



Diabetes Services Reference Guide 2026

Applicable CPT codes for patient
procedures and evaluations

CPT = Current Procedural Terminology.

This guide 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.

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Introduction

This reference guide has been developed as an overview of commonly used Current Procedural Terminology (CPT) codes that account for the care of patients with diabetes. CPT codes are used to describe the services provided during a patient encounter, such as diabetes education, training, CGM placement and analysis, or patient evaluations (in-office or virtually).

Remember to use **appropriate modifiers** with CPT codes where applicable.

Corresponding reimbursement rates are also included, sourced from the Medicare Physician Fee Schedule and the Outpatient Prospective Payment System. These rates reflect the Medicare national allowable amount published by the Centers for Medicare & Medicaid Services (CMS) and does not include geographic adjustments nor Medicare payment reductions resulting from sequestration adjustments to the amount payable to the provider. Reimbursement rates for services may differ by place of service and type of provider.



E/M Services



Telemedicine



Diabetes Education



CGM



Remote Monitoring



MTM



Product Support

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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 (eg, 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.

CGM = continuous glucose monitor; E/M = evaluation and management; MTM = medication therapy management.



Office Visits (E/M) and Education Services

Evaluation and management (E/M) services are commonly used for routine visits or follow-up visits and may include patient assessment, treatment planning, and/or ongoing management of diabetes treatment. Code selection is based on the complexity of decision-making or total time spent on the encounter.

LEGEND (WHO CAN BILL)

Physicians

● MD ● DO

Equivalent practitioner

● NP ● PA ● CNS

Diabetes education staff or non-physicians

○ RN ○ CDCES ○ Diabetes education staff ○ Registered dietician

E/M & Education Services¹

CPT Code	Description	Details
In-office		
99202 to 99205	Office or other outpatient visit for the E/M of a new patient , which requires a medically appropriate history and/or examination and straightforward medical decision-making. (levels 2-5)	<ul style="list-style-type: none"> Who can bill: ● ● ● ● ● Level 2: low complexity; minimal treatment adjustments Level 3: moderate complexity; treatment changes or data review
99212 to 99215	Office or other outpatient visit for the E/M of an established patient , which requires a medically appropriate history and/or examination and straightforward medical decision-making. (levels 2-5)	<ul style="list-style-type: none"> Level 4: Moderate/high complexity; insulin adjustments, multiple conditions managed Level 5: High complexity; uncontrolled diabetes or complications

2026 Medicare National Average Payment Rates for CPT Codes²

CPT Code	2026 Non-facility	2026 Facility
99202	\$75.15	\$41.08
99203	\$117.57	\$71.48
99204	\$177.36	\$116.90
99205	\$236.81	\$160.32
99212	\$59.45	\$31.06
99213	\$95.19	\$57.45
99214	\$135.61	\$84.50
99215	\$192.39	\$125.59

CDCES = Certified Diabetes Care and Education Specialist; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



Telemedicine

As of January 1, 2025, new telemedicine services CPT codes are available for E/M services. **Please note that Medicare does not reimburse for the use of telemedicine codes 98000-98015.** They will continue to use existing E/M codes to indicate telemedicine visits (99202-99215). CMS will continue to cover **98016 for a virtual check-in.**

LEGEND (WHO CAN BILL)

Physicians

- MD DO

Equivalent practitioner

- NP PA CNS

Diabetes education staff or non-physicians

- RN CDCES Diabetes education staff Registered dietician

Telemedicine Codes for E/M Services¹

CPT Code	Description	Details
98000-98003	New patient telemedicine E/M	<ul style="list-style-type: none"> Who can bill: MD DO NP PA CNS Requires real-time, 2-way audio and video communication
98004-98007	Established patient telemedicine E/M	
98008-98011	New patient, audio only	<ul style="list-style-type: none"> Who can bill: MD DO NP PA CNS Phone-only visits, requiring more than 10 minutes of medical discussion Level 4: Moderate/high complexity; insulin adjustments, multiple conditions managed Level 5: High complexity; uncontrolled diabetes or complications
98012-98015	Established patient, audio only E/M	

