Continuous Glucose Monitoring Systems & Insulin Pumps

Policy Number: PG0177
Last Review: 01/04/2021

PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

X Professional
_ Facility

DESCRIPTION

Continuous Glucose Monitoring (CGM) Systems

CGM systems take glucose measurements at regular intervals, 24 hours a day, and translate the readings into reportable data, generating glucose direction and rate of change. They help with proactively management of glucose highs and lows, and give added insight into impacts that meals, exercise and illness may have on an individual's glucose levels. These systems can be used short term and evaluated by the provider to help determine medication needs or long term by the member and provider to improve blood sugar control. The information obtained may identify unrecognized trends and patterns of blood glucose fluctuation that can be improved with modifications of eating habits, medication dosing and exercise routine. The system components vary and can include transmitters, sensors, and receivers (readers).

- A therapeutic CGM can be used as a replacement for fingerstick blood glucose testing for diabetes treatment decisions, CMS classification is based on accuracy of these devices. See Classification of Therapeutic Continuous Glucose Monitors as DME under Medicare Part B, CMS Ruling CMS-1682-R, dated January 12, 2017, CMS Website).

- A non-therapeutic CGM cannot be used to make insulin dosing decisions and is used in conjunction with finger stick testing with a standard, home glucose monitor.

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Insulin Pumps

The purpose of the insulin pump is to provide an accurate, continuous, controlled delivery of insulin, which can be regulated by the user to achieve intensive glucose control objectives and to prevent the metabolic complications of hypoglycemia, hyperglycemia and diabetic ketoacidosis.

External Insulin Pumps

An insulin pump provides continuous delivery of short acting insulin. The insulin pump substitutes the need for long acting insulin and replaces the need for multiple daily injections of short acting insulin. A pump delivers small doses of short acting insulin continuously (basal rate). The device also can be used to deliver variable amounts of insulin when a meal is eaten (bolus). Technology and features vary between products and some are designed for use in conjunction with a CGM. Features can include high/low warnings, automatic suspension of insulin, or adjustment of basal rates (hybrid closed loop systems). Closed loop systems operate with a CGM and automatically adjust insulin and glucagon doses based on the blood glucose readings.

Implantable Insulin Pumps

These pumps are surgically implanted rather than worn externally to deliver insulin via intraperitoneal or intravenous routes. Currently there are not any devices that have received FDA approval for use outside of a

clinical trial.

Artificial Pancreas or Bi-hormonal Bionic Endocrine Pancreas
Fully automated, closed-loop glucose management systems with a continuous glucose monitor and an insulin pump programmed with a computer algorithm that calculates insulin and glucagon doses from the CGM readings and tells the pump to deliver or temporarily suspend or reduce insulin based upon specified thresholds of measured glucose levels.

POLICY

Effective 11/1/2019

Commercial HMO, PPO
Preferred coverage is through the pharmacy benefit for all Diabetes Supplies except insulin pumps and related pump supplies. Refer to member's pharmacy formulary for covered product. Prior authorization is required for all insulin pumps and continuous glucose monitoring (CGM) systems on both pharmacy and medical benefits. A9274, A9276, A9277, A9278, E0784, K0553 and K0554.

Individual Marketplace, ACA small group
Preferred coverage is through the pharmacy benefit for all Diabetes Supplies except insulin pumps and related pump supplies. Refer to member's pharmacy formulary for covered products. Prior authorization is required for all insulin pumps and continuous glucose monitoring (CGM) systems under the medical benefit. A9274, A9276, A9277, A9278, E0784, K0553 and K0554.

The Prior Authorization request form can be located at:
https://www.paramounthealthcare.com/services/providers/prior-authorization-criteria/drug-prior-authorization-and-procedure-forms

Advantage and Elite/ProMedica Medicare Plan
No prior authorization required for CGM systems or insulin pumps.

