

Internal Medicine Coding Alert

Reader Question: Glucose Monitoring with 95250, 95251

Question: What is the best way to bill for continuous glucose monitoring? Do we bill for the initial visit and when the patient returns to the office after five days of monitoring, or report only one visit?

Nevada Subscriber

Answer: You can bill for both dates of service related to continuous glucose monitoring (CGM). The codes are:

- 95250 -- Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
- 95251 -- Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report.

Initial day: Report 95250 when the physician places CGM on the patient. Also submit 99211 (Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician ...) to cover checking the patient's vitals.

Follow up: When the patient returns, report 95251 for the interpretation. Include the appropriate office visit E/M code from 99212-99215 (Office or other outpatient visit for the evaluation and management of an established patient ...) for the time your provider takes to explain the results to the patient.