

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 23-0045**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



Medicaid and CHIP Operations Group

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March 6, 2024

Christine Osterlund, Acting State Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 23-0045

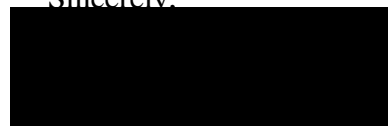
Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0045. This amendment proposes to cover the Continuous Glucose Monitors (CGM) under the Durable Medical Equipment (DME) benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0045 was approved on March 6, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Helenita Augustus at 410-786-8902 or via email at [Helenita.Augustus@cms.hhs.gov](mailto:Helenita.Augustus@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson  
Bill Stelzner

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 4 5</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2024</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440, 42 CFR 447</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>516,512</u> b. FFY <u>2025</u> \$ <u>688,682</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A, #13.c.4., Page 1, new</b> <b>Attachment 4.19-B, #12.c., Page 1</b> <b>Attachment 4.19-B, #13.c.4., Page 1, new</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B, #12.c., Page 1</b>
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9. SUBJECT OF AMENDMENT  
**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.**

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Christine Osterlund is the Governor's Designee
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. TYPED NAME <b>Christine Osterlund</b>	15. RETURN TO Christine Osterlund Medicaid Director Deputy Secretary of Agency Integration and Medicaid KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220
13. TITLE <b>Medicaid Director</b>	
14. DATE SUBMITTED <b>December 13, 2023</b>	
15. RETURN TO (Redacted)	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>December 13, 2023</b>	17. DATE APPROVED <b>March 6, 2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2024</b>	19. SIGNATURE OF APPROVING OFFICIAL (Redacted)
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS

**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.

**Services:**

Subcutaneous Continuous Glucose Monitors (CGM) Support services, by providers listed below, include:

- Professional management
  - Determine the need for the device
  - Discuss issues or concerns of the beneficiary regarding the device
- Ongoing evaluations of device as well as the proper use of the device by the beneficiary

**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  
#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 May 1, 2020, the manual pricing rules for Total Parenteral Nutrition (TPN) solutions are replaced with a fee schedule of reimbursement codes.

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

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

(8) 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  
#13.c.4.  
Page 1

## PREVENTIVE SERVICES LIMITATIONS

### Methods and Standards for Establishing Payment Rates

#### Subcutaneous Continuous Glucose Monitors (CGM) 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>

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