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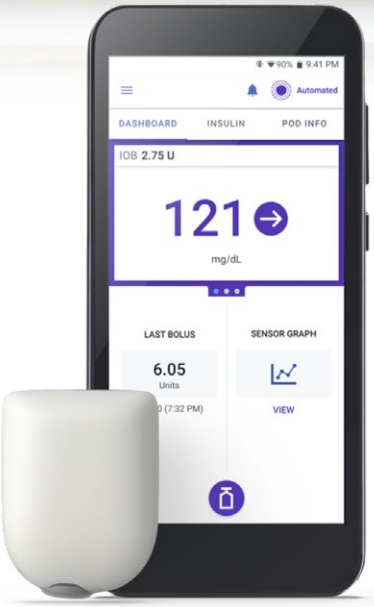
Overview of Insulin Pump Therapy

For many people living with diabetes, access to an endocrinologist is limited—more than 75% of U.S. counties have none, while 96% have at least one primary care provider.

With advancements in automated insulin delivery systems (AID), insulin pumps now require far less provider intervention, making them more accessible for PCPs to prescribe and manage. Ninety-three percent of surveyed* PCPs saw advantages in prescribing AID, and many would consider prescribing for both Type 1 and Type 2 diabetes.

By integrating insulin pump therapy into primary care, PCPs can expand access to life-changing technology, improve glucose control, and reduce health disparities for patients who do not have access to an endocrinologist.



*https://pmc.ncbi.nlm.nih.gov/articles/PMC8297491/

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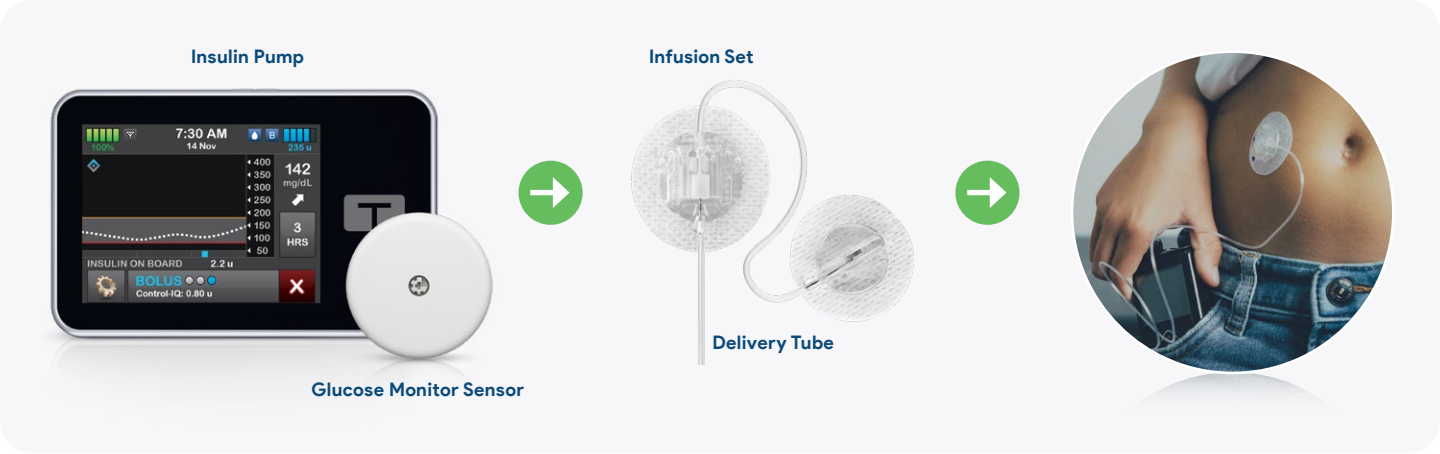
How Insulin Pump Therapy Works

- **Basal Insulin:** Delivered continuously to maintain a stable blood glucose level between meals and overnight.
- **Bolus Insulin:** Administered as needed for meals and to correct blood glucose spikes.



Key Benefits of Insulin Pump Therapy

Reduced Blood Glucose Variability

Fluctuations: The pump's ability to adjust basal rates throughout the day can minimize highs and lows, particularly during challenging periods like the dawn phenomenon.

