Insulin Pump Therapy and Continuous Glucose Monitoring (CGM) Reimbursement
Disclaimer- Please Note:

The information and data contained in this presentation is NOT intended to provide specific practice management or similar guidance, nor does Medtronic Diabetes recommend inaccurate or unsupported billing or coding methods for any therapies or products. Rather, the information contained in this presentation is intended to provide general information on the kinds of reimbursement that is generally available in the industry for certain of our therapies and products. We strongly recommend and always assume close adherence to Medicare, Medicaid and private payor guidelines and rules with respect to proper documentation, service/product provision, and claims submission, by the health care practitioners we work with.
Objectives

To help health care professionals understand how to obtain appropriate reimbursement for diabetes management therapies and technologies

Key Points

• Know local insurance payors and their coverage criteria in order to receive appropriate reimbursement

• Learn the CPT codes available for CGM training, hookup, and interpretation*

• Consider scheduling dedicated pump training days and follow up visit days

*Subject to individual Payors
Obtaining Appropriate Reimbursement is Important

Reimbursement for Professional CGM (Practice-owned CGM)

Betsy is a candidate for Professional CGM

Reimbursement related to Patient-Owned Devices

Matt has a REAL-Time CGM device

Jan is an insulin pump user

Mike uses a MiniMed Paradigm REAL-Time Insulin Pump & CGM device
Appropriate Reimbursement for Professional CGM Use

Betsy is a candidate for Professional CGM
Betsy Visit #1: Glucose Sensor Training and Initiation

• Procedure
  – Glucose sensor insertion and initial training (includes removal of sensor 72 hours later and download)

• Available Code: 95250
  – Billed for glucose sensor hookup and initial training

• Available Reimbursement
  – Medicare (varies regionally):¹
    • $145 for Physicians
    • $104 for Diabetes Centers
  – Private: $150-200 for physicians (varies regionally)

¹ PMIC Medical Fees 2008
Betsy Visit #1: Glucose Sensor Training and Initiation

Best Practices for Efficiency

• How to Involve other staff from your office
  – MA, NP, RN can train and hookup patients on sensors, with appropriate physician supervision
  – Physician can bill for such MA,NP,RN services
  – Individually, Mid-level practitioner can receive 85% of physician levels

• Schedule trainings in an efficient manner
  – Consider allocating certain time and days for CGM trainings for practice efficiency
  – CGM training could be done in small groups
    • Consider training in groups of 2-3 patients
    • CPT code 95250 may be billed per patient
Betsy Visit #1: Glucose Sensor Download, Analysis and Therapy Changes

• Procedure
  – Glucose sensor data download, Analysis and Therapy Changes (need not involve face-to-face meeting)

• Codes
  – Analysis:
    • CPT Code 95251: Billed for glucose sensor download and data interpretation
  – Therapy Changes
    • E/M codes: Time can be used as the driving factor IF over 50% of the time is spent on education or counseling.

• Available Reimbursement
  – Medicare (varies regionally)\(^1\)
    • $38 for Physicians

(1) PMIC Medical Fees 2008
Appropriate Reimbursement for REAL-Time CGM

Matt has a REAL-Time CGM device

Verify Coverage with your Payors
Matt Visit #1: Glucose Sensor Training and Initiation

• Available Code: 95250
  – Glucose sensor hookup, initial training (includes removal of sensor 72 hours later and download)

• Available Reimbursement
  – Similar to Professional CGM

• How is this different from the Professional CGM?
  
  REAL-Time patients can only be billed for the INITIAL training unlike Professional CGM patient

  HCPs need to use the modifier ‘-52’ if sensor not provided by clinic

Verify Coverage with your Payors
Matt Visit #1: Glucose Sensor Download, Analysis and Therapy Changes

• Billing Codes (same as Professional CGM)
  – **Analysis**: CPT Code **95251** (need not be face-to-face)
  – **Therapy Changes**: E/M codes

• Available Reimbursement (same as Professional CGM)
  – Medicare (varies regionally) \(^1\)
    • $38 for Physicians

• How is this different from the Professional CGM?

