TIPS FOR SUCCESSFUL INTEGRATION AND BILLING FOR CGM IN YOUR PRACTICE

If just getting started with using CGM in your practice or clinic, consider the following tips developed by the International Diabetes Center to be prepared.

Who should I recommend CGM for and who is on my CGM care team?

Consider patients who:

- Have type 1 diabetes or type 2 diabetes that are on insulin
- Are at risk for or have documented hypoglycemia (e.g. taking sulfonylurea)
- A1C not reflective of blood glucose monitoring data or A1C not accurate (e.g. hemoglobinopathies)
- Are interested in CGM or or those with limited glucose data to review (Note: Personal CGM may not be covered if individual does not have one of the above criteria.)

Consider the following team members (if available):

- Physician or Advanced Practice Clinician
- Diabetes Care and Education Specialist
- Nurse
- Pharmacist
- Administrative and/or management team

What do I need to order?

- Sensors—with refills
- Transmitter—if applicable (e.g. Dexcom G6)
- · Reader or receiver device if:
 - —Individual has Medicare for initial CGM prescription
 - —Individual is not interested in using phone app
 - —Individual's phone is not compatible with CGM app

Where should the CGM prescription be sent?

- Local pharmacy if:
 - -Individuals have commercial insurance or Medicaid
 - —Individuals have certain Medicare Advantage plans
- Durable Medical Equipment (DME) supplier if:
 - Individuals have Medicare
 - Individuals have certain Medicare Advantage plans

When/How will the individual receive education on CGM?

- Send referral to diabetes education, nurse, or pharmacist depending on your team
 - If no team member available, consider using industry training programs (e.g. Dexcom CARES or My FreeStyle Program)
- For individuals preferring to self-start their CGM device:
 - Provide online resources
 - Provide manufacturer contact information if individual has questions or difficulty self-starting



TIP: CGM works best when education is provided

When/How will the data be reviewed and services reimbursed?

- Determine data review process for your CGM care team
 - Consider who will manage and have access to data sharing platforms. Determine who will send data sharing invitation.
- For individuals using a receiver/reader, or who elect not to share data with the clinic cloud, determine who will download the data.
- Determine how the data reports will be made available to providers for appointments and how the data will be included in documentation/EMR.
- Ensure adequate billing for CGM (see next page)



Coding for Reimbursement for CGM

CPT Code	Details of CPT Code	Frequency of CPT Code
95249* Personal CGM	Patient provided CGM equipment, sensor placement, set- up, calibration of monitor, patient training, and printout.	Per lifetime per device for initial start-up and education, only if applicable**
95250* Professional CGM	Office provided CGM equipment, sensor placement, set-up, calibration of monitor, patient training, removal of sensor, and printout. Covers the cost of sensors and placement by staff if within their scope of practice.	Once per month**
95251* CGM Interpretation	CGM analysis, interpretation and report of a professional or personal CGM by clinician (MD/DO or NP/PA).	Monthly on an ongoing basis**
99212-99215 Evaluation and Management (E/M) Established patient in non-facility or office setting	Use -25 modifier for CGM codes if billing the same day as a problem visit code and if significant and separately identifiable service took place.	

^{*}All codes require a minimum of 72 hours of data. Of note, to have 72 hours of data, these are best used at a follow-up visit.

^{**}Frequency may vary by individual payor. Check with individual payor for specifics.

