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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	Sublv allowance for adjunctive, non-implanted CGM. Includes all supplies and accessories. 1 month supply = 1 unit of service.	Medical or Pharmacy benefit Prior authorization (PA) is out-of-network providers.	



Importance

Questions?

1-844-607-2831