Greater Flexibility

It's a more discreet and convenient way of delivering insulin boluses particularly when patients leave the house, which increases adherence and improves outcomes. Patients have increased flexibility with mealtime and food choices as they don't have to adhere to strict schedules for injections.

Reduced Hypoglycemia Events

By providing more controlled insulin delivery, pumps may help reduce incidents of hypoglycemia.

Reduced Need for Injections

Insulin is delivered through a small, flexible tube connected to a pump, or a remote patch (depending on model) eliminating the need for multiple daily injections.

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Tips for Presenting Insulin Pump Therapy to Patients

Introduce Early
Mention insulin pumps as an option even to those who are just beginning insulin therapy, so they know all available choices.

Emphasize Flexibility
Explain how pump therapy can help them better manage their schedule and meal planning.

Discuss the Commitment
Ensure patients understand the ongoing responsibility of monitoring their glucose levels and that they are not alone in this process. Let them know that Certified Diabetes Care and Education Specialists (CDCESs), Certified Pump Trainers (CPTs), and their healthcare providers are available to help evaluate and fine-tune pump settings if their therapy doesn't feel optimal.

Gauge Patient Interest
Some patients may be excited by the technology and flexibility, while others may prefer injections. Tailor the discussions accordingly.

Frequently Asked Questions

Q: What Are the Advantages of Insulin Pump Therapy?

A: **Improved matching of insulin needs:** Basal and bolus rates can be individually adjusted to match the body's natural insulin needs.

Reduced fluctuations: Reduces blood glucose fluctuations and provides a more stable control of glucose levels.

Lifestyle flexibility: More discreet and convenient particularly when leaving the house. No fixed schedule for injections and greater ease with meals and activity.

Q: Will My Diabetes Be Better Controlled?

A: With improved insulin matching and reduced variability from long-acting insulin, patients are likely to see better control.

Q: Is It Surgically Implanted?

A: **No.** The pump is a small, wearable device about the size of a pager, sometimes (depending on model) connected to the body by a flexible tube.

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Patient Suitability and Initial Consultation Guide for Insulin Pump Therapy

This guide helps primary care physicians assess patient suitability for insulin pump therapy by providing clear criteria and actionable insights for evaluating responses during the initial consultation.

Diabetes Consultation

Diabetes Criteria	Patient Questions	Most Benefit Seen in
Current Insulin Therapy	Is the patient currently on multiple daily injections (MDI) of insulin?	1. Patient is currently on MDI of insulin, typically **3 or more injections per day**. 2. Uses both basal (long-acting) and bolus (rapid-acting) insulin.
Blood Glucose Management	Does the patient experience frequent blood glucose fluctuations?	1. Patient experiences **frequent blood glucose fluctuations** (highs/lows), often due to variable insulin needs. 2. Dawn phenomenon or overnight highs are present.
Hypoglycemia Awareness	Does the patient have a history of hypoglycemic unawareness?	1. Patient frequently experiences **hypoglycemic unawareness** (difficulty sensing low blood sugar). 2. Hypoglycemia is a concern with frequent lows, often unpredictable.

See reverse side for additional consult questions.

Support and Resources from ADS and US MED

ADS and US MED are trusted leaders in diabetes management, specializing in insulin pumps, supplies, and personalized care, supporting healthcare providers with prescriptions, training, and ongoing patient support.

For further resources, we encourage you to explore our **Insulin Pump Comparison Chart** for product details and our **Insulin Pump Models, Accessories, and Insurance Types** to simplify the billing and coverage process.

*Consider additional indications.

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Lifestyle and Technology Comfort Consultation

Lifestyle Criteria	Patient Questions	Most Benefit Seen in
Commitment to Monitoring	Is the patient comfortable with regular blood glucose monitoring?	1. Patient is **willing and able to monitor blood glucose 4 or more times per day** or use a CGM. 2. Expresses an understanding of frequent glucose monitoring importance.
Lifestyle Flexibility Needs	Does the patient seek more flexibility with meals and activities?	1. Patient has an **irregular schedule or frequent changes** in daily activities, meals, or sleep times. 2. Expresses interest in gaining flexibility with meal timing and food choices.
Technical Comfort Level	Is the patient comfortable with technology and able to learn new skills?	1. Patient feels comfortable with technology and **willing to learn** how to operate and troubleshoot a pump. 2. Prior experience with digital devices or similar tech gives confidence.
Ability to Attend Training	Can the patient commit to training and follow-up appointments?	1. Patient can commit to **initial and ongoing training** to understand pump operation, monitoring, and adjustments. 2. Indicates availability and willingness to attend required appointments.

