

Appendix A

Table: Technology and Human Resources Requirements

Type of Technology	Human Resources Required	Cost/Potential Reimbursement	Potential CPT Codes
Free Aggregate Data Sharing Platforms			
Example: Tidepool	Medium: Set up the account, train staff to upload devices, manage IT interface, integration with EHR, provider training.	Cost: None Reimbursement: Potential via chronic disease management and DSME codes	98960 98961 98962 99091 99211 G0108 G0109
Free Device Specific Software			
Example: Dexcom Clarity	Low to Medium: Set up clinic account, train staff to upload devices/link patient accounts, integration with EHR, clinician training.	Cost: None Reimbursement: Potential via CGM interpretation code 95251	95251 98960 98961 98962 99211 G0108 G0109
Enterprise Aggregate Data Sharing Platform			
Example: Glooko	Medium: Account set up and training provided by vendor; train staff to use transmitters; integration with EHR.	Cost: ~\$2500/year Reimbursement: Potential via chronic disease management codes, CGM interpretation, other	95251 98960 98961 98962 99091 99211 G0108 G0109
CGM Placement and Training			
Real-time personal CGM	Medium to High: Provider to oversee clinic, educator to provide personalized training, software to share data with clinic	Cost: Staff time and clinic space Reimbursement: Potential reimbursement for CGM placement, interpretation, and diabetes self-management education	99249 99251 98960 98961 98962 99211 G0108 G0109
Professional Blinded CGM	Medium to High: Provider to oversee clinic/interpret data;	Cost: Sensors/transmitters, staff	99250 99251 G0108

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	software to obtain device data	Reimbursement: Potential reimbursement for CGM placement, interpretation, and diabetes education	G0109
Digital Health Solutions			
Health Apps	Low to Medium: Determine which apps best for population, set up clinic account, train staff to use, establish workflow	Cost: Variable Reimbursement: Potential via remote monitoring codes or DSME codes	98960 98961 98962 99091 99211 G0108 G0109
Telehealth			
Visits provided via telehealth	Low to medium: Provider/staff training and equipment are required; workflow may require modification	Cost: Equipment (computer, camera, speakers, and microphone) and HIPAA compliant videoconferencing software (e.g., Zoom) for videoconference visits	Telehealth modifiers 95, GT for videoconference E/M visits (99211-99215) Telephone services: 99441, 99442, 99443, 98966, 98967, 98968
Chronic Care			
Remote Physiologic Monitoring (weight, blood pressure, pulse oximetry, respiratory flow)	Low: Provider/staff training required	Cost: Software, potentially equipment (monitoring) provided to PWD	99453 99454 99457 99458

*Note: Due to Covid-19, there have been frequent changes and updates to the billing codes in this table. This online reference will be updated as new information becomes available.

Sources:

Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies. National Archive and Records Administration: Federal Register website. <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>. Updated November 15, 2019. Accessed March 20, 2020.

Appendix B

Professional CGM Process

1. Order placed for professional CGM (billed using CPT code 95250)
2. CGM instruction worksheet available for PWD, explaining purpose, process and results
3. Insurance verified for coverage
4. Application appointment by CGM Support
 - a. Places Sensor
 - b. Provides food/activity log
 - c. Schedules mid-wear download/removal appointments
 - d. Provides and/or reviews CGM instruction sheet
5. CGM Support completes optional mid-wear download
 - a. Download data and copy food/activity log
 - b. Provides CGM report to PWD (Daily glucose summary and AGP report)
 - c. Scan report into medical records or copy and paste directly into electronic medical record through snapshot or snipping tool
 - d. Returns food/activity log to patient
 - e. Provides CGM instruction sheet, if needed
 - f. Inform PWD of pending telephonic review with DCES to discuss results and goal setting
 - g. Send task to DCES regarding mid-wear CGM download
6. DCES telephonic or virtual discussion
 - a. Reviews information with PWD, sets goals and confirms removal date
 - b. Recommend individual lifestyle changes through shared decision making
 - c. Send task to prescriber regarding possible medication changes
7. CGM Support completes 10-14-day wear time and sensor removal
 - a. Download data and remove sensor
 - b. Provide PWD with CGM report (Daily glucose summary and AGP report)
 - c. Scan report into medical records or copy and paste directly into electronic medical record through snapshot or snipping tool
 - d. Provider reviews CGM report, documents interpretation and plan, assigns appropriate billing code 95251

