

	<b>Ambulatory Continuous Glucose Monitoring</b>	
	<b>Policy Number: POL-PP-210</b>	<b>Original Creation Date: 12/1/2025</b>
	<b>Version Number: 08</b>	<b>Version Effective Date: 12/1/2025</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 12/1/2026</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input checked="" type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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CGM automatically tracks blood glucose levels, also called blood sugar, throughout the day and night. A CGM works through a tiny sensor inserted under your skin, usually on your belly or arm. The sensor measures your interstitial glucose level,

which is the glucose found in the fluid between the cells. The sensor tests glucose every few minutes. A transmitter wirelessly sends the information to a monitor.

## Policy

### **CPT 95249**

Use this code to report sensor placement, hook-up, monitor calibration, patient training, sensor removal, and recording printout. This code is used to report the service when the patient provides the equipment. CPT guidelines indicate CPT code 95249 may not be reported more than once for the duration that the patient owns the data receiver. Obtaining a new sensor and/or transmitter without a change in the receiver does not warrant reporting 95249 subsequent times.

CPT code 95249 may not be reported unless the patient brings the data receiver to the physicians or other qualified health care providers office, with the entire initial data collection procedure conducted in the physicians or other qualified health care providers office.

All elements described in the CPT code description must be performed to appropriately report the code (sensor placement, hook-up, calibration of monitor, patient training, and printout of recording). The correct date of service for CPT code 95249 is the date the CGM recording is printed in the office.

### **CPT 95250**

CPT code 95250 is used when the patient is set up with a device they don't own provided by a covered health care provider. This code is specifically for "professional" CGM. All elements defined in the CPT description must be completed to appropriately report a service or procedure using a CPT code (sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording).

The date when all elements in the description are completed is the appropriate date of service to report 95250. CPT code 95250 is reported once per month.

### **CPT 95251**

CPT code 95251 is the analysis and interpretation of the CGM data and does not need to be performed face to face. Report 95251 for CGM monitoring with a minimum of 72 hours of data. This code can only be billed once per month. The date of service is the date the physician (or qualified non-physician practitioner) interpreted the data and provided a separate written report with appropriate authentication.

CPT's 95249, 95250. And 95251 are NOT approved telehealth services and should not be reported with place of service 2 or 10.

An appropriate CGM analysis, interpretation, and report must include the following elements:

- Patient's name
- Date of birth
- Medical Record #
- Indication for the placement of the device
- Name/Type of device placed
- Sensor placement date: Sensor removal date (Physician provided equipment)
- Start date of recording; End date of recording (Patient provided equipment)
- Date data was printed out (which would be the date of service for 95250/95249 to be reported)
- Analysis of data

- Interpretation of data
- Signature of interpreting physician or other qualified healthcare professional
- The report must be signed by the physician (or non-physician practitioner practicing within their scope) who is interpreting the report. All signature rules apply.

Glucose monitoring time of 72 hours or more must be documented in the medical record to support these codes were performed.

Per Blue KC MCG guidelines BKC-0126: Separate reimbursement will not be made for CPT code 95251 for the review of home CGM data. Reimbursement would be made by billing the appropriate level of E&M.

**Modifier 52** may be used on CPT code 95250, which indicates that the patient monitoring was less than 72 hours. Office notes may need to be submitted when modifier 52 is used.

CPT Code 99091 should not be reported in addition to CPT code(s) 92549, 95250 and 95251.

An E/M CPT code (99202-99205, 99211-99215, 99241-99245) may be reported with CPT codes 95249, 99250 and/or 95251 if documentation supports the medical necessity of a significant and separately identifiable evaluation and management service performed the same date.

**DME and Supplies**

For CGM devices (code E2102 or E2103) and supply allowance (code A4238 or A4239), the following modifiers must be added to the code(s) on every claim submitted

- Use modifier KX if the beneficiary is insulin treated; or,
- Use modifier KS if the beneficiary is non-insulin treated.

Please see Blue KC MCG Medical Policy BKC-0126-v2 Continuous Glucose Monitoring for information on medical necessity.

**Coding**

HCPCs Code	Description
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, 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; analysis, interpretation, and report
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service

**Related Documents**

Blue KC Medical Policy BKC-0126-v2 Continuous Glucose Monitoring

**References**

Blue KC Medical Policy BKC-0126-v2 Continuous Glucose Monitoring

Blue KC Provider Reference Guide

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	12/1/2020	Initial version
002	12/08/2020	Code 0446T removed as investigational
003	12/1/2021	Annual review, no updates, or changes were made to the policy
004	12/1/2022	Annual review, no updates, or changes were made to the policy
005	12/1/2023	Annual review, no updates, or changes were made to the policy
006	12/1/2024	Annual review, the following guidelines were added; Separate reimbursement will not be made for CPT code 95251 for the review of home CGM data. Reimbursement would be made by billing the appropriate level of E&M. CPT code 95250 is used when patient is set up with a device, they don't own provided by a covered health care provider
007	12/1/2025	Annual review, CMS modifiers KF, KS were added
008	2/5/2025	Update – Corrected wording error from CPT’s 95249, 95250. And 95251 are approved to CPT’s 95249, 95250. And 95251 are NOT approved