

**Suppl 1. Summary of Medicare Requirements for Coverage for CGM, DSMT, and MNT**

<b>Billing code</b>	<b>Service</b>	<b>Requirements</b>
<b>CGM</b>		
95249 or 95250	Start-up and Training	<ul style="list-style-type: none"> <li>95249 is used if patient has his/her own device and can be billed only once during the ownership period; 95250 is used if clinic owns the device and cannot be billed more than once per month.</li> <li>This service can be performed by a medical assistant (MA), registered nurse (RN), licensed practical nurse (LPN), certified diabetes education specialist (CDES), or pharmacist if the service is directed by a physician or other qualified healthcare professional such as a nurse practitioner (NP) or physician assistant (PA).</li> </ul>
95251	Data download and interpretation	<ul style="list-style-type: none"> <li>This service must be performed by a recognized provider (clinician, NP, or PA). It can also be performed by a pharmacist who is under the direction of a recognized provider.</li> </ul>
<b>Diabetes education</b>		
G0108 or G0109	Diabetes Outpatient Self-Management Training Services	<ul style="list-style-type: none"> <li>This service must be performed by a recognized provider (clinician, NP, PA, RD, Nutrition Specialist, CDES).</li> <li>G0108 is used for individual instruction; G0109 is used for group (2 or more) instruction.</li> <li>Education must be provided within a continuous 12-month period and does not exceed 10 hours. The 10 hours can be done in any combination of 30-minute increments.</li> </ul>
<b>Nutrition counseling</b>		
97802 and 97804		<ul style="list-style-type: none"> <li>This service must be performed by a Nutrition Specialist or RD.</li> <li>97802 is used for individual assessment/intervention, face-to-face with the patient and billed in 15-minute increments; 97804 is used for group assessment/intervention (2 or more individuals) and billed in 30-minute increments.</li> </ul>
97803		<ul style="list-style-type: none"> <li>This service covers individual re-assessment and intervention, face-to-face with the patient and billed in 15-minute increments.</li> </ul>

There are 89 different fee schedule localities in the country, payments vary significantly. The geographically adjusted payment rate for any code paid under the physician fee schedule can be accessed through Medicare's Physician Fee Schedule Lookup Tool at <https://medicarepaymentandreimbursement.com/2010/10/time-guideline-for-99211-99212-99213.html>.