Reporting Ambulatory Continuous Glucose Monitoring (95249–95251)

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A new code (95249) was added to the Medicine/Endocrinology subsection in the Current Procedural Terminology (CPT®) 2018 code set to allow reporting of clinical staff services (ie, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording) for ambulatory continuous glucose monitoring (CGM), when the equipment is provided by the patient. In addition, code 95250 was revised to allow reporting of these same clinical staff activities related to ambulatory CGM when the equipment is owned by the physician's office. New introductory guidelines and exclusionary parenthetical notes were also added to clarify the appropriate reporting of the new and revised codes. This article provides clarification of the intent and use of these codes.

Endocrinology

▲**95250**
Ambulatory continuous glucose monitoring 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

(Do not report 95250 more than once per month)

▶(Do not report 95250 in conjunction with 99091, 0446T)◀
#●95249
Patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording

▶(Do not report 95249 more than once for the duration that the patient owns the data receiver)◀

(Do not report 95249 in conjunction with 99091, 0446T)

95251

Analysis, interpretation and report

(Do not report 95251 more than once per month)

(Do not report 95251 in conjunction with 99091)

Ambulatory CGM is the device-mediated activity of collecting and transmitting data on patient interstitial fluid glucose levels over a specified period of time. Before 2018, code 95250 was used only when the CGM equipment was owned by a physician's office because the practice expense related to the equipment was inherent to the code. In addition, there was no specific CPT code available to identify these services when the patient owned the equipment even though this issue was not clearly specified in the code descriptor of 95250. Effective January 1, 2018, new code 95249 and revised code 95250 clearly differentiate whether the CGM equipment is owned by the physician's office or the patient.

Code 95249 was established to describe services provided to patients who present to a physician's office for initial sensor placement, transmitter hook-up, and calibration of a CGM device that the patient personally purchased or provided. The data are captured over a minimum of 72 hours on a patient-provided CGM that will be downloaded in the physician's office. After the completion of the initial sensor placement on a patient-provided CGM device, the analysis, interpretation, and written report are provided by a physician or other qualified healthcare professional (QHP) and reported with code 95251. Analysis and interpretation are separate services from clinical staff equipment-related services, which are reported with code 95249.

Code 95249 is for an initial service and, therefore, may be reported only once during the time a patient owns a given data receiver, including the initial episode of data collection. Code 95249 should not be reported for subsequent episodes of data collection, unless the patient obtains a new data receiver and/or different model of data receiver. Obtaining a new sensor and/or transmitter without a change in receiver may not be reported with code 95249. Code 92549 does not include the analysis, interpretation, and written report of the CGM data; this service is reported separately with code 95251.

For 2018, code 95250 was revised to clarify services that use a physician- or office-provided CGM device. The patient comes to the physician's office where the clinical staff inserts a sensor subcutaneously, connects the sensor to a transmitter, and calibrates the CGM monitor. The patient is trained on the CGM-device functions and proper management of the CGM device. The patient returns to the physician's office after a minimum of 72 hours, still wearing the interstitial sensor, to return the CGM device and have the sensor removed. The data collected from the CGM device is downloaded, printed, and provided to the physician or other QHP and is reported with code 95250. Code 95250 does not include the analysis, interpretation, and written report of the CGM data; this service is reported separately with code 95251. In addition, code 95251 was revised to include the analysis of the CGM data in addition to the interpretation and written report provided by the physician or other QHP.

The following clinical example and procedural description reflect typical clinical situation for which code 95249 would be appropriately reported.

Clinical Example (95249)

A 45-year-old female with type 1 diabetes mellitus has been unable to manage her disease and has had frequent episodes of hypoglycemia symptoms and a recent hospitalization for ketoacidosis. Ambulatory continuous glucose monitoring (CGM) is ordered to assist with management of her disease. The CGM equipment is patient-provided.

Description of Procedure (95249)

Clinical staff prepares the skin site and the placement of the sensor. Transmitter is attached and sensor on receiver session is initiated. The room is cleaned. Patient is instructed on patient-specific downloading and communication requirements.
The purpose of CGM and the difference between CGM and home blood glucose testing with finger sticks are explained to the patient. In addition, explanation about the parts of the CGM device (sensor, transmitter, and receiver); the placement choices for CGM sensor; the CGM device settings (shutdown and stop sensor), button functions, menus (trend graphs and profile choices); and when and how to charge receiver are provided to the patient. Explanations of alerts (selection of choices, programming, patient responses) for the CGM device is also provided to patient.

The patient is given instructions about the precautions that should be taken during the CGM period, such as continue all medications, avoid acetaminophen, keep insulin injections at least 3 cm from sensor site, and keep receiver within 20 feet of sensor. Clinical staff also provide general patient management of CGM device, such as placement during sleep, care during shower, exercise, and other daily living activities. The necessity of continuing finger sticks during CGM period and basing treatment during CGM period on the finger-stick results, instead of the CGM readings, are explained to the patient as well. In addition, patient is advised on the importance of entering blood-glucose results into the CGM device twice daily (three times on day one), how to enter blood glucose results into CGM device, and how to ensure accuracy of blood-glucose meter (a two-hour startup period and entering startup blood-glucose results). Patient is also given instructions on how to enter events into diary and devices, as well as the importance of doing so. Clinical staff explained to the patient about the procedure if sensor site is uncomfortable or painful; if tape or dressing begins to peel off; and if sensor falls off, as well as the resources available for assistance (ie, quick-start guide, device manual, toll-free numbers, and educator’s number/email).

