FAQ: Billing Considerations for Patients with Diabetes in Ambulatory Clinics

Date of Publication: July 2025

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Purpose

This document aims to answer frequently asked questions about billable services for patients with diabetes.

I. Diabetes Self- Management Training/Education & Support (DSMT)

For complete information, refer to CMS Medicare Benefit Policy Manual Chapter 15, Section 300.

Note: The Centers for Medicare & Medicaid Services uses the term "training" (DSMT) instead of "education and support" (DSMES) when defining the reimbursable benefit. The term DSMT is used specifically with billing.

1. **What is DSMT?**[1]

   - DSMT provides an evidence-based foundation to help people with diabetes navigate their condition. This includes daily self-management decisions to manage blood sugar, improve overall health, and prevent or delay diabetes complications.
   - People who participate in DSMT have been shown to have better diabetes-related outcomes, however less than 5% of Medicare beneficiaries and 6.8% of patients with commercial insurance with diabetes have used DSMES within the first year of diagnosis.

2. **What are the national standards for DSMT?**[2]
   - DSMT programs must meet required standards to be reimbursed.
   - The American Diabetes Association (ADA) and the Association of Diabetes Care & Education Specialists (ACDES) determine if DSMES services meet required standards and accredit programs. **Programs must be accredited by one of these organizations for reimbursement.**
     - Entities (practices or pharmacies) are more likely than individuals to bill for DSMT services. These certified/accredited providers must be currently receiving payment for other Medicare services.
     - More information for each program's interpretation of the national standards can be found here.
     - More information on the accreditation process can be found here

3. **Where can DSMT services be delivered?**[3]

Approved Places of Service	Excluded Places of Service

• Hospital outpatient department
• Critical access hospital
• Private physician practice
• Registered dietician practice
• Independent clinic (freestanding FQHC or RHC)
• Home health agency
• Skilled nursing facility (SNF)
• Pharmacy
• Durable Medical Equipment (DME) company
• "Alternative settings" to increase access:
  ○ Community-based organizations and community centers
  ○ Faith-based organizations
  ○ YMCAs
  ○ Area organizations for ageing
  ○ Workplaces
	• Hospital inpatient facility
	• Kidney dialysis facility

- *Additional considerations for places of service:*
  - **For hospitals -** DSMT locations in a hospital outpatient department must be hospital-owned provider-based clinics or physician groups. DSMT is not payable if furnished at alternative nonhospital, off-site locations.
  - **For FQHCs** - only individual DSMT is payable by Medicare Part B. The FQHC may be able to include the cost of furnishing group DSMT in its annual cost report. It is best to first verify this with the regional MAC.
  - **For RHCs -** only individual DSMT is payable by Medicare Part B. If there is a solo diabetes instructor, this person must be a registered dietician (RD) and a certified diabetes care and education specialist (CDCES). The RHC may be able to include the cost of furnishing group DSMT in its annual cost report. It is best to first verify with the regional MAC.
  - **For home health agencies -** DSMT is only payable when furnished outside the Medicare Part A home health benefit.
  - **For SNFs -**the SNF Part A benefit and the DSMT Part B benefit can be received by the beneficiary at the same time.
  - For more information on billing DSMT services in the **pharmacy setting**, refer to the CDC Medical Billing Playbook for Pharmacies

4. **What does Medicare Part B cover for DSMT services?** [4]
- Patients must receive a referral from their physician, nurse practitioner, clinical nurse specialist, or physician assistant.
- Initial Group Coverage:
  - Medicare Part B beneficiaries with diabetes are eligible for an initial 10 hours of diabetes education over the course of a continuous 12-month period.
    - Initial coverage is a "once in a lifetime benefit".

- With the exception of 1 hour of individual training, training is usually furnished in a group setting.
    - One hour of individual training may be used for any part of the training including insulin training
    - The 9 remaining hours of training can be done in any combination of ½ hour increments
- Follow-Up Group Coverage:
    - People with diabetes are then eligible to receive 2 hours of additional follow-up diabetes education which can be furnished any time in a calendar year following a 12-month period in which the beneficiary completes the initial training.
        - Follow-up training can be provided to beneficiaries in no less than ½ hour increments and the physician or qualified non-physician practitioner must document that the patient has diabetes.
- Coverage Criteria for Individual Training (G0108):
    - No group session is available within 2 months of the date the training is ordered.
    - The beneficiary's physician or qualified non-physician practitioner documents in the medical record that the beneficiary has special needs resulting from conditions (severe vision, hearing, or language limitations) that will hinder effective group training session.
        - The need for individual training must be identified in the referral.
    - The physician orders additional insulin training

Table 1: Procedure codes for DSMT:

CPT Code	Description of Service	Estimated Reimbursement (non-facility)[5]
G0108	DSMT, individual, per 30 minutes	$53.05
G0109	DSMT, group (2 or more), per 30 minutes	$15.20

***Based on the 2025 Physician Fee Schedule National Payment Amount**

5. **Can pharmacists bill for DSMT?**
    - Pharmacists are not approved **Individual Medicare Part B providers but** can furnish services as an **Entity Medicare Part B provider** (hospital, independent clinics, medical practices, FQHC and RHC, pharmacies, skilled nursing homes, and durable medical equipment companies).
    - Only one Medicare Part B provider (individual or entity) can bill for all DSMT hours in the initial and follow-up periods.
    - Providers, such as pharmacies, cannot enroll in Medicare Part B just to bill for DSMT. They must be billing at least one other Medicare Part B service and receiving payment.