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Telemedicine (cont'd)

LEGEND (WHO CAN BILL)

Physicians

- MD
- DO

Equivalent practitioner

- NP
- PA
- CNS

Diabetes education staff or non-physicians

- RN
- CDCES
- Diabetes education staff
- Registered dietician

Virtual Check-in¹

CPT Code	Description	Details
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified healthcare professional who can report E/M services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days	<ul style="list-style-type: none"> Who can bill: MD, DO, NP, PA, CNS, RN, CDCES, Diabetes education staff, Registered dietician Cannot originate from a related E/M service from the previous 7 days Cannot lead E/M service or within the next 24 hours or soonest available appointment, 5 to 10 minutes of medical discussion

CPT Code Medicare National Average Payment Rates²

CPT Code	2026 Non-facility	2026 Facility
98016	\$17.37	\$13.03

When E/M service is performed virtually, use the following modifiers in conjunction with the E/M codes to indicate a telemedicine visit:

Modifier	Description
95	For audio visits
93	For telephone-only visits
02	Place of service code (non-home location)
10	Place of service code (home)

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Diabetes Education Services

Diabetes self-management training (DSMT) may consist of patient management to begin insulin pump therapy as it relates to insulin, such as carb ratios, basal rates, sick day management, or insulin sensitivity for correction factor. All entities billing for DSMT under the fee-for-service payment system or other payment systems must meet all national coverage requirements. Please consult individual payer policy guidelines for additional details.

LEGEND (WHO CAN BILL)

Physicians

● MD ● DO

Equivalent practitioner

● NP ● PA ● CNS

Diabetes education staff or non-physicians

● RN ● CDCES ● Diabetes education staff ● Registered dietician

Diabetes Education Services¹

CPT Code	Description	Details
G0108 (Individual)	Diabetes outpatient self-management training services, per 30 minutes	<ul style="list-style-type: none"> Who can bill: ● ● ●
G0109 (≥2 patients)		
98960 (Individual)	Education and training for patient self-management by a nonphysician qualified healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes	<ul style="list-style-type: none"> Who can bill: ● ● ● ● ● ● ● ● These codes are telemedicine codes. Add Modifier 95-Telemedicine Service
98961 (2-4 patients)		
98962 (5-8 patients)		
S9445 (Individual)	Patient education, not otherwise classified, non-physician provider, individual, per session	<ul style="list-style-type: none"> Who can bill: ● ● ● ● ● ● ● ● Note that these are non-Medicare codes
S9446 (Group)		

CPT Code Medicare National Average Payment Rates²

CPT Code	2026 Non-facility	2026 Facility	Details
G0108	\$55.78	\$55.78	
G0109	\$16.03	\$16.03	
98960	\$32.70	N/A	B = Bundled Code. Payment for covered services are always bundled into payment for other services not specified. N = Items and Services Packaged into APC Rate; None (payment calc). Payment included in APC payment rate
98961	\$15.40	N/A	
98962	\$11.70	N/A	
S9445	N/A	N/A	
S9446	N/A	N/A	

APC = Ambulatory Payment Classification; CDCES = Certified Diabetes Care and Education Specialist; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



Diabetes Education Services (cont'd)

Medical Nutrition Therapy

Medical nutrition therapy (MNT) specifically focuses on dietary intervention to ensure eating habits are appropriate for persons with diabetes.

Please note that DSMT and MNT are considered as separate benefits. If the physician determines that receipt of both MNT and DSMT is medically necessary in the same episode of care, Medicare will cover both DSMT and MNT initial and subsequent years without decreasing either benefit as long as DSMT and MNT are not provided on the same date of service.

