American Diabetes Association®

Frequently Used Billing Codes for Diabetes Technology

AID, CGM, and Collection of Physiologic Data

Institutions may have preferred billing codes for specific services, such as automated insulin delivery (AID), continuous glucose monitoring (CGM), and collection of physiologic data. Consult with your billing department to confirm the appropriate codes and align your billing practices.

Practical applications:

- Billing provider (MD/DO, NP, PA) conducts the patient visit, reviews the relevant clinical data, and provides interpretation to support informed decision-making
- Educator sees the patient and sends a note to the billing provider. The billing provider can add an addendum the note and drop a smart phrase using 95251 plus 25 modifier.
- Documentation encounter only. The patient is not seen in person or virtually by any health care professional. No other service is provided on the day day of remote interpretation.



Smart phrase samples that meet billing requirements:

Report interpretation:

- Three or more days of tracings and data reviewed
- Overall glucose variability is ***
- GMI ***%
- ***% of values are with hyperglycemia above goal (>180 mg/dL)
- ***% of values are within goal for blood glucose (70–180 mg/dL)
- ***% of values with hypoglycemia (<70 mg/dL)

Recommendations:

- ***

Electronically signed name,date,time

CPT Code 95249	Personal use CGM: ▸ Services with placement and training ▸ Can be performed by multiple disciplines under the supervision of a qualified health care professional
CPT Code 95250	Professional use CGM: ▸ Includes initial setup, patient education, and removal of the device ▸ Can be performed by multiple disciplines under the supervision of a qualified health care professional
CPT Code 95251	Interpretation and analysis of CGM data: ▸ Must be performed by a qualified health care professional unless the state allows for a collaborative agreement ▸ Must include a minimum of 72 hours of data collection ▸ Can only be billed once every 30 days ▸ Applicable to both in-person office and telehealth visits ▸ Best practice: Include a snapshot of the ambulatory glucose profile (AGP) report
modifier 25	Signifies that a distinct evaluation and management (E/M) service is performed on the same day as another service and needs to be billed separately. When to use: ▸ A separate E/M visit occurred beyond reviewing the CGM data. This could be a visit with MD/DO/NP/PA, CDCES, PharmD, nurse visit, etc.
CPT Code 99091	Collection and interpretation of physiologic data: ▸ Time spent on the collection and interpretation of physiologic data ▸ Must be performed by a qualified health care professional ▸ 30 minutes of time over each 30 days ▸ Documentation of all services provided ▸ Cannot be billed in conjunction with 99457
G0108	Diabetes self-management education and support (DSMES): ▸ Individual outpatient training services per 30 minutes
G0109	DSMES: ▸ Group (two or more) outpatient training services per 30 minutes

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