

# Medtronic

## InPen™ Smart Insulin Pen

### Patient Flow Example & Coding Scenario Calendar

The example below illustrates use of the InPen smart insulin pen and continuous glucose monitor (CGM); however, the example is also applicable for use of an automated insulin delivery system (AID). Coding and billing considerations for activities associated with use of diabetes management are as follows.

In Person Services		Telehealth
<b>1</b> Office Visit: InPen and CGM	E/M codes 99212-99215	<b>Medicare (and some non-Medicare):</b> E/M code + modifier 95 and/or 25#  <b>Non-Medicare:</b> New Patients see 98000-98003 or 98008-98011  Established Patients see 98004-98007 or 98012-98015  E/M code + modifier 95 and/or 25#
<b>2</b> InPen System Education & Training (also applicable for AID System, Education, & Training, when not in conjunction with InPen)	<b>Medtronic-trained:</b> Not coded <b>Physician:</b> Factor time and effort into E/M level <b>NP/PA/PharmD/CDCDS</b> (billed by physician/under supervision): Factor time and effort into E/M level <b>RN/CDCDS/RD:</b> Medicare: G0108/G0109† Non-Medicare: 98960 or S9445	<b>Medicare:</b> G0108/G0109† + modifier 95#  <b>Non-Medicare:</b> 98960 or S9445 + GT modifier#
In Person Services		Remote Services
<b>4</b> Data Analysis: Blood Glucose (BG)	Factor time and effort into E/M level	99091* (at least 30 minutes of cumulative provider time)
<b>5</b> Data Analysis: Interstitial Glucose (CGM)	95251*	95251*
<b>6</b> Data Analysis: Insulin Delivery	Factor time and effort into E/M level	99091* (at least 30 minutes of cumulative provider time)
<b>7</b> Treatment Management	E/M 99212-99215 <b>Medicare:</b> Prolonged E/M +G2212 <b>Non-Medicare:</b> Prolonged E/M +99417	99457, +99458 (as appropriate)

†DSMT and MNT codes are time-based, as such time should be documented in the record to ensure proper reimbursement for these services (G0108-G0109). \*Do not report 95251 in conjunction with 99091. Code 95251 represents the professional component of a service in which a patient has undergone continuous glucose monitoring (CGM) for at least 72 hours. Code 99091 represents the provider spending at least 30 minutes interpreting results each 30-day period.

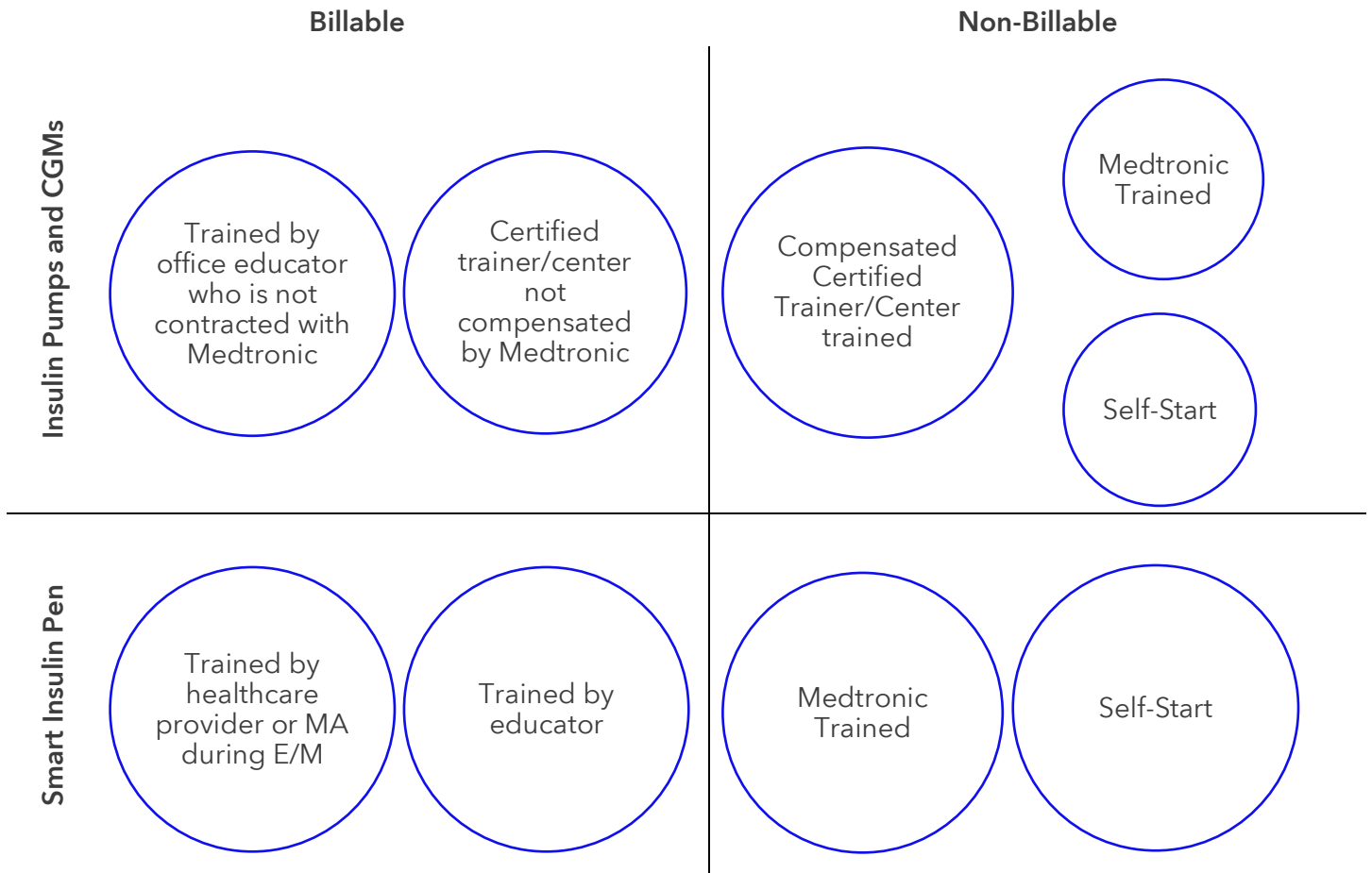
## Available Coding Scenario Calendar Based on Current Billing Instructions

