

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2024

Continuous Glucose Monitor Billing for Medicare Products

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is updating the billing requirements for Continuous Glucose Monitors (CGMs) effective with dates of service January 1, 2025.

Blue Cross will require claims for CGMs and related supplies submitted with HCPCS codes E2102, E2103, A4238, A4239 to be submitted with a National Drug Code (NDC), Health Related Item (HRI) code, or Universal Product Code (UPC).

Claims that are submitted without the required information will not be accepted. Rejected claims will be on the 277CA (Claims Acknowledgement) electronic transaction with the following error message: "The claim is missing the required drug information and has been rejected. Please include the needed information and resubmit the claim"

The NDC, HRI or UPC must be submitted in loop 2410 and LIN03 on the 837P claims transaction. Consult the Implementation Companion Guide for NDC Submissions.

Products Impacted

- Medicare Advantage: Core, Choice, Complete, Comfort, and Freedom Blue
- Platinum Blue (Cost): Core, Choice, and Complete
- Group Medicare Advantage
- Group Platinum Blue (Cost)
- Minnesota Senior Health Options (MSHO)

Questions?

Please contact Provider Services at **651-662-5200** or **1-800-262-0820**.