

CGM BILLING REFERENCE

CPT Code	Definition	Medicare allowable (non-facility)	Who Bills
95249 Personal CGM – Startup/Training	In this procedure, the provider measures the interstitial glucose levels at regular intervals via subcutaneously implanted sensors for a minimum of 72 hours. 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.	\$58.62	Physician, Advanced Practice HCP, or Institution (hospital outpatient department under OPPS)
95250 Professional CGM – Startup/Training	In this procedure, interstitial glucose levels are measured at regular intervals via subcutaneously implanted sensors provided by physician or other qualified health care professional's office for a minimum of 72 hours. Use this code to report sensor placement, hook-up, monitor calibration, patient training, sensor removal, and recording printout. This code represents the technical component of the service only.	\$151.57	Qualified staff members under the supervision of a Physician or Advanced Practice HCP
95251 CGM Interpretation	A provider analyzes and interprets data from a patient's continuous glucose monitor (CGM) and writes a report based on interpretation. This code represents the professional component of the service only.	\$35.30	Physician or Advanced Practice HCP

Source: 2022 Physicians Fee Schedule. <https://www.cms.gov>. Accessed Oct. 2022.
 Medicare rates are not geographically adjusted and do not show the impact of the 2% sequestration.
 Physician fee schedule rates represent the non-facility allowed rates.

Individual plan coverage may vary. Please verify coverage criteria and frequency directly with the health plans and local Medicare contractors. Abbott provides this information as a courtesy, it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors.

NOTE: These are charges and not actual reimbursed amounts. Private payer paid rates are confidential.
 CPT code definitions sourced from CPT Professional Edition 2022 codebook, American Medical Association.
 See Important Safety Information on page 2.

DIABETES-RELATED ICD-10 CODES AND DESCRIPTIONS

E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.8	Other diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications

For a complete listing of ICD-10 Code descriptions related to Type 1 and Type 2 diabetes mellitus, visit <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>.

Scan to learn more about FreeStyle Libre CGM
or visit [FreeStyleProvider.abbott](https://www.FreeStyleProvider.abbott)



This FreeStyle Libre Reimbursement Guide provides HCPs, billing specialists, and other practice administrators and staff with an overview of insurance coding, coverage, and payment related to Personal and Professional CGM billing procedures and data interpretation. Individual plan coverage may vary. Please verify coverage criteria and frequency directly with the health plans and local Medicare contractors. CPT code definitions sourced from CPT Professional Edition 2022 codebook, American Medical Association. Medicare coverage is available for the FreeStyle Libre 2 system if the FreeStyle Libre 2 reader is used to review glucose data on some days every month. Medicare and other third party payor criteria apply. Patients must meet Medicare eligibility coverage criteria: Local Coverage Determination, Glucose Monitors (L33822) February 2022. Abbott provides this information as a courtesy, it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors. At this time, the FreeStyle Libre 3 system is not currently eligible for Medicare reimbursement, and Medicaid eligibility may vary by state.

Important Safety Information

FreeStyle Libre 2 and FreeStyle Libre 3 systems: Failure to use FreeStyle Libre 2 or FreeStyle Libre 3 systems as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose alarms and readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.FreeStyle.abbott/us-en/safety-information.html> for safety info.

FreeStyle Libre 14 day system: Failure to use FreeStyle Libre 14 day system as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.FreeStyle.abbott/us-en/safety-information.html> for safety info.

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