

**Notice Date:** December 31, 2023  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** Coverage of DexCom and FreeStyle Continuous Glucose Monitors (CGMs) via the Medical/Durable Medical Equipment Benefit  
**Effective Date:** January 1, 2024

### Summary

In our combined efforts with all Managed Medicaid plans and the Ohio Department of Medicaid to support Ohio Department of Medicaid's quality strategy and to increase access for appropriate use of CGMs, prior authorization for DexCom and FreeStyle Libre CGMs is being waived through at minimum, the next calendar year, Jan. 1, 2024 to Dec. 31, 2024.

Appropriate Certificate of Medical Necessity documentation should also be kept in the member's individual medical record per Ohio Administrative Code 5160-10-36.

For claims, suppliers are required to be billed as follows with the appropriate HCPCS code, ICD-10 code, and modifiers as applicable.

HCPCS Codes	Description
A4239	Supply allowance for non-adjunctive, non-implanted CGM, includes all supplies and accessories, 1 month supply = 1 unit of service
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Claims must include an appropriate diagnosis code listed below. If the diagnosis code is not listed or not on the list below, the claim will be denied:

ICD-10 Codes	Description
E08.00-E08.9	Diabetes mellitus due to underlying condition
E09.00-E09.9	Drug or

Appropriate modifiers may include the below but the list may not be all inclusive:

Modifier	Reason
NU	Indicates purchase
KF	