- **Covered under medical benefit**
- **Advantage coverage follows the Ohio Department of Medicaid**
- **Elite/ProMedica Medicare Plan coverage follow CMS/Medicare**

Non-Covered for all product lines, not all-inclusive :

- **Implantable interstitial glucose sensors (0446T-0448T)**
- **Implantable insulin pumps**
- **Artificial pancreas device systems (S1034-S1037) or bi-hormonal bionic endocrine pancreas**
- **MiniMed Connect and remote monitoring systems**

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Advantage and Elite/ProMedica Medicare Plan

Continuous Glucose Monitors:
Paramount has determined that CGMs and associated supplies are covered when the following criteria is met:

1. **Type 1 diabetes, Type 2 diabetes, or gestational diabetes AND**
    a. Insulin dependent on a regimen that includes short acting insulin
        i. On an insulin pump OR on a sliding scale or mealtime short acting insulin regimen requiring testing at least 3 times daily to determine insulin doses
    b. Patient is managed by an endocrinologist or has completed a comprehensive diabetes education program and has ongoing oversight by a certified diabetes educator
    c. Provider will be using CGM data downloads to evaluate the patient and make necessary adjustments at follow up visits.

OR

2. **Type 1 diabetes, Type 2 diabetes, or gestational diabetes; AND**
    a. Documented hypoglycemia unawareness or previous hypoglycemic event with no obviously preventable precipitation cause

Clinical notes supporting all of the above criteria are required for approval consideration.

Dual test strip use beyond 50 strips per month limited to those who need to calibrate for Minimed pump.

Continuation of CGM use after one year or device replacement is considered medically necessary for the following:

- The device is malfunctioning and out of warranty. CGM receivers/readers will only be replaced every 4 years unless malfunctioning or upgrade to new version is medically necessary. Expiration of 1-year warranty is not considered an automatic reason for replacement.
- There is objective documented evidence of improvement in control of diabetes (specific to baseline status of disease for individual patients)
- There is documented evidence of compliance with use and reporting, and the data obtained is being used for modifications in lifestyle and/or medication regimens or correcting hypoglycemia.

Initial approval of Continuous Glucose Monitoring (CGM) systems includes transmitters, sensors, and receivers/monitors.

Covered Devices: Covered under the Medical Benefit

<u>Commercial HMO, PPO, POS, CDH, Marketplace, ACA small group</u>

The devices that are considered therapeutic are those classified by CMS as therapeutic according to CMS Ruling CMS-1682-R. These are currently the Freestyle Libre and the Dexcom G6 but will include any new CGMs that CMS classifies as therapeutic unless this policy states otherwise. The following codes are allowed for billing of therapeutic CGMs:

- K0553-includes sensors, transmitters, test strips, lancets. (monthly charge)
- K0554-receiver/reader (this can be optional for some CGMs depending on patient preference to alternatively use a phone or built in receiver in an insulin pump) (per unit charge)

A non-therapeutic CGM cannot be used to make insulin dosing decisions and is used in conjunction with finger stick testing with a standard, home glucose monitor. This currently includes Medtronic brand CGMs. These systems are only covered when used in conjunction with a Medtronic smart pump and are coded as below:

- A9276-sensors (daily charge)
- A9277-transmitter (per unit charge)
- A9278-receiver (per unit charge)

Therapeutic CGM devices replace a standard home blood glucose monitor (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233-A4236, A4244-A4247, A4250, A4253, A4255-A4259). Claims for a BGM and related supplies, billed in addition to an approved CGM device (code K0554) and associated supply allowance (code K0553), will be denied.

Advantage

A therapeutic CGM is classified as a device that can be used to make insulin dosing decisions. The devices that are considered therapeutic are those classified by CMS as therapeutic according to CMS Ruling CMS-1682-R. These are currently the Freestyle Libre and the Dexcom G6 but will include new CGMs that CMS classifies as therapeutic unless this policy states otherwise. These systems are coded as below:

- K0553-includes sensors, transmitters, test strips, lancets.
- K0554- receiver/reader (this can be optional for some CGMs depending on patient preference to alternatively use a phone or built in receiver in an insulin pump).

A non-therapeutic CGM cannot be used to make insulin dosing decisions and is used in conjunction with finger stick testing with a standard, home glucose monitor. This currently includes Medtronic brand CGMs. These systems are only covered when used in conjunction with a Medtronic smart pump and are coded as below:

- A9276-sensors
- A9277-transmitter
- A9278-receiver

These CGM systems are covered by Medicaid for those patients that meet the criteria.

