

**Worksheet 6:
Billing and Coding**

CPT Codes for Placement and Interpretation of Professional CGM		
CPT Code	Explanation of Code	Who Can Perform Duty
95250	This code is used both for the placement of Professional CGM and the downloading of the data. Placement can be performed by multidisciplinary health care providers, as long as it is within their scope of practice. This code should only be reported once per month per patient, although this may vary by payer.	Examples of staff who may perform this duty include: MD/DO, NP/PA, CDE, RD, RN
95251	This code is used for interpretation of Professional CGM. Does not require a face-to-face visit.	Interpretation can be performed by MD/DO or NP/PA
<p>Notes:</p> <ul style="list-style-type: none"> • Both codes may only be used if the patient wears the device for a minimum of 72 hours. • Both codes may only be reported once per month per patient, although this may vary by payer. • 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 Professional CGM service. In this case, the modifier -25 must be attached to the E/M code. 		

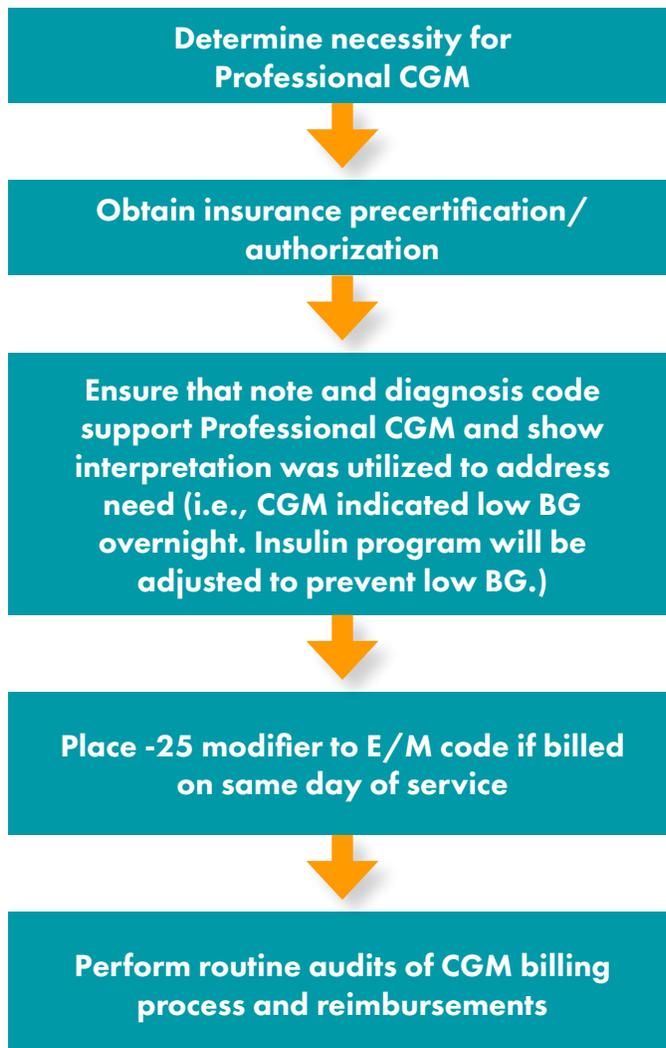
Checklist for payors:

- Do they have a formal policy for Professional CGM?
- Do they require prior authorization?
- How often do they allow Professional CGM to be performed on a particular patient?

Continued next page

Worksheet 6: Billing and Coding (continued)

Flowchart of billing and coding process



Items to document in the interpretation note:

(you can amend this note content as needed by your practice)

- Duration that the patient wore the Professional CGM device (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 educator
- Copy of the device download