LEGEND (WHO CAN BILL)

Physicians

- MD
- DO

Equivalent practitioner

- NP
- PA
- CNS

Diabetes education staff or non-physicians

- RN
- CDCES
- Diabetes education staff
- Registered dietician

Medical Nutrition Therapy (MNT)¹

CPT Code	Description	Details
97802	Initial assessment MNT, individual, face-to-face with the patient, each 15 minutes	
97803 (Individual)	Re-assessment MNT, face-to-face with the patient, each 15 minutes	<ul style="list-style-type: none"> Who can bill: ● ○ This is a telemedicine code
97804 (≥2 or more)	Individual, 15 min Group, 30 min	
G0270 (Individual)	MNT, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient	<ul style="list-style-type: none"> Who can bill: ● ○
G0271 (≥2 or more)	Individual, 15 min Group, 30 min	

2026 Medicare National Average Payment Rates for CPT Codes²

CPT Code	2026 Non-facility	2026 Facility
97802	\$36.74	\$26.39
97803	\$31.73	\$22.04
97804	\$17.03	\$12.36
G0270	\$31.73	\$22.04
G0271	\$17.03	\$12.36

CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; DSMT = Diabetes self-management training; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



CGM Placement

Codes related to continuous glucose monitoring (CGM) differentiate between the technical service of sensor placement and patient training, performed by office staff, and the professional service of interpreting the CGM data, performed by clinicians. For the technical service, different codes are assigned depending on whether the patient or the physician practice owns the CGM equipment. Please consult individual payer policy guidelines for additional details.

LEGEND (WHO CAN BILL)

Physicians

- MD
- DO

Equivalent practitioner

- NP
- PA
- CNS

Diabetes education staff or non-physicians

- RN
- CDCES
- Diabetes education staff
- Registered dietician

CGM Placement and Education¹

CPT Code	Description	Details
95249	<i>(Specific to patient-provided equipment)</i> Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	<ul style="list-style-type: none"> • Who can bill: ● ● ● ● • If performed by office staff, registered nurses or certified diabetes care and education specialists, this is billable under direct supervision
95250	<i>(Specific to healthcare professional-provided equipment)</i> Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	<ul style="list-style-type: none"> • Code can be used only once/month • Cannot be billed in conjunction with CPT 99091 or 0447T

CPT Code Medicare National Average Payment Rates^{2,3}

CPT Code	2026 Non-facility	2026 Facility	2026 Hospital
95249	\$69.81	\$69.81	\$60.27
95250	\$152.64	\$152.64	\$136.02

CDCES = Certified Diabetes Care and Education Specialist; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



CGM Placement (cont'd)

LEGEND (WHO CAN BILL)

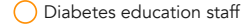
Physicians



Equivalent practitioner



Diabetes education staff or non-physicians



CGM Data Analysis¹

CPT Code	Description	Details
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report	<ul style="list-style-type: none"> Who can bill: If performed by office staff, registered nurses or Certified Diabetes Care and Education Specialists, this is billable under direct supervision Code can only be used once/month Do not use in conjunction with 99091
99091	Collection and interpretation of physiological data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified HCP, qualified by education, training, licensure/regulation (when applicable)	<ul style="list-style-type: none"> Analysis can only be performed by: Minimum 30 minutes, every 30 days

If an E/M service is performed on the same day as services for **95250** and **95251**, it can be billed under certain circumstances using Modifier 25:

Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Healthcare Professional on the Same Day of the Procedure or Other Service. Submit documentation that confirms an MD, DO, NP, or PA performed a history and physical examination and engaged in medical decision-making "above and beyond" the usual work.

CPT Code Medicare National Average Payment Rates²

CPT Code	2026 Non-facility	2026 Facility
95251	\$35.07	\$35.07
99091	\$55.45	\$47.43

CDCES = Certified Diabetes Care and Education Specialist; CGM = continuous glucose monitor; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; ECG = electrocardiogram; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



Remote Patient Monitoring

Remote patient monitoring includes both Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM).

RPM uses non-face-to-face technology to monitor and analyze a patient's physiological metrics (eg, oxygen saturation, blood pressure, blood sugar, weight loss/gain). RPM must be collected for at least 16 days out of 30 days.

RTM captures non-physiologic data related to a therapeutic treatment such as treatment adherence and treatment response (eg, pain management).

These services may be provided by health care personnel under the general supervision of the billing practitioner. Only one practitioner can bill for RPM per patient in a 30-day period. In addition, RTM data can be self-reported by the patient using the device. Information is transmitted using a medical device that is considered capable of transmitting data wirelessly (eg, connected or smart devices) to other devices or networks. Some technologies will also include advanced analytical capabilities that interpret data via algorithms. Please consult individual payer policy guidelines for additional details.

