Codify by AAPC

Internal Medicine Coding Alert

Reader Questions: Learn the Steps to Report an E/M With 95250

Question: Why am I receiving denials on claims for 95250 and an E/M visit? Should I be reporting 99091 instead to recoup for CGMS?

South Carolina Subscriber

Answer: Some carriers refuse to pay for an E/M visit and 95250 (Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor [includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading with printout of data]) on the same day.

For this reason, many IM practices find they are more successful when they bill for continuous glucose monitoring system (CGMS) in three steps. First, code an E/M visit on the day of the CGMS insertion. But remember that 95250 includes hook-up, calibration and patient training. If the patient comes to the office especially for CGMS insertion and training, you cannot bill the E/M. But if your internist examines the patient before deciding to go ahead with CGMS, you can and should report the E/M service.

Disconnect day: Report 95250 on the day your physician disconnects the patient from the machine. Then, have the patient return for a separate E/M visit to review the CGMS data with the physician - and report an E/M code for this service.

Watch out: You should avoid using 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 healthcare professional, requiring a minimum of 30 minutes of time) for CGMS. Experts agree that 95250 is more appropriate.

CPT® 2023 American Medical Association. All rights reserved.