



# NETWORK Notification

**Notice Date:** April 1, 2024  
**To:** Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** Update - Continuous Glucose Monitors (CGMs) Billing  
**Effective Date:** June 1, 2024

## Summary

Effective June 1, 2024, certain CGM products are available through a contracted network pharmacy. For your patients to receive CGM supplies, you need to write a prescription. The participating network pharmacy of your patients' choice will then submit a claim as a pharmacy benefit. Please see below for additional information.

## Impact

Updated CGM billing requirements for CareSource Indiana Medicaid:

Code	Description	Additional Information	Product
A4238	Supply allowance for adjunctive, non-implanted CGM. Includes all supplies and accessories. 1 month supply = 1 unit of service.	<b>Medical or Pharmacy benefit</b> Prior authorization (PA) is required for participating <u>and</u> out-of-network providers.	Guardian
A4239	Supply allowance for non-adjunctive, non-implanted CGM. Includes all supplies and accessories. 1 month supply = 1 unit of service.	<b>*Pharmacy benefit billing only*</b> PA is required for participating <u>and</u> out-of-network providers.	Dexcom (Preferred) Freestyle Libre
E2102	Adjunctive, non-implanted CGM or receiver.	<b>Medical or Pharmacy benefit</b> PA is required for participating <u>and</u> out-of-network providers.	Guardian
E2103	Non-adjunctive, non-implanted CGM or receiver.	<b>*Pharmacy benefit billing only*</b> PA is required for participating <u>and</u> out-of-network providers.	Dexcom (Preferred) Freestyle Libre

For patients who receive CGM supplies from an out-of-network pharmacy, authorization for them to continue receiving CGM supplies from a non-pharmacy provider is effective through July 15, 2024. Non-pharmacy providers include home medical and durable medical equipment (DME) suppliers.

For information regarding provider enrollment or contracting inquiries, please contact our Pharmacy Benefit Manager, Express Scripts, Inc., at their Network Contracting & Management inquiry email inbox: [NetworkCompliance@Express-Scripts.com](mailto:NetworkCompliance@Express-Scripts.com).

See the Indiana Health Coverage Programs (IHCP) Bulletins, [BT2023114 \(in.gov\)](#), [BT2023128 \(in.gov\)](#), [BT202413 \(in.gov\)](#) and [BT202421 \(in.gov\)](#), for more information regarding CGM PA and billing. The IHCP Preferred Diabetes Supply List (PDSL) also indicates the state's preferred diabetes glucose testing products.

### **Importance**

Failure to bill CGMs in accordance with the above direction could result in denied claims or claims payment.

### **Questions?**

Please call Health Partner Services at **1-844-607-2831**, available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

We appreciate your collaboration and thank you for being a CareSource Provider.

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OMPP Approved: 3/25/2024