**REAL-Time** patients can only be billed for the INITIAL Analysis unlike Professional CGM patient

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Verify Coverage with your Payors

(1) PMIC Medical Fees 2008
Appropriate Reimbursement for Managing Insulin Pump Patients

Jan is an insulin pump user
Jan’s Pump Training

If done by a Mid-level practitioner (NP or PA)

– Mid-level practitioners can get reimbursed at 85% of MD Levels
– Different levels of E/M codes are used depending on complexity of visit
– However, these codes can be billed based on time if greater than 50% of the visit is spent on education
  • 99211~typical time 5 minutes
  • 99212~typical time 10 minutes
  • 99213~typical time 15 minutes
  • 99214~typical time 25 minutes
  • 99215~typical time 40 minutes
– Extended visit codes\(^1\) are available
  • 99354
    – extended visit; 1 hr duration
    – Average $91 \text{ per hr from Medicare}
  • 99355
    – extended visit (30 min increments)
    – Average $90 \text{ per 30 min from Medicare}

\(^1\) PMIC Medical Fees 2008
Jan’s Pump Training

If done by a CDE
- Practice has to be ADA recognized to bill G-codes for Medicare
- CDEs can only bill 99211, the lowest level of reimbursement
- G-code reimbursement is more feasible for group trainings
- Consider Using the G-codes
  - G0108:
    - Diabetes outpatient self-management training services for individual only, per 30 minutes
    - Average $29 per patient for 30 min (Medicare)\(^1\)
  - G0109:
    - Diabetes outpatient self-management training services for group session (2 or more patients), per 30 minutes
    - Average $51 per a 3-patient session for 30 min (Medicare)\(^1\)

\(^1\) PMIC Medical Fees 2008
Jan’s  Follow up & Medical Management

• Phone calls and faxes (non-billable)
  – Consider scheduling follow-up visits 3 days and 7 days post pump initiation Minimum
  – May reduce non-billable activities

• Consider allocating specific time for pump clinics
  – Schedule a dedicated afternoon for pump training
  – Consider scheduling all pump patient follow-up during dedicated pump clinics
Appropriate Reimbursement for Managing Paradigm REAL-Time Users

Mike uses a MiniMed Paradigm REAL-Time Insulin Pump and CGM device
Obtaining Appropriate Reimbursement for Managing Mike

• MiniMed Paradigm REAL-Time System consists of an Insulin Pump and a REAL-Time CGM device together

• For Mike, use the combination of pump and REAL-Time CGM specific guidelines
  – All billing guidelines related to Pump Training from Jan’s case are applicable for training Mike on his pump
  – All CGM related billing guidelines from Matt’s example apply to the CGM component of Mike’s device
Managed Care Coverage Updates
CGM: Managed Care Coverage Continues to Expand

Patients’ Reimbursement for REAL-Time CGM continues to rise

- New policies have been established for REAL-Time CGM device coverage by major plans such as
  - Anthem/WellPoint Blue Cross Blue Shield
  - United Healthcare

- HCPCS codes have been established since Jan 2007
  - Codes for the device components of REAL-Time CGM have been established
  - Does not imply coverage or reimbursement of codes, but increase ability to process claims electronically

- Patient Advocacy Tool Kit
  - Medtronic has created a tool to help patients and physicians seek insurance coverage for REAL-Time CGM device
  - The Kit includes packet to be sent to payors:
    - Letter of Medical Necessity template
    - FDA approval letters
    - Product information
    - Clinical studies

Learn about your local coverage from your Medtronic representative
## Billing Codes Summarized

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pump Therapy</th>
<th>CGM</th>
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<tbody>
<tr>
<td></td>
<td>E&amp;M Codes: 99211-99215 Extended Visit Codes</td>
<td>95251</td>
</tr>
<tr>
<td>Patient Training</td>
<td>99354-99355</td>
<td>95250</td>
</tr>
<tr>
<td></td>
<td>G-Codes: G0108 G0109</td>
<td>- Initial Training only</td>
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<tr>
<td></td>
<td></td>
<td>- Generally need modifier '-52'</td>
</tr>
<tr>
<td>Patient Follow up and Medical</td>
<td>E&amp;M Codes: 99211-99215 Extended Visit Codes</td>
<td>95251</td>
</tr>
<tr>
<td>Management</td>
<td>99354-99355</td>
<td>- Initial Training only</td>
</tr>
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<td>G-Codes: G0108 G0109</td>
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Verify Coverage with your Payors

(1) PMIC Medical Fees 2008
In Case of DENIALS: Understand Reasons First

If your account receives a denial, understand reason for denial:

– Not medically necessary?
  • Submit required supporting documentation
– Verify ICD-9 diagnosis code
  • Codes 250.00 and 250.01 without complications may be denied
– Did you bill correctly?
  • If billing E/M code on same day as Professional CGM, a modifier ‘-25’ to E/M code needs to be added (separate, identifiable service).
Next Steps

Review your practice economics using Economic Model