



Division of Medical Services
P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437
P: (501) 682-8292 F: (501) 682-1197

OFFICIAL NOTICE

TO: Health Care Providers – Prosthetics

DATE: May 29, 2026

SUBJECT: Continuous Glucose Monitor (CGM) Systems and Supplies – Effective 6/1/2026

I. General Information

Effective June 1, 2026, Arkansas Department of Human Services has added coverage for Adjunctive and Non-Adjunctive CGM and supply codes per ACT 623.

- DME providers (PT 16) have an option to submit A and E HCPCS prior authorization requests for CGM and supplies via CoverMyMeds or fax to Prime Therapeutics at 1-800-424-7976. DME providers (PT 16) with approved A and E HCPCS CGM prior authorization requests must then bill CGM claims in the provider portal consistent with other medical claims.
 - Providers submitting PA via Fax must submit the [DME PA Request form for CGM](#)
 - Providers submitting electronic Prior Authorization (ePA) via CoverMyMeds must submit the [DME PA Request form for Attestation](#)
- For members not using CGMs, DME providers (PT 16) must continue to submit other diabetic testing supplies (i.e., blood glucose meters and strips) as a pharmacy claim type process through the Prime portal.
- DME providers (PT 16) may continue to submit CGM and supplies as a pharmacy claim type process **through the Prime portal.**

II. Procedure Codes

ADJUNCTIVE CGM SUPPLY CODES and RECEIVER/MONITOR

Proc	Description	Contract	Mod	PA	Gender	Dx Group
A4238	SUPPLY ALLOWANCE FOR ADJ, NON-IMPL CGM: 1 MONTH SUPPLY = 1 UNIT (CLASS III)	MEDSP	KF	Y		645 756
A4238	SUPP ALLOW FOR ADJ NON-IMPL CGM:1 MO SUPPLY=1 UNIT(CLASS III-PREGNANCY RELATED)	MEDSP	KF NU	Y	F	645 756
E2102	ADJUNCTIVE, NON-IMPLANTED CGM MONITOR/RECEIVER (CLASS III)	DME	KF	Y		645 756
E2102	ADJUNCTIVE, NON-IMPLANTED CGM MONITOR/RECEIVER (CLASS III - PREGNANCY RELATED)	DME	KF NU	Y	F	645 756

NON-ADJUNCTIVE CGM SUPPLY CODES and RECEIVER/MONITOR

Proc	Description	Contract	Mod	PA	Gender	Dx Group
A4239	SUPPLIES/ACCESSORIES FOR NON-ADJ THERAPEUTIC CGM: 1 MO SUPPLY=1 UNIT(CLASS II)	MEDSP		Y		
A4239	SUPPLY/ACCESSOR FOR NON-ADJ THERAP CGM:1 MO SUPPLY=1 UNIT(CLASS II-PREG RELATED)	MEDSP	NU	Y	F	
A4239	SUPPLIES/ACCESSORIES FOR NON-ADJ THERAPEUTIC CGM: 1 MO SUPPLY=1 UNIT (CLASS III)	MEDSP	KF	Y		
A4239	SUPPLY/ACCESSOR FOR NON-ADJ THERAP CGM:1 MO SUPP=1 UNIT(CLASS III-PREG RELATED)	MEDSP	KF NU	Y	F	
E2103	DEDICATED RECEIVER (MONITOR) FOR USE WITH NON-ADJ THERAPEUTIC CGM (CLASS II)	DME		Y		
E2103	DED RECEIV (MONITOR) FOR USE W- NON-ADJ THERAPEUTIC CGM (CLASS II-PREG RELATED)	DME	NU	Y	F	
E2103	DEDICATED RECEIVER (MONITOR) FOR USE WITH NON-ADJ THERAPEUTIC CGM (CLASS III)	DME	KF	Y		
E2103	DED RECEIV (MONITOR) FOR USE W- NON-ADJ THERAPUETIC CGM (CLASS III-PREG RELATED)	DME	KF NU	Y	F	

III. Contact Information for Obtaining Prior Authorization

When obtaining a Prior Authorization from the **Prime Therapeutic Pharmacy Call Center**, please send your request to the following:

Prime Therapeutic Pharmacy Call Center	
Toll free	(800) 424-7895 <ul style="list-style-type: none"> • Pharmacy Support – Option 1 • Prescriber Support – Option 2 • Beneficiary Support – Option 3 Web Support – Option 4, then Option 1
Website	ar.primetherapeutics.com
Fax Number	(800) 424-7976
Call Center Hours	8:00 a.m. to 5:00 p.m. CST Monday through Friday excluding state holidays
Web Support Hours	9:00 a.m. to 8:00 p.m. CST Monday through Friday

If you have questions regarding this notice, please contact the Provider Assistance Center at (800) 457-4454 toll-free or locally at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Policy and Rules at (501) 320-6428.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for download from the [Division of Medical Services website](#).

Thank you for your participation in the Arkansas Medicaid Program.

S. Nell Smith for EP

Elizabeth Pitman
Director