

# 2017 Continuous Glucose Monitoring (CGM) Coding Reference

Description	RVU <sup>1</sup> Non-Facility*	Medicare <sup>1</sup> Physician Fee Schedule	Medicare <sup>2</sup> Outpatient Diabetes Center	Private Payer <sup>3</sup>
<b>95250:</b> Ambulatory continuous glucose monitoring of interstitial fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording. (Do not report more than once per month)	4.41	\$157.77	\$105.31 (APC 5012)	\$302
<b>95251:</b> Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report. (Do not report more than once per month)	1.23	\$44.00	Paid under physician fee schedule	\$85
<b>Evaluation and Management (E/M) Codes</b> 99211-99215 Established Patient Visit or G0463 (Medicare Outpatient Clinic Visits)	\$0.26-3.14	\$20-146	\$96 G0463 (Medicare Outpatient Clinic Visits)	\$43-232

\* Non-facility is defined as office space.

## What type of healthcare provider/physician can bill CPT codes 95250 and 95251?

CPT code 95250 does not have any physician work RVUs (Relative Value Units); therefore the services associated with 95250 can be performed by a trained RN, PharmD/RPh, RD, CDE or MA (if within their scope of practice) and billed by the supervising physician or hospital outpatient department. However, only providers such as Physician (MD), Nurse Practitioner (NP), Physician Assistant (PA) or Clinical Nurse Specialist (CNS) can perform and bill for services associated with CPT code 95251.

## What is the difference between the Medicare physician fee schedule and the outpatient diabetes center payment?

Medicare physician payments are fee schedules based on relative value units (RVUs). Hospital outpatient services are paid under the outpatient prospective payment system (OPPS). CPT code 95250 is paid under Ambulatory Procedure Classification (APC) 0632 with 2015 national average payment of \$106.

## The Medicare fee schedules provided in the table above are national averages. Where would healthcare providers find the local Medicare fee schedules for physicians in their state?

The Center for Medicare and Medicaid (CMS) has a search engine that you can find state and local fee schedules for all CPT codes. The website is <http://www.cms.hhs.gov/PhysicianFeeSched/PFSCSF/list.asp>

## Can physicians bill the CGM CPT codes (95250 and 95251) for training on CGM personal use devices?

The CPT codes 95250 and 95251 are not product-specific. CPT code 95250 reflects costs and services associated with the patient training, hook-up and calibration, sensor removal and data download. CPT code 95251 reflects the physician services associated with the interpretation and report for CGM. Services associated with CPT code 95251 may be a non-face-to-face service.<sup>4</sup>

It is recommended that healthcare providers check with their local insurance carriers to determine how personal CGM should be coded as the method of reporting as coverage varies from payer to payer.

## Which insurance companies are paying for CPT codes 95250 and 95251? How do healthcare providers find out the specifics of each insurance company's CGM coverage policy and criteria?

The majority of commercial insurance plans have written positive coverage decisions for both personal and professional use of CGM. National payers such as Cigna, Humana, Aetna, United Healthcare and Anthem WellPoint are currently covering these CPT codes. Although the coverage criteria may differ between personal and professional use of CGM, the payer coverage decisions have not differentiated CPT codes between personal and professional CGM. Coverage decisions may vary and limit coverage to specific patients (i.e. Type 1) or may limit number of times per year CPT codes 95250 and 95251 may be covered. Work with your health plans and/or your local Dexcom Sales Representative to get copies of the most recent published CGM coverage decisions. As always, verify coding and payment with your local payers.

There is Medicare payment for CPT codes 95250 and 95251 when billed for professional CGM only. Medicare does not currently cover personal CGM.

## What should practices do if they get denied for 95250 and 95251?

Claim denials can occur for a wide variety of reasons. It is important to understand why the claim was denied and as appropriate, know what options are available to resubmit or appeal the claim. Confirm that the ICD-9 diagnosis code(s) are specific and valid for services provided.

Ensure that frequency of submissions are within the specific insurance policy limits. Modifier -25 should be added to Evaluation and Management code (E/M) if billed on the same day as 95250 and 95251. Modifier -25 verifies that the E/M service was separate and identifiable from the CGM service. For insurance plans requiring prior authorization, ensure that the authorization has been obtained prior to the service being performed.

The reimbursement information provided is intended to assist you with billing for your services related to continuous glucose monitoring (CGM). It is intended for informational purposes only and is not a guarantee of coverage and payment. Providers are encouraged to contact their local payers with questions related to coverage, coding and payment.

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### References:

1 CMS CY2015 Final Physician Rule - Federal Register Vol. 79; National Physician Fee Schedule Relative Value File January 2015 Release; Conversion Factor 35.7547.

2 CMS Final 2015 Outpatient and ASC Rule - CMS-1613-FC. Fee schedules are national averages and are not geographically adjusted.

3. PMIC Medical Fees in the United States 2015. Numbers provided are 50% of the Usual and Customary (UCR) charges. Note that these are charges and not actual reimbursed amounts.

4. American Medical Association. CPT<sup>®</sup> Assistant. February, 2015.