Additional Indications for Using Insulin Pump

- Persons with Type 1 diabetes or Type 2 diabetes requiring frequent multiple daily injections
- Inadequate glycemic management despite optimized multiple daily injection therapy
- High glucose variability
- Elevated A1C
- Nocturnal hypoglycemia
- Hypoglycemia unawareness
- Recurrent hyperglycemia
- Dawn phenomenon
- Extreme insulin sensitivity
- Gastroparesis

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Selecting The Right Insulin Pump For Your Patients

When prescribing an insulin pump, asking the right questions ensures the best fit for the patient's lifestyle, diabetes management needs, and insurance coverage. Below are targeted questions that guide the selection process:

Key Questions

Daily Routine and Lifestyle Considerations

- Do you prefer a **tubed** or **tubeless** insulin pump?
- How important is **discretion and wearability** to you? (e.g., Do you prefer a pump worn on your body without tubing, very short tubing, or are you comfortable with a traditional tubed pump?)
- Do you engage in **frequent water activities** or need a **highly water-resistant** device?

Diabetes Management Preferences and Insulin Delivery Needs

- Do you want a pump that is **fully automated**, where it adjusts insulin on its own, or are you comfortable manually adjusting your insulin doses?
- Do you prefer a pump that requires **carb counting and manual bolus dosing**, or would you prefer one that a**utomates insulin dosing without needing carb input**?
- Are you comfortable managing i**nsulin-to-carbohydrate ratios and insulin sensitivity factors**, or would you benefit from a system that automatically adjusts these?

CGM Integration and Data Sharing

- Are you currently using a **Continuous Glucose Monitor (CGM)**, and if so, which one?
- Do you want a pump that integrates with your **current CGM** (Dexcom G7, FreeStyle Libre 2+, 3+, Guardian™ 4, etc.)?
- Do you need a system that allows r**eal-time remote monitoring** by caregivers or healthcare providers?

Age and Diabetes Type Considerations

- Are you prescribing for a **child or adult**? (Some pumps have **age restrictions** on usage.)
- Does the patient have **Type 1 or Type 2 diabetes**? (**FDA approval and insurance coverage** may vary based on diabetes type. While healthcare providers can prescribe off-label, insurance may **only reimburse for approved indications**.)

Insurance and Cost Considerations

- **What type of insurance do you have?** (Medicare, Medicare Advantage, Medicaid, Commercial/ Private Insurance)
- Are you looking for a pump that is c**overed under Medicare Part B**, or would you consider a pump available through pharmacy benefits?

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Matching the Patient's Responses to the Right Insulin Pump Model

Patient Preference	Best Pump Options
Tubeless pump, convenience-focused, no CGM integration. Do not have to choose the type of infusion set.	Insulet Omnipod® Dash
Tubeless, hybrid closed-loop, Dexcom G6/G7 or Libre 2 Plus integration. Do not have to choose the type of infusion set.	Insulet Omnipod® 5
Traditional tubed pump, hybrid closed-loop, Dexcom or Libre integration.	Tandem T-slim X2
Smallest tubed pump, mobile app-controlled, Dexcom integration, hybrid closed-loop.	Tandem Mobi
Traditional tubed pump, hybrid closed-loop, Guardian™ 4 integration with optional extended wear infusion sets for up to 7 days	MiniMed™ 780G
Fully automated insulin delivery no carb counting - Patient inputs meal size; no preset ratios required from prescriber during initial set-up or to adjust.	iLet Bionic Pancreas

By asking these key questions, prescribers can confidently recommend the right insulin pump tailored to the patient's lifestyle, diabetes management needs, and insurance eligibility.

