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SYMPOSIUM

What Will It Take To Get CGM Reimbursed? Examining Compelling Factors

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Introduction

Continuous glucose monitoring (CGM) technology offers tremendous potential for helping clinicians and patients improve glycemic control. However, unless clinicians are adequately reimbursed for their time and expertise, CGM technology will not be used. Clinicians must be paid for the services they provide. This presentation briefly reviews some of the obstacles to using CGM technology and then discusses strategies for using Evaluation and Monitoring (E&M) coding to optimize reimbursement.

Challenges to Using CGM Technology

Several factors make the use of CGM technology challenging for physicians, including physician time for patient evaluation, training, and education. Equipment purchases are also time consuming and expensive. However, the greatest challenge is obtaining reimbursement.

In December 2003, the Blue Cross Blue Shield Technology Evaluation Center stated that CGM does not meet their criteria and is thus considered an experimental or investigational tool. As a result, many other plans have chosen not to reimburse for CGM. Today, plans in fewer than half of the states provide coverage for CGM.

Two Paths of CGM

Current CGM technology seems to be heading in two directions. Some systems take a physician-centered approach whereas other systems are much more patient-centered. For example patients using the Medtronic CGMS Gold device wear it for three days but cannot see the data until they return to the physician for data download and interpretation. In contrast, patient-centered CGM systems provide real-time data to patients, who can then act upon changes in glucose as they occur.

Physician-Centered

A number of steps are involved in getting patients started on a physician-centered CGM system. The first steps include equipment purchase and staff training. Next, the patient must be evaluated to see whether CGM is, in fact, needed. If so, prior authorization may then be required. After that, staff must spend time attaching and calibrating the device as well as training the patient to use the device. In our office pump patients are asked to come back for an interval visit the day after attachment so that we can download data and make any necessary therapy changes. The patient then returns for a second follow-up visit during which data from the full three days are downloaded and interpreted. The final therapy adjustments are then made. **Table 1** presents a schematic of the various codes that may be used to bill for these services and their estimated reimbursement values.

Patient-Centered

As with the physician-centered approach, use of patient-centered CGM systems requires patient evaluation, staff training, patient training, and follow-up. However, because patients will receive and act upon real-time data, thorough patient education in interpreting data must also be provided. **Table 2** presents possible billing codes for these services.

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Abbreviations: (CGM) continuous glucose monitoring, (E&M) evaluation and monitoring

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It is important to remember that actual reimbursement for services is often quite different than what is billed. For example, reimbursement for code 99215 is set at $230.00; however, the average reimbursement for this code in our office is approximately $100.00.

Documentation

Complete documentation is required to justify billing for services associated with CGM use. **Figure 1** provides sample wording that can be used to document the need for CGM as assessed at the initial visit (in addition to standard E&M documentation).[1]

Figure 1. CGM Documentation: Initial Visit

"This patient's blood glucose is not in control. Conventional data is inadequate to appropriately adjust therapy. CGM was ordered. The indications and possible complications of CGM were explained fully to the patient"

When documenting the procedure used to place the CGM device, it is helpful to provide step-by-step descriptions so that the individuals responsible for reviewing these reports can better understand the complexity of all that is involved. **Figure 2** provides sample wording to describe the procedure.

Figure 2. CGM Documentation: Placement Visit

"After explanation of the procedure, the sensor was placed in the subcutaneous space of the patient's abdominal wall using sterile technique. The site was observed for bleeding and other complications. The CGM was calibrated using finger stick blood glucose. The patient was released, and then returned in 1 hour to ensure proper function of the device. The patient was instructed on the insulin/glucose log and is to return in 1 day for interim download and in 72 hours for removal of the device."

Documentation is also required for the interval and follow-up visits. **Figure 3** provides sample wording for the interval visit. **Figure 4** presents a list of common findings from CGM downloads. It is helpful to include printed graphs from the downloaded data to provide additional explanation of the interpretation.

Figure 3. CGM Documentation: Interval Visit

"Blood glucose information was downloaded from the CGM device. These data indicate poorly controlled glucose excursions. Therapeutic adjustments were made. The patient will return for further evaluation and therapeutic alterations."

Figure 4. CGM Documentation: Interpretation of Report

- *Post prandial hyperglycemia*
- *Post-meal glycemia in acceptable range*
- *Significant nocturnal hypoglycemia*
- *Significant day time hypoglycemia*
- *Poorly controlled glycemia*
- *Dawn phenomenon*
- *Basal insulin appears adequate*
- *Postprandial glycemic excursions in the desired range*
- *Basal glycemia in the target range*

Table 1. Physician-Centered CGM: *Possible* Reimbursement

Service	Coding	Billed Amount (Approximate)
Decision Visit: Determine if CGM is needed (face to face)	99215[1]	$230.00
Placement: CGM placement by nurse/medical assistant.	95250[2]	$280.00
Interval Visit: Return patient after day 1 (interval visit) – Download CGM – Adjust therapy	99213[3]	$70.00
Follow-up Visit: Return patient for follow-up – Download CGM – Full interpretation of CGM – Adjust therapy	99215[1]	$230.00

Table 2. Physician-Centered CGM: *Possible* Reimbursement

Service	Coding	Billed Amount (Approximate)
Decision Visit: Determine if CGM is needed (face to face)	99215[1]	$230.00
Training: Patient equipment training by nurse/assistant	99213[3]	$70.00
Training: Patient data interpretation training by physician	99214[4]	$115.00
Follow-up Visit: Return patient for follow-up – Download CGM	95250[2]	$35.00
– Physician data interpretation (telemedicine)	99091[5]	TBD
– Therapeutic decisions/changes (face to face)	99215[1]	$230.00

Conclusion

CGM technology offers significant benefits to patients and clinicians. However, for this technology to be viable, clinicians must find ways to receive payment for their services. Obtaining reimbursement for CGM remains a major challenge for both professional organizations and manufacturers. All stakeholders must work together through public meetings and direct correspondence with payers to ensure that CGM and other emerging technologies are reimbursed appropriately.

References:

1. 99215 (generally accepted criteria). Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexit, counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. Source www.FlashCode.com.
2. 95250 (generally accepted criteria). Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording. Source www.FlashCode.com.
3. 99213 (generally accepted criteria) Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
4. 99214 (generally accepted criteria) Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. Source www.FlashCode.com.
5. 99091 Collection and interpretation of physiologic data (e.g., ecg blood pressure glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional requiring a minimum of 30 minutes of time. Source www.FlashCode.com.