Therapeutic CGM devices replace a standard home blood glucose monitor (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233-A4236, A4244-A4247, A4250, A4253, A4255-A4259). Claims for a BGM and related supplies, billed in addition to an approved CGM device (code K0554) and associated supply allowance (code K0553), will be denied.

Elite/ProMedica Medicare Plan – CMS coverage CGS Local Coverage Article: Glucose Monitor – Policy Article (A52464)

A therapeutic CGM is classified as a device that can be used to make insulin dosing decisions. CMS/Medicare approved these specific CGM systems to be a replacement for finger stick testing. (strips and lancets) glucose monitor and test strips. These are currently the Freestyle Libre and the Dexcom G6 but will include new CGMs that CMS classifies as therapeutic unless this policy states otherwise. These systems are coded as below:

- K0553-includes sensors, transmitters, test strips, lancets.
- K0554-reader (sometimes this piece of equipment is built into the insulin pump (e.g. Tandem) currently this is only available with the Dexcom G6. The Libre systems require a reader.

A non-therapeutic CGM cannot be used to make insulin dosing decisions and is used in conjunction with finger stick testing with a standard, home glucose monitor. These systems are only covered when used in conjunction with a Medtronic smart pump and are coded as below:

- A9276-sensors
- A9277-transmitter
- A9278-receiver

Therapeutic CGM devices replace a standard home blood glucose monitor (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233-A4236, A4244-A4247, A4250, A4253, A4255-A4259). Claims for a BGM and related supplies, billed in addition to an approved CGM device (code K0554) and associated supply allowance (code K0553), will be denied.

External Insulin Pumps (Commercial, Marketplace, Advantage, Elite/ProMedica Medicare Plan:

Paramount has determined that Omnipod, Omnipod DASH, Medtronic, and Tandem insulin pumps and associated supplies are covered when the following criteria is met:

Type 1 diabetes, Type 2 insulin dependent diabetes or gestational diabetes; **AND** all of the following:

- Documentation that the patient is managed by an endocrinologist or has completed a comprehensive diabetes education program and has ongoing oversight by a certified diabetes educator; **and**
- Compliance with blood glucose monitoring has been demonstrated; **and**
- History of suboptimal blood sugar control despite current insulin regimen (ex. Repeated hypoglycemia, wide variations in blood sugars, frequent hyperglycemia, DKA).
- Clinical notes supporting all of the above criteria are required for approval consideration.

The requested device must be prescribed according to its FDA approved clearance and guideline information.

Pump replacements require current insulin pump to be out of warranty AND either malfunctioning or medical necessity of an upgrade is clearly documented.

Paramount does not cover any of the following, not all-inclusive, because each is considered experimental, investigational or unproven or convenience items:

- Implantable interstitial glucose sensors (0446T-0448T)
- Implantable insulin pumps
- Artificial pancreas device systems (S1034-S1037) or bi-hormonal bionic endocrine pancreas
- MiniMed Connect and remote monitoring systems
- I-Port Injection Port (Patton Medical)
- Hypoglycemic Wristband Alarm (e.g., Diabetes Sentry™)
- Remote glucose monitoring device (e.g., mySentry™)
- Lasette™ Laser Blood Glucose Monitoring Device
- GlucoWatch® Biographer Monitor
- Personal Digital Assistant-Based Blood Glucose Monitor
- Combination devices that include a home blood glucose monitor combined with a cellular telephone or other device not specifically indicated for the management of diabetes mellitus (e.g., blood pressure monitor, cholesterol screening analyzer)

Diabetes Management Software

Computer software for analyzing blood glucose monitoring test results is part of a blood glucose monitor and not

separately reimbursed. Self-management mobile application software (e.g., BlueStar) is experimental and investigational. In addition, software or hardware required for downloading data from a blood glucose monitor to a computer is part of a blood glucose monitor and not separately reimbursed.