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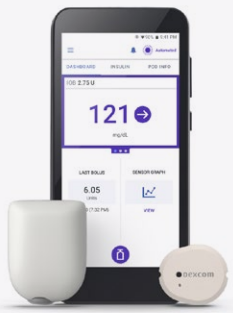
Insulin Pump Comparison Chart

Choosing the right insulin pump for your patient can be challenging. To simplify the process, we've created a guide that provides essential information, helping you find the best fit to support your doctor-patient relationship.



Insulet Omnipod® 5

Insulet Omnipod® Dash

MiniMed™ 780G Pump System

Tandem T-slim X2

Tandem Mobi

iLet Bionic Pancreas

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Features and Compatibility

This table outlines key features and compatibility details to help prescribers quickly compare insulin pump options and choose the best fit for each patient.

Pump Name	Delivery System	Infusion Set (If Tubed)	Reservoir/ Cartridge	Water Resistance
Insulet Omnipod® Dash*	Tubeless	Not Needed	200 unit Pod	Pods are waterproof up to 25 ft for 60 min; PDM controller is not waterproof
Insulet Omnipod® 5*	Tubeless	Not Needed	200 unit Pod	Pods are waterproof up to 25 ft for 60 min; PDM controller is not waterproof
Tandem T- slim X2	Tubed	Tandem TruSteel VariSoft, Auto Soft (30, 90, XC) 5" tubing not compatible with X2.	300 unit Cartridge	Watertight Up to 3 ft for 30 min
Tandem Mobi	Tubed (on-body)	Tandem AutoSoft 30, 60, XC (5" tubing)	200 unit Cartridge	Up to 8 ft for 2 hours
MiniMed™ 780G	Tubed	Medtronic Quick-set, Sure-T Silhouette, Mio Advance Medtronic Extended Infusion Set (EIS)	• 180 unit Reservoir • 300 unit Reservoir • 300 unit Extended Reservoir (EIS)	Water proof up to 12 ft for 24 hours
iLet Bionic Pancreas	Tubed	Inset, Contact Detach	180 unit Cartridge	Protected against immersion in water up to 12 ft for 30 min

**Because of the nature of the Omnipod systems (sold as Kit + pods), you can simply submit your patient's prescription. There are no additional accessories required.*

In case of pump or CGM failure, patients will need back up long-acting insulin, syringes/pen needles, and blood glucose meter.

Helpful Tip: *Choose infusion sets which align with patient's body type, activity level and personal comfort preferences, or add "patient preference" for model and size on the prescription.*

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Insulin Delivery and Dosing Configuration

Automated insulin delivery (AID) systems—also known as hybrid closed-loop or closed-loop systems—use algorithms to continuously adjust insulin delivery based on CGM data and patient's input at mealtimes. Most systems, excluding the Beta Bionics iLet, still require individualized settings (ICR, ISF, and basal rates) to be configured by healthcare professionals, pump trainers, or patients during setup and follow-up.

AID systems require precise carbohydrate counts to be entered for meal boluses, which are then processed through carb ratios or algorithms for insulin delivery. The exception is the iLet system which uses a bolus algorithm that adjusts insulin based on patient-estimated carbohydrate portions of a meal (e.g., "usual, less, or more than usual").

Pump	CGM Integration	AID System	Basal Rates, ICR or ISF Required*	Meal Bolus
Omnipod® Dash	No	No	✓	Carbs counted
Omnipod® 5	Dexcom G6**, Dexcom G7, FreeStyle Libre 2+	✓	✓	Carbs counted
Tandem Mobi	Dexcom G6**, Dexcom G7, FreeStyle Libre 2+	✓	✓	Carbs counted
Tandem t:slim X2	Dexcom G6**, Dexcom G7, FreeStyle Libre 2+	✓	✓	Carbs counted
MiniMed™ 780G	Guardian 4 Sensor**, Simplera Sync all-in-one sensor coming fall 2025	✓	✓	Carbs counted
Beta Bionics iLet	Dexcom G6**, Dexcom G7, FreeStyle Libre 3+	✓	No, only patient's weight required at start up	Meal announcements

** Insulin-to-Carbohydrate Ratio (ICR), Insulin Sensitivity Factor (ISF). **Sensor requires a transmitter (separate prescription required).*

Helpful Tip: *Choose infusion sets that align with the patient's body type, activity level, and personal comfort preferences.*

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Insulin Pump Models, Accessories, and Insurance Types

This section provides essential reference tables to help prescribers quickly identify age requirements, HCPCS codes, and insurance coverage for insulin pumps and their accessories. Use these guides to ensure accurate coding, streamline reimbursement, and select the most appropriate device and supplies for your patient's needs.

