

WORKSHEET 8: Billing and Coding for Personal CGM

CPT Codes for Placement and Interpretation of Personal CGM		
CPT CODE	EXPLANATION OF CODE	WHO CAN PERFORM DUTY
95249	Ambulatory CGM of interstitial fluid via subcutaneous catheter for minimum of 72 hours with patient-provided equipment. Includes sensor placement, hook-up, calibration of monitor, patient training and print-out of recording. This code is used once for the lifetime of the personal CGM device.	Examples of staff who may perform this duty include: MD/DO, PharmD, NP/PA, DCES <i>*Other healthcare personnel may be able to perform this duty if within their scope of practice.</i>
95251	This code is used for interpretation of professional or personal CGM. Does not require face-to-face visit. Cannot be billed more than once per month.	Interpretation can be performed by MD/DO, or NP/PA. Pharmacists can do this in many states with a collaborative practice agreement and co-signature of MD/DO or NP/PA
<p>Notes: An E/M Code (Evaluation and Management) can be billed on the same day of either of these codes as long as a distinct and separate E/M service was medically necessary and provided over and above the Personal CGM service. In this case, the modifier -25 must be attached to the E/M code.</p>		

CHECKLIST FOR PAYORS:

- What is their formal policy for Personal CGM?
- Do they require prior authorization?
- How often do they allow Personal CGM interpretation to be performed on a particular patient?

ITEMS TO DOCUMENT IN THE INTERPRETATION NOTE – YOU CAN AMEND THIS NOTE CONTENT AS NEEDED BY YOUR PRACTICE:

- Duration that the patient wore the Personal CGM device for initial start-up (needs to be >72 hours)
- Current diabetes treatment plan
- Current HbA1C
- Time in target range, time above and below target range
- Patterns of hypo/hyperglycemia
- Any changes recommended to treatment plan
- Any further actions, such as referral to diabetes care and education specialist
- Copy of the device download