Dispensing
The following components are considered "inclusive" with any external (portable) continuous insulin infusion pump rental or purchase payment made by the department on behalf of a member and cannot be submitted to the department for separate reimbursement:

1. Any supporting wires, power supply, cables, attachment kits, or disposable items associated with the operation of the pump
2. Pump education, training, monitoring, or counseling in support of the member's ordered treatment
3. Maintenance, repair, or cleaning charges in association with the three-month trial rental period
4. Delivery, set-up, or pick-up charges

The provider of the standard portable external insulin infusion pump must assure that the member utilizing the device is properly instructed on how to use the device in support of his or her ordered treatment and is aware of and understands any emergency procedures regarding the use of the pump. The provider must maintain written documentation regarding the member's instruction on the use of the pump in the provider's records.

When purchasing an external insulin infusion pump, the member must be provided with a product warranty that covers any required maintenance or repairs for duration of at least one year and commences on the date the infusion pump was authorized for purchase.

Replacement of a currently functioning insulin pump for the sole purpose of receiving the most recent insulin pump technology (i.e., “upgrading” for improved technology) is non-covered because it is considered a convenience item and not medically necessary.

Additional software or hardware required for downloading data to a device such as personal computer, smart phone, or tablet to aid in self-management of diabetes mellitus is non-covered because it is considered a convenience item and not medically necessary.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
A4222	Infusion supplies for external drug infusion pump, per cassette or bag
A4223	Infusion supplies not used with external infusion pump, per cassette or bag
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
A4230	Infusion set for external infusion pump non-needle cannula type
A4231	Infusion set for external infusion pump needle type
A4232	Syringe with needle for external pump
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories (used for the Omni Pods)
A9276	Sensor - invasive (e.g. subcutaneous) disposable for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter - external for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor) - external for use with interstitial continuous glucose monitoring system

E0607	Home blood glucose monitor (Omnipod Personal Diabetes Manager (PDM))) (supplied by the manufacturer)
E0784	External ambulatory infusion pump, insulin (should not be used for the Omnipod, this is no separate "pump" for Omnipod)
K0552	Supplies for external drug infusion pump, syringe type cartridge, each
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
K0554	Receiver (monitor); dedicated, for use with therapeutic continuous glucose monitoring system
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
S1031	Continuous noninvasive glucose monitoring device rental including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
CPT CODES	
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum 72 hours; analysis, interpretation and report
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
Non-Covered, not all-inclusive	
A4210	Needle-free injection device, each
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A9280	Alert or alarm device, not otherwise classified [hypoglycemic wristband alarm (e.g., Sleep Sentry)]
C1788	Prot, indwelling (implantable)
E0620	Skin piercing device for collection of capillary blood, laser, each
E2100	Blood glucose monitor with integrated voice synthesizer
ICD-10 Codes that may apply:	
E08.00-	Diabetes mellitus due to underlying condition

E08.9	
E09.00-E09.9	Drug or chemical induced diabetes mellitus
E10.10-E10.9	Type 1 diabetes mellitus
E11.00-E11.9	Type 2 diabetes mellitus
E13.0-E13.9	Other specified diabetes mellitus
O24.011-O24.93	Diabetes mellitus in pregnancy, childbirth, and the puerperium
O99.810-O99.815	Abnormal glucose complicating pregnancy, childbirth and the puerperium

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 12/01/2008

Date	Explanation & Changes
06/01/2009	• Updated
06/15/2009	• Clarification of verbiage
09/01/2011	• Updated
09/24/2011	• Replacement clarification
06/01/2012	• Updated
07/11/2012	• Added Exception for OmniPod coverage per TAWG approval
02/11/2014	• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
04/18/2014	• It was determined that Long Term Continuous Blood Glucose Monitoring Services will continue to be covered with prior authorization for all product lines • Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee
09/09/2014	• Disposable external insulin pumps (A9274) with wireless communication capability to a hand-held control unit (e.g., OmniPod) are covered without prior authorization for all product lines • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/19/2014	• Added HCPCS codes S1034, S1035, S1036 and S1037 • It was determined by TAWG that Artificial Pancreas Device Systems (APDS) will be non-covered for all product lines • Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee.
02/26/2015	• Added verbiage, “The DME supplier must meet eligibility and/or credentialing requirements as defined by the Plan to be eligible for reimbursement.” • Changes made to current criteria • Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee
10/09/2015	• Changed “AND” to “OR” so criteria is no. 1 OR no. 2 OR no. 3 per administrative direction
02/26/2016	• Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee
04/11/2017	• Combined this policy with PG0156 External Insulin Pumps • Added effective 01/01/17 new codes 0446T-0448T as non-covered • Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee
07/11/2017	• Added effective 07/01/17 new codes K0553 & K0554 as covered with prior authorization for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines and non-covered for Advantage per ODM guidelines • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee

