New and Updated Codes for Continuous Glucose Monitoring (CGM) in 2018
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Endocrinologists who manage patients with diabetes are familiar with CPT codes 95250 and 95251; January 1, 2018 brings about changes to the descriptions of these codes as well as the addition of a new code by the AMA CPT Editorial Panel.

The new CGM CPT being introduced is code 95249. The description for the code is:

Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording. (This does NOT require the removal of a sensor. This code should only be reported once during the time the patient owns the device.)

According to the 2018 CPT book, CPT code 95249 requires the patient to bring the data receiver into the physician or other qualified healthcare professional's office where the entire initial data collection process is performed. When following CPT guidelines, all elements described in the CPT code description must be performed to appropriately report the code to insurance carriers, therefore the correct date of service for CPT code 95249 is the date the CGM recording is printed in the office. CPT guidelines further indicate CPT code 95249 may not be reported more than once for the duration that the patient owns the data receiver. Obtaining a new sensor and/or transmitter without a change in the receiver may does not warrant reporting 95249 subsequent times. CPT code 95249 should not be reported in conjunction with 99091 and/or 0446T. If a separate and significant evaluation and management (E/M) service is performed on the same date, a modifier 25 may be required to be added to the E/M code.

The 2018 updated description for CPT code 95250 is:

Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording. (This DOES require the removal of a sensor.)

Often, AACE receives inquiries from members and their staff on the appropriate date of service for CPT code 95250 because the description describes services provided over a span of different dates. Again, when following CPT coding guidelines, all elements described in the CPT code description are required to be performed to appropriately report the code to insurance carriers, therefore the correct date of service for CPT code 95250 is the date that the CGM recording is printed in the office. CPT guidelines indicate code 95250 can only be reported one time per month and should not be reported in conjunction with 99091 and/or 0446T. If a separate and significant evaluation and management (E/M) service is performed on the same date, a modifier 25 may be required to be added to the E/M code.

The 2018 updated description for CPT code 95251 is:

Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report.

When physicians or other qualified healthcare professionals perform an analysis, interpretation and report on a minimum of 72 hours of CGM data, CPT code 95251 is reported to insurance carriers. The analysis, interpretation and report may be done with data from a physician or other qualified healthcare provider provided CGM device or a patient provided CGM device. The analysis, interpretation and report is **distinct** from an evaluation and management service. The CPT description of 95251 does not include an assessment of the patient or indicate a plan of care for the patient. The CPT description for code 95251 indicates an analysis, interpretation and report of a minimum of 72 hours of data collected from a CGM device. An appropriate CGM analysis, interpretation and report should include the following elements:

- Patient's name
- Date of birth
- Medical Record #
- Indication for the device placement
- Name/Type of device placed
- Sensor placement date / / Sensor removal date / /
- Date of printout of data (which would be the date of service for 95250/95249 to be reported)
- Analysis of data:
- Interpretation of data:
- Signature of interpreting physician or other qualified healthcare professional

An E/M CPT code (99201-99205, 99211-99215, 99241-99245) may be reported with CPT® codes 95249- 95251 if documentation supports the medical necessity of a significant and separately identifiable evaluation and management service performed the same date as the CGM service(s).

Modifier 25 may need to be added to the E/M code if 95249-95251 is reported on the same date of service. *Physicians may not count the interpretation and report of the CGM data in their Medical Decision-Making portion of the E/M if reporting CPT® code 95251 on the same date as an E/M service.

The 2018 CPT Professional Edition Coding Manual (page 5 under the E/M Service Guidelines) provide general coding guidelines for advanced practice nurses, PAs and defines "other qualified healthcare professionals". This may be applicable to providing services regarding CGM.

"When advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician. A

"physician or other qualified health care professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional services. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional, and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specific professional service but does not individually report that professional service. Other policies may also affect who may report specific services."

If you have additional coding or billing questions, please complete an electronic form via AACE's New and Improved Coding Assistant Inquiry form here https://www.aace.com/content/coding-inquires .

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All medical coding must be supported with documentation and medical necessity.
**While this department represents our best efforts to provide accurate information and useful advice, we cannot guarantee that third-party payers will recognize and accept the coding and documentation recommendations. As CPT®, ICD-10-CM and HCPCS codes change annually, you should reference the current CPT®, ICD-10-CM and HCPCS manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information.
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