Actual code use will differ depending on the clinical needs of each patient as identified by the healthcare provider. Clinically appropriate coding and billing can only be determined by the provider and based on the mix of medically necessary services for each patient. In addition, Durable Medical Equipment and/or Pharmacy orders may be considered.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Education</b> <b>Patient education</b> and training code performed by someone other than the HCP at therapy initiation.	G0108											
<b>CGM Data Analysis*</b> <b>Monthly CGM data analysis</b> , which can be billed once every 30 days.	95251	95251	95251	95251	95251	95251	95251	95251	95251	95251	95251	95251
<b>Pump/Insulin Delivery Data Analysis*</b> <b>Monthly remote data analysis</b> , which can be billed once every 30 days.	99214	99214	99214	99214	99214	99214	99214	99214	99214	99214	99214	99214
<b>E/M Visit</b> <b>Quarterly office visits</b> , coded at the appropriate level of service.	99214			99214			99214			99214		
<b>Treatment Management</b> <b>Remote treatment management</b> , billed here in months where office visits do not occur.		99457	99457		99457	99457		99457	99457		99457	99457

\*Do not report 95251 in conjunction with 99091. Code 95251 represents the professional component of a service in which a patient has undergone continuous glucose monitoring (CGM) for at least 72 hours. Code 99091 represents the provider spending at least 30 minutes interpreting results each 30-day period.

## Training Scenarios



This Patient Flow Example document has been developed as an introductory reference guide to coding, coverage and payment for professional services providers, not inclusive of pharmacy and/or durable medical equipment (DME) supplies that may be required for the care of patients with diabetes. This document should not be viewed as inclusive of all coding, coverage and payment information that may be needed. It does not replace advice from your coding, billing, compliance, legal, or other applicable departments. The responsibility for correctness lies with the provider or supplier of services. Documentation in the medical record must support the coding used and billing submitted to the payer(s). Payer coverage guidelines may vary from Medicare criteria therefore, each payer should be individually consulted for specific requirements.

In some instances, Physicians (MD, DO) and/or Equivalent Practitioners such as Nurse Practitioner (NP), Physician Assistants (PA), or Clinical Nurse Specialists (CNS) can file a claim in accordance with legal and state credentialing. In addition, physician collaboration and general supervision rules as well as all billing rules apply to all the above non-physician practitioners. Likewise, Staff or Other Non-Physicians may also perform services directly in accordance with legal and state credentialing. Staff or Other Non-Physicians may include Registered Nurses (RN), American Diabetes Association (ADA) recognized Certified Diabetes Care and Education Specialists (CDCDS), ADA recognized Registered Dieticians (RD), and Certified or Licensed Nutritionists. For further clarification and guidance, please consult your individual payer policy guidelines for details.

## Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists, and/or legal counsel for interpretation of coding, coverage, and payment policies. This document aids with FDA-approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA-cleared or approved labeling (e.g., instructions for use, operator's manual, or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related services.

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## References

1. CPT® codes and descriptions only are copyright ©2024 American Medical Association. All rights reserved.
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