

# Care Source NETWORK Notification

**Notice Date:** November 15, 2023

To: **All Marketplace Providers** 

From: CareSource

Subject: Update in Continuous Glucose Monitor (CGM) Billing

**Effective Date:** January 1, 2024

## **Summary**

Effective Jan. 1, 2024, CareSource will move into alignment with portions of The Centers for Medicare & Medicaid Services' (CMS) Glucose Monitor Policy Article, A52464. Please see the following section for additional information.

#### Impact

The following details CareSource Marketplace billing requirements for CGMs effective Jan. 1, 2024:

| 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 | All items necessary for the use of the device includes, but not limited to, CGM sensors and transmitters (does not include a home Blood Glucose Monitor, (BGM). | Guardian |
|       |   | Supplies or accessories billed separately will be denied as unbundling.   |          |
|       |   | The following modifiers must be added to the code(s) on every claim submitted:  |          |
|       |   | KX if the beneficiary is insulin treated; or,   |          |
|       |   | KS if the beneficiary is non-<br>insulin treated  |          |

| Code  | Description   | Additional Information  | Product                    |
|-------|---|---|----------------------------|
| A4239 | Supply allowance for<br>non-adjunctive, non-<br>implanted CGM, includes<br>all supplies and<br>accessories, 1 month<br>supply = 1 unit of service | *Pharmacy benefit billing only*   | Dexcom, Freestyle<br>Libre |
| E2102 | Adjunctive, non-<br>implanted continuous<br>glucose monitor or<br>receiver  | <ul> <li>The following modifiers must be added to the code(s) on every claim submitted:</li> <li>KX if the beneficiary is insulin treated; or,</li> <li>KS if the beneficiary is non-insulin treated</li> </ul> | Guardian                   |
| E2103 | Non-adjunctive, non-<br>implanted continuous<br>glucose monitor or<br>receiver  | *Pharmacy benefit billing only*   | Dexcom, Freestyle<br>Libre |

Codes A9276, A9277, & A9278 will be replaced by the above and will not be covered as of Jan. 1, 2024.

# **Importance**

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

## Questions?

For questions not addressed by the above, please contact CareSource Provider Services at **1-833-230-2101**.

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

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