Appendix C

Table . Tools for Implementation of Personal CGM into Practice

Resource/Process	Details
Assignment of Benefits and Certificate of Medical Necessity available in Electronic Health Record (EHR)	Patient data can auto-populate some of the fields (name, DOB, phone number, insurance information, etc.), and the documents can be quickly completed and submitted during clinic visits.
Referral for CGM placement in EHR	The referral takes less than one minute to complete and the provider can indicate if off-label placement is approved.
Weekly CGM Training Clinic (APRN managed)	Specific CGM procedure visits can easily be scheduled internally or by the system-wide call center once a referral is placed.
EHR Templates for CGM Placement Procedure	Created in consultation with coding specialists.
EHR Template for Training and Education specific to CGM brand/model	EPIC templates for each CGM brand and model to expedite documentation.
EHR Template for Patient Instructions and School orders specific to each CGM brand/model	These templates highlight key teaching points and expedite creation of school orders in the busy clinic setting.
EHR Template for CGM Interpretation	Created in consultation with coding specialists to include essential components.
Billing for CGM training, insertion, download for professional and personal devices	Inclusion of billing codes 99250, 99251, and, 99249 on fee sheets.
Standard Operating Procedure for CGM Training Process and Staff Training	Outlines entire process and useful as a training guide for new staff.
Annual In-Service (“Wear and Share”) for all clinicians, staff	Provides opportunity to experience CGM directly.

Appendix D

CGM Key Metrics

Key Metric	Measure
Standardized visualization of data	Ambulatory glucose profile (AGP)
Mean glucose	Calculated
Low, Hypoglycemia	<70mg/dL (<4%)
Very low/clinically significant hypoglycemia	<54mg/d, <1%)
High, Hyperglycemia	>180mg/dL (<25%)
Very high/clinical significant hyperglycemia	>250mg/dL, (<5%)
Target Range	70-180mg/dL, (>70%)
Glycemic variability (coefficient of variation)	Standard deviation/mean, stable \leq 36%
Glucose management indicator (GMI)	CGM version of estimated A1C
Recommend data sufficiency	70% sensor use over 14 days

Adapted from the International Consensus on Time in Range [Diabetes Care;42:1593-1603]

Appendix E

Questions to ask the PWD when considering CGM and/or insulin pump purchase to help identify the technology

CGM	Yes	No
Are you willing to check finger stick glucose values to calibrate or make insulin dosing decisions?		
Is the size of the sensor important?		
Are you concerned about reactions to tape?		
Do you want connectivity with an insulin pump?		
Do you want to wear the CGM only periodically?		
Do you want your diabetes team to have remote access to your glucose data?		
Do you want alarms for low and/or high glucose values?		
Do you want integration with an App that identifies glucose patterns?		
Do you prefer a device that can be worn longer without changing the sensor?		
Insulin pumps	Yes	No
Do you want a device that does not require tubing?		
Do you want a touch screen?		
Are you interested in integrating your insulin pump with your sensor?		

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If you already have a sensor, do you want a pump that connects with your present device?		
Do you want a device that will automatically dose insulin based on sensor glucose readings?		
Do you want to dose your insulin with a remote rather than always accessing your insulin pump?		
Are you very physically active?		
Do you prefer a device that can be charged?		
Connected Pens	Yes	No
Do you prefer to be detached from an insulin delivery device?		
Do you want assistance in calculating insulin doses?		
Do you want to be able to track active insulin time?		
Do you have a smart phone?		

Appendix F

Continuous Glucose Monitor Worksheet

Thank you for caring for your diabetes by wearing a professional Continuous Glucose Monitor (CGM).

Things to know: Wear loose fitting clothing. No body oils or lotions.

After your sensor is applied, you will be asked to record

- What/when/how much food you eat
- Activity minutes
- Blood sugar results
- Dose and type of diabetes meds, if applicable

Complete and accurate records make for a more meaningful report!

Bring your records to your sensor removal appointment.

When your sensor is removed you will be provided a report and a clinician will review with you in person or on the phone. (See a sample report on the back of this page)

-Take note of your 'Time in Range'. The goal is >70%. What is your result? _____

-Compare day-to-day report with your food/activity records

What seems to make your blood sugars go higher? _____

What seems to make your blood sugars go lower? _____

Discuss your results with your clinician. Making changes with your lifestyle habits and/or diabetes medications may help you manage your diabetes better which may result in improved A1C.

What changes are you going to make?