6. **Can physician services be billed on the same day as DSMT?**
    - The physician visit billed under an evaluation and management code (E/M) would need to meet medical necessity criteria and services provided must be above and beyond DSMT.
    - If the office visit and DSMT are billed under the same NPI, most likely they will not be paid separately. However, if the office visit and the DSMT are billed under two different NPIs, if the

office visit met medical necessity and provided services above and beyond DSMT, then both visits may be eligible for separate payment.

7. **Can DSMT be provided via telehealth?**
   - Yes, DSMT services can be provided via telehealth. Medicare will only reimburse for DSMT services provided via audio and visual communication in real time. Other payers may cover DSMT services provided through audio-only communication or other online communication. It is encouraged to check with other payers before implementing telehealth DSMT services to confirm reimbursement requirements.

II. Insulin pump training[6-8]

1. **Is insulin pump training a reimbursable service?**
   - There are no specific CPT codes for insulin pump training; however, DSMT and MNT (Medical Nutrition Therapy) codes can be used.
     - To bill for this training, the facility must have an ADA or ACDES recognized or accredited DSMT/ES program.
   - Insulin pump training and education is often included in the price to the payer. The pump training is paid by the pump company to the individual pump trainer, or to the clinic.
   - Aside from billing directly for insulin pump training, the counseling services provided as part of this education can count as a component of E&M services (99212-99215).
   - Education-specific CPT codes, 98960-98962, are not paid by Medicare, but *may* be paid by private payers (these codes do not require a DSMT program to be recognized by ADA or ACDES, but the program must have a standardized curriculum).
   - A certified pump trainer can be reimbursed a fixed amount from the pump company that covers up to 2 months of training and management.

2. **What are education-specific CPT codes?[9]**
   - Education-specific CPT codes describe education and training of patients (including caregivers) for patient self-management by a qualified, nonphysician health care professional.
   - CPT code 98960 is for individual education, 98961 is for a small group of 2-4 patients, and 98962 is for larger groups of 5 or more patients.
   - A *standardized curriculum* must be used that is consistent with guidelines or standards established or recognized by a health care professional society or association.
   - The patient must be present and engaged in the education and training. These codes shouldn't be used for education and training of the caregiver(s) if the patient isn't present.
   - These codes shouldn't be used for services that are 15 minutes or less.
   - These codes cannot be billed during the same visit as an E/M office visit code (i.e. 99212-99215).

3. **What if a patient requires additional insulin pump training?**
   - If any additional education or management is required by the patient after the 2 months of initial training, the pharmacist educator may bill the patient's individual insurance provider under DSMT codes.

4. **How can a pharmacist receive pump training reimbursement from the pump company?**
    - Pharmacists can become certified through the pump company's specific provider training program. Contact the individual company for more information if interested.

III. Continuous Glucose Monitor (CGM) Placement and Interpretation[10]

Continuous glucose monitor coverage, and use is continuing to expand. As more patients utilize these devices, pharmacists should be aware of opportunities to bill for training, assistance, and interpretation of CGM devices and reports.

1. **What CPT codes are available for CGM education and training?**
    - The chart below summarizes current CPT codes and billing requirements.

Table 1: Procedure codes for Continuous Glucose Monitors:

CPT Code	Description of Service	Detailed description	Frequency of Service	Estimated Medicare Reimbursement* (non-facility)[5]
95249	Personal CGM – Startup/Training	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.	Once per lifetime of the device	$64.05
95250	Professional CGM Placement		1x/month	$139.41
95251	CGM Interpretation	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report.	1x/month	$33.32

***Based on the 2025 Physician Fee Schedule National Payment Amount**

- CPT code 95249 or 95250 may be billed the same day as 95251. Additionally, 95251 may be provided as a non-face-to-face encounter.
- CPT code 95249 can be billed again if the patient changes to a different manufacturer's CGM system or a different model of a data receiver from the manufacturer's CGM system they are currently using.

2. **Which CPT codes can pharmacists bill for?[10]**
    - Since CPT codes 95249 and 95250 do not have any physician work RVUs (Relative Value Units), these services can be performed by a trained RN, pharmacist, RD, CDE, or MA (within their scope) and billed by the supervising physician advanced practitioner.
    - Only a physician or other qualified health care provider (NP, PA, or clinical nurse specialist) can perform and bill for services related to CPT code 95251.

3. **Can CGM CPT codes be billed at the same visits as an E/M code?**
    - Yes, if "significant and separately identifiable evaluation and management services performed" with a –25 modifier, meaning that enough was done during the visit aside from CGM education and interpretation to bill for said E/M code, for example adjusting the patient's diabetes regimen and rechecking their hypertension.

4. **Can services associated with CPT codes 95249 and 95250 be provided via telehealth?**[10]
    - All services related to CPT codes 95249 and 95250 must be provided face-to-face in order to bill for them. Services associated with 95251 may be provided through non-face-to-face services.
    - If providers are performing remote patient monitoring beyond CGM, CPT codes 99091 or 99457 may be appropriate based on services provided.

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