/s/Wooldridge

APPROVED: 4/17/25