1. _____
2. _____
3. _____

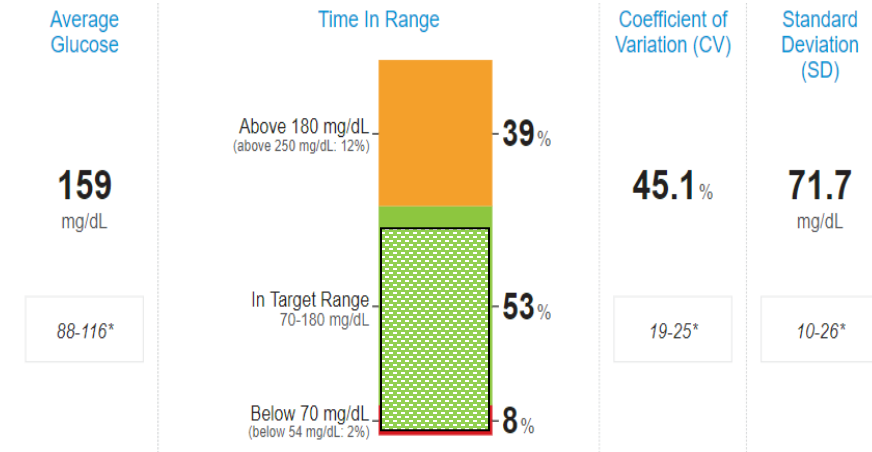
FAQ:

Can it get wet? The sensor is water-resistant and can be worn showering or swimming.

Will it fall off? The adhesive is strong but the CGM may fall off if you have excessive sweating or accidentally bump it. Take care to avoid catching the sensor on clothing when undressing.

What should happen if it falls off? Bring the sensor back to the clinic. We may be able to pull data based on the amount of time the sensor was worn.

SAMPLE REPORT

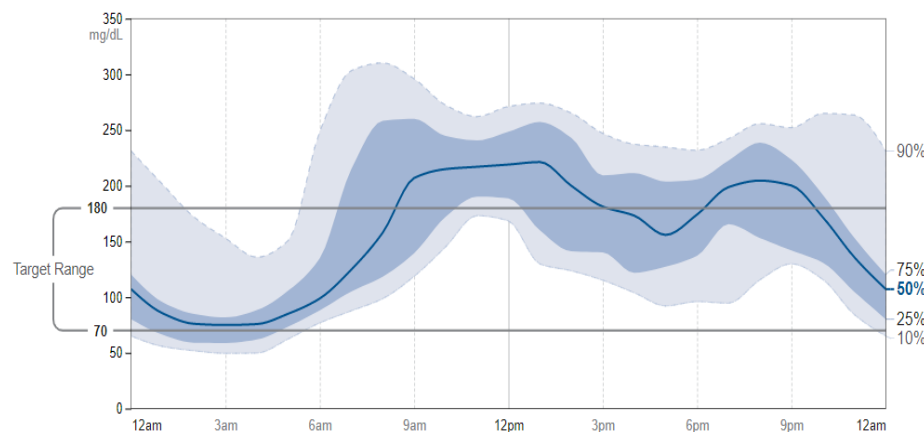


Goal #1: Below 70mg/dl ≤ 4% of the time
This result is below 70 mg/dl 8% of the time

Goal #2: In Target Range ≥ 70% of the time to have an ~A1c = 7
This result is in Target Range 53% of the time

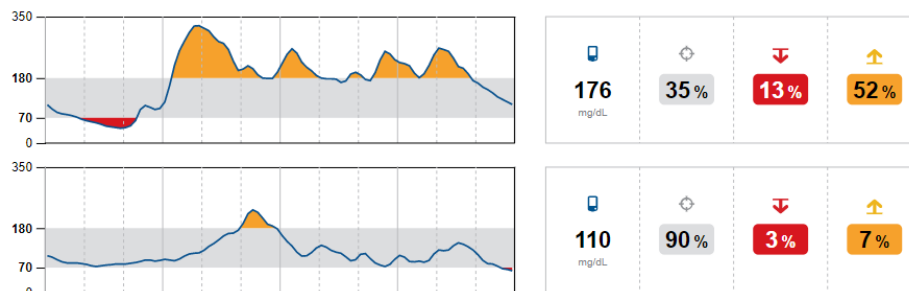
Ambulatory Glucose Profile

Curves/plots represent glucose frequency distributions by time regardless of date



The Ambulatory Glucose Profile (AGP) shows a summary of daily results from midnight to midnight. The skinny blue line indicates the midpoint of the results at a specific time of day. The distance between shaded areas indicates consistency of lifestyle habits.

Goal #3: Shaded area to be Flat/Narrow/In target range most of the time



The day to day results will look something like the results to the left. Compare your day to day results with your food and activity log to see how choices may affect the rise and fall of blood sugar results.