10/10/2017	• Added Dexcom G4 PLATINUM, iPro2 Professional with Enlite Sensor, & FreeStyle Libre Flash Glucose Monitoring System to examples of FDA approved long-term CGM • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
02/13/2018	• Disposable insulin infusion devices/pumps (e.g., V-GO™, Omnipod) are covered through the pharmacy benefit (Medicare Part D) for Elite • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
03/22/2018	• Effective 01/01/18 codes K0553 & K0554 are now covered with prior authorization for Advantage per ODM guidelines
04/10/2018	• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
05/24/2018	• Hybrid closed loop system (e.g., MiniMed 670G) is now covered without prior authorization for all product lines • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
07/10/2018	• Added Dexcom G6 to examples of FDA approved long-term CGM systems • Hybrid closed loop system (e.g., MiniMed 670G) requires prior authorization for all product lines • Combined external insulin pumps and CGM with suspend on low feature (e.g., MiniMed 530G, MiniMed 630G) are now covered with prior authorization • For Elite only, CGM system supplies and accessories are now covered if a non-DME device (watch, smartphone, tablet, laptop computer, etc.) is used in conjunction with the durable CGM receiver (K0554) to display glucose data per CMS guidelines • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
08/18/2019	• Policy Update: Effective 11/1/2019, Criteria update to be consistent across all product lines • Coverage of diabetic Continuous Glucose Monitoring Systems and Insulin Pumps varies by medical and pharmacy plan • Commercial Product Lines - Continuous Glucose Monitoring Systems and Insulin Pumps will be processed through the Pharmacy area, both pharmacy and medical authorizations • For the Commercial Lines of Business, the following procedures require a prior authorization, effective 11/1/2019, A9274, A9276, A9277, A9278 and E0784 • All other Product Lines, Elite and Advantage - Continuous Glucose Monitoring Systems and Insulin Pumps will be monitored through Utilization for the Elite and Advantage product line, and will not require a prior authorization
12/01/2019	• Policy Updated: Effective 02/01/2020, For the Commercial Lines of Business, additional procedures K0553 and K0554 require prior authorization
01/29/2020	• Clarified that the 'coverage criteria' is for all product lines, coverage criteria effective regardless of requiring or not requiring a prior authorization • Medical Policy PG0156 External Insulin Pumps achieved because the coverage is now addressed in this Medical Policy PG0177 Continuous Glucose Monitoring Systems and Insulin Pumps
04/30/2020	• Policy Updated to document device coverage criteria for the Advantage and Elite product lines
12/15/2020	• Medical policy placed on the new Paramount Medical Policy Format
01/04/2021	• Policy Updated to the most current industry standards. • The policy has been updated to reflect the types of CGMs that are covered, the criteria for approval of insulin pumps and CGMs, and the billing codes that are approved for use for CGM billing: a.Medtronic brand CGMs are considered non-therapeutic CGMs and should not be used alone to make therapeutic insulin dosing decisions. These Medtronic sensors and transmitters will only be covered when used in conjunction with a Medtronic insulin pump running in auto mode and the codes A9278, A9277, and A9276 are the covered codes. b.Dexcom G6 and FreeStyle Libre are considered therapeutic CGMs and are covered using therapeutic CGM billing codes K0553 and K0554 when criteria are met. c.Coverage criteria have changed for CGMs and insulin pumps to allow for prescribing by all providers with expertise in Diabetes Care; for non-endocrinology providers, oversight by a certified Diabetes educator is required. d.Criteria for both pumps and CGMs requires use of short acting insulin with multiple daily blood glucose testing requirements or hypoglycemia unawareness

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review