### NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH BENEFITS**

**FEES SCHEDULE FOR DIABETIC TESTING SUPPLIES (DTS) AND CONTINUOUS GLUCOSE MONITOR (CGM) SYSTEMS**

The inclusion of a color in the table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Claimed Coverage Policies on the NC Medicaid Web site.

NC Medicaid HIV and Hepatitis (COVID-19) MCO increases associated with Section 1115 (3108) SGR 1035 effective 01/01/2022.

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**Fee Schedule Last Updated: 07/14/2022**

**Notes**

- All DTS products will be required to meet NC criteria.
- *Note: Color coded text changes (if any) in bold - Additions (New DTS/CGM/Omnipods products)*
- This fee schedule only includes the DTS products listed. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Claimed Coverage Policies on the NC Medicaid Web site for additional products.
- Ambulatory DTS/CGM/Omnipods products (including those not listed here) will be required to meet the NC criteria.
- All rates are effective January 1, 2022.