LEGEND (WHO CAN BILL)

Physicians

● MD

● DO

Equivalent practitioner

● NP

● PA

● CNS

Diabetes education staff or non-physicians

○ RN

○ CDCES

○ Diabetes education staff

○ Registered dietician

Remote Physiologic Monitoring (RPM)¹

CPT Code	Description	Details
99453	RPM initial set-up and patient education	<ul style="list-style-type: none"> Who can bill: ● ● ● ● Do not use this code more than once per episode of care or for monitoring less than 16 days
99454	RPM device supply with daily recording	<ul style="list-style-type: none"> Who can bill: ● ● ● ● Bill every 30 days
99457	RPM treatment management requiring patient engagement, first 20 minutes	<ul style="list-style-type: none"> Who can bill: ● ● ● ● ● If performed by office staff, RNs or CDCES, this is billable under direct supervision Once per calendar month
99458	Each additional 20 minutes	

2026 Medicare National Average Payment Rates for CPT Codes^{2,3}

CPT Code	2026 Non-facility	2026 Facility	2026 Hospital
99453	\$21.71	\$21.71	\$136.02
99454	\$52.11	\$52.11	\$38.13
99457	\$51.77	\$26.39	N/A
99458	\$41.42	\$26.39	N/A

CDCES = Certified Diabetes Care and Education Specialist; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



Remote Patient Monitoring (cont'd)

LEGEND (WHO CAN BILL)

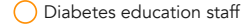
Physicians



Equivalent practitioner



Diabetes education staff or non-physicians



Remote Therapeutic Monitoring (RTM)¹

CPT Code	Description	Details
98975	RTM (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	<ul style="list-style-type: none"> Who can bill:
98980	RTM treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	<ul style="list-style-type: none"> Who can bill: Excludes E/M Services Includes reporting once each 30 days See 98981 for each additional 20 minutes of RTM treatment management in a calendar month
98981	Each additional 20 minutes; list separately in addition to code for primary procedure	

CPT Code Medicare National Average Payment Rates^{2,3}

CPT Code	2026 Non-facility	2026 Facility	2026 Hospital
98975	\$21.71	\$21.71	\$136.02
98980	\$54.11	\$25.72	N/A
98981	\$41.42	\$25.38	N/A

CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant.



Remote Patient Monitoring (cont'd)

LEGEND (WHO CAN BILL)

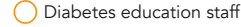
Physicians



Equivalent practitioner



Diabetes education staff or non-physicians



Remote Insulin Dose Calculation and Monitoring¹

CPT Code	Description	Details
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	<ul style="list-style-type: none"> Who can bill: MD, DO, NP, PA, CNS Do not report 0740T in conjunction with 95249, 95250, 95251, 98975, 99453
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data	<ul style="list-style-type: none"> Who can bill: MD, DO, NP, PA, CNS Do not report 0741T in conjunction with 95249, 95250, 95251, 99091, 99454 Do not report 0741T for data collection less than 16 days

CPT Code Medicare National Average Payment Rates²

CPT Code	2026 Non-facility	2026 Facility	2026 Hospital
0740T	Contractor-priced	Contractor-priced	\$60.27
0741T	Contractor-priced	Contractor-priced	\$38.13

CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathic Medicine; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant.



MTM Coding

Medication Therapy Management (MTM) is a service aimed at improving health outcomes for patients. It includes a variety of activities within a pharmacist’s role and can be provided alongside medication. MTM involves assessing drug needs, identifying therapy issues, planning care, and following up. Billing for these services requires using specific CPT codes based on the level of care and face-to-face time involved.

