Annual HCPCS Attachment D(6) - TOS 9,J,L (Proposed to be effective January 1, 2023)

					Current		1/1/2023		
TOS*	**Procedure Code**	**Long Description**	**Age Range**	**Non-Facility (N)/ Facility (F)**	**Current Medicaid Fee**	**Current Adjusted Medicaid Fee**	**Medicaid Fee**	**Adjusted Medicaid Fee**	**Percent Change from Current Medicaid Fee**
9	A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	0-999	2	$261.95	$261.95	$261.95	$261.95	0.00%
9	A9276	sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	0-999	2	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	0.00%
9	A9277	transmitter; external, for use with interstitial continuous glucose monitoring system	0-999	2	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	0.00%
J	A9278	receiver (monitor); external, for use with interstitial continuous glucose monitoring system	0-999	2	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	0.00%
J	E2102	Adjunctive continuous glucose monitor or receiver	0-999	2	$223.23	$223.23	$223.23	$223.23	0.00%

***Type of Service (TOS)**	
9	Other Medical Items or Services
J	DME Purchase - New
RVU	Relative Value Unit

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