

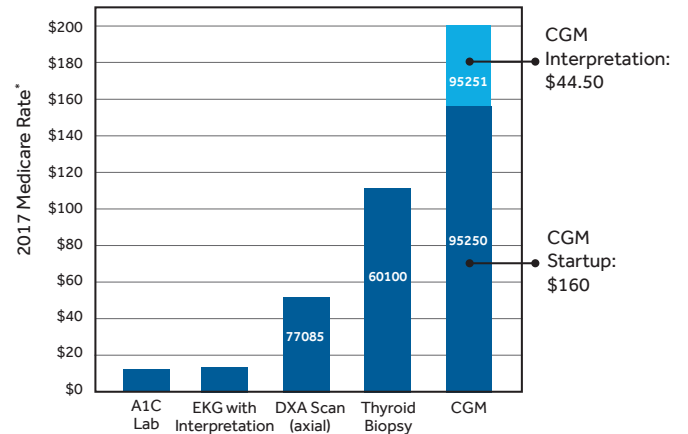
Reimbursement coverage for Continuous Glucose Monitoring (CGM) is continuing to expand. This document provides general guidance on billing for Professional and Personal CGM.

CGM Reimbursement Facts

- Approximately 92% of commercial health plans in the U.S. are covered by an insurer with a written policy for Personal and Professional CGM.
- All local Medicare contractors currently cover Professional CGM.

Sources: Internal Data on File.

Medicare Rates for Common Tests and Procedures



* 2017 Medicare national average fee schedule amount for office procedures. Note: Medicare rates only apply to Professional CGM; Personal CGM is not covered by Medicare and does not meet Medicare Benefit Category requirements. Source: Medicare Physician Fee Schedule, Clinical Laboratory Fee Schedule, January 2017

CGM Billing Codes

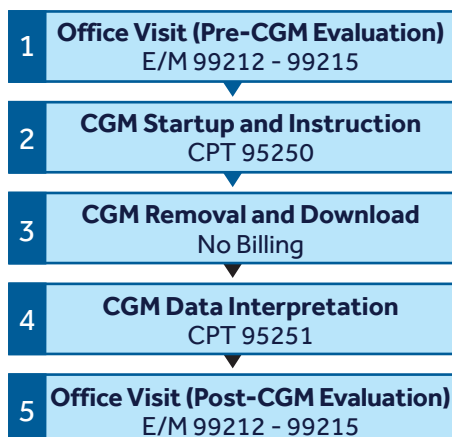
Codes	Description	Who Can Bill
E/M codes 99212-99215	<ul style="list-style-type: none"> Office visit for the evaluation and management of an established patient 	Physicians, Physician Assistants, Nurse Practitioners
CPT® code 95250	<ul style="list-style-type: none"> Sensor Placement Hook-up and Calibration Patient Training Sensor Removal and Printout of Recording 	Any qualified staff member under the direct supervision of a physician, a physician assistant, or a nurse practitioner
CPT® code 95251	<ul style="list-style-type: none"> CGM Data Interpretation 	Physicians, Physician Assistants, Nurse Practitioners

Source: Current Procedural Terminology (CPT®) ©2016 American Medical Association. All Rights Reserved.

CGM Billing Protocols

The following billing protocols can be used for Professional and Personal CGM. Criteria for Professional and Personal CGM may differ, so always verify coverage policy directly with the payer.

Professional CGM



Billing Notes

- Use modifier "-25" with an E/M code when billing 95250 or 95251 on the same day.
- E/M can only be billed separately on the same day when a significant and separately identifiable service took place above and beyond the services associated with CGM.
- CGM data interpretation (95251) can be billed on an ongoing basis, but should not be billed more than once per month, per patient.**

Personal CGM*



* For Personal CGM, the glucose sensor must be provided at the expense of the billing provider in order for the provider to bill 95250. Check with the payer on coding for personal CGM, since reporting requirements may vary. Personal CGM is not covered by Medicare and does not meet Medicare Benefit Category requirements.

** Payers may have varying coverage policies for 95251 and are not obligated to pay on a monthly basis, so always check with payers to verify coverage and limits on frequency.