Table 1: Age Requirements, HCPCS† Codes and Insurance Types

Insulin Pump	HCPCS	Diabetes Type and Age	Insurance Coverage
Insulet Omnipod® Dash	E0784	Type 1 & Type 2: all ages	Commercial Only (Not covered under Medicare Part B)
Insulet Omnipod® 5	E0784	Type 1: 2+ years of age Type 2: 18+ years of age	Commercial Only (Not covered under Medicare Part B)
Tandem Mobi	E0784	Type 1: 2+ years of age Type 2: 18+ years of age	Medicare, Medicare Adv, Commercial
Tandem t:slim X2	E0784	Type 1: 2+ years of age Type 2: 18+ years of age	Medicare, Medicare Adv, Commercial
MiniMed™ 780G*	E0784	Type 1: 7+ years of age Type 2: 2+ years of age	Medicare, Medicare Adv, Commercial
iLet Bionic Pancreas	E0784	Type 1: 6+ years of age	Medicare, Medicare Adv, Commercial

Table 2: HCPCS Codes by Insurance Type for Accessories

Item	HCPCS Code (Commercial and Private Insurance)	HCPCS Code (Medicare and Medicare Advantage)
CGM Sensors	**A9276**	**E2102** (Adjunctive CGM) **E2103** (Non-adjunctive CGM)
CGM Transmitter	**A9277**	Included in **E2102/E2103**
CGM Receiver	**A9278**	Included in **E2102/E2103**
Infusion Set (Tubed Pumps)	**A4230**	**A4224**
Reservoir/Cartridge (Tubed Pumps)	**A4232**	**A4225**
Omnipod Pods (Tubeless Pumps)	**A9274** (Pharmacy Benefit)	Not covered under Medicare Part B
CGM Supply Allowance	Not Applicable	**A4238** (Adjunctive CGM) **A4239** (Non-adjunctive CGM)

†Always check with CMS to verify codes.
**The safety of the MiniMed™ 780G system has not been studied in pregnant women, persons with type 2 diabetes, or in persons using other anti-hyperglycemic therapies that do not include insulin.*

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Streamlining EHR Prescriptions for Insulin Pumps

Prescribing an insulin pump through an Electronic Health Record (EHR) system can be efficient and seamless when using structured smart phrases. By integrating automated documentation, providers can reduce administrative burden, ensure accuracy, and facilitate faster approvals for patients needing advanced diabetes technology.

This section provides ready-to-use EHR smart phrases that incorporate HCPCS codes, insulin delivery settings, CGM integration, and insurance requirements—ensuring a comprehensive and streamlined approach to prescribing insulin pump therapy.

Using these templates, providers can:

- Quickly document medical necessity for insurance approvals.
- Ensure all required details are included in the prescription.
- Facilitate faster patient onboarding with a Certified Diabetes Care and Education Specialist (CDCES) or Manufacturer Pump Trainer.
- Optimize workflows for prescribing Hybrid Closed-Loop, Fully Automated, and Manual Insulin Pump Systems.

With these EHR-friendly templates, PCPs can confidently prescribe insulin pumps, expanding patient access to life-changing diabetes technology while minimizing documentation challenges. Smart Phrases can, and should be customized to pump models and insurance types for your state requirements.

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Example Smart Phrase

Smart Phrase: .INSULINPUMP_OMNIPOD5_ADS

Patient has Type 2 Diabetes Mellitus, insulin-dependent, and is a candidate for hybrid closed-loop insulin pump therapy to improve glycemic control.

Prescription Details:

Diagnosis: ☐ Type 1 Diabetes (E10.9) ☐ Type 2 Diabetes (E11.9) ☐ Other: _____

Pump Settings: AID system with customizable glucose targets.

CGM Integration: Dexcom G6