CPT Code ¹	Description	Details
99605	<p>For new patients</p> <p>MTM service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes</p>	<ul style="list-style-type: none"> Billed by pharmacist Payer priced Note that this is a non-Medicare code
99606	<p>For established patients</p> <p>MTM service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes</p>	<ul style="list-style-type: none"> Billed by pharmacist Payer priced Note that this is a non-Medicare code
99607	Each additional 15 minutes	<ul style="list-style-type: none"> Billed by pharmacist Payer priced Note that this is a non-Medicare code

MTM coverage varies by contract, payer plan, and state credentialing. Please be sure to check with your local contractors, payers, and state credentialing to ensure the ability to submit for MTM reimbursement.

Additional verification for the following may also apply:

- Program application deadlines
- Certification requirements
- That the diagnosis/condition of diabetes applies

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CPT = Current Procedural Terminology.



Product Support

MiniMed offers comprehensive online resources to support you throughout the prescribing, coverage, and reimbursement process for their diabetes technologies. Use the links below to find access to product information, additional reimbursement guidance, and financial assistance programs for patients.

Healthcare Professional Resources



Find information on MiniMed's diabetes product portfolio, compatible CGM sensors, and CareLink, a diabetes management software for HCPs

[Learn More](#)



Additional reimbursement resources are available online for all MiniMed diabetes devices

[Healthcare Provider Reimbursement](#)



Download user guides and manuals for MiniMed's full portfolio of integrated diabetes devices

[User Guides & Manuals](#)

Patient Access Support

MiniMed offers **financial aid, pharmacy co-pay support, and AID payment programs** for eligible patients. Read the terms and conditions to see if your patient qualifies for support.

[Financial Support Programs](#)

Support & Services

MiniMed is your partner in diabetes care management. Whether in person or virtually, customer service representatives and clinical diabetes educators and trainers can provide technical support, training, and education to support your diabetes management goals with patients.

Contact us anytime: 1-800-646-4633

[Contact Us](#)



Indications for Use

MINIMED™ 780G SYSTEM WITH SMARTGUARD™ TECHNOLOGY WITH INSTINCT SENSOR, SIMPLERA SYNC™ SENSOR, AND GUARDIAN™ 4 SENSOR

The MiniMed™ 780G system is intended for the continuous delivery of basal insulin at selectable rates and the administration of insulin boluses at selectable rates for the management of type 1 diabetes mellitus in persons 7 years of age and older, and of type 2 diabetes mellitus in persons 18 years of age and older requiring insulin. The system is also intended to continuously monitor glucose values in the fluid under the skin.

The MiniMed™ 780G System includes SmartGuard™ technology, which can be programmed to automatically adjust insulin delivery based on the continuous glucose monitoring (CGM) sensor glucose values and can suspend delivery of insulin when the sensor glucose (SG) value falls below or is predicted to fall below predefined threshold values. The system is intended for use with connected sensors, including the Simplera Sync™ and Guardian™ 4 sensors and integrated continuous glucose monitors, including the Instinct sensor, each of which has different wear-time, form factor, insertion site, and other distinguishing characteristics that relate to sensor performance. Consult the appropriate sensor user guide when using the system. Discuss treatment decisions with your HCP.

Please see additional [Important Safety Information](#) for MiniMed products and compatible sensors.



References

1. CPT® codes and descriptions only are copyright ©2026 American Medical Association. All rights reserved.
2. Centers for Medicare & Medicaid Services. PFS relative value files - 2026. Updated May 15, 2025. Accessed March 10, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files>
3. Centers for Medicare & Medicaid Services. Hospital Outpatient Prospective Payment-notice of proposed rulemaking with comment period, CY 2026. Updated December 29, 2025. Accessed March 10, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-p>



Modifiers



For accurate reimbursement, use modifiers to provide additional context to a procedure or service.

Modifier ¹	Description
24	Unrelated evaluation and management service by the same physician during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
59	Distinct Procedural Service
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio only telecommunications system
95	Synchronous telemedicine service via real-time audio and video telecommunications
FQ	Service furnished using audio-only communication technology
GC	This service has been performed in part by a resident under the direction of a teaching physician
GT	Via interactive audio and video telecommunication systems
GQ	Alaska and Hawaii only - asynchronous telecommunication system
KX	Used to indicate the services rendered are medically necessary
SA	Nurse practitioner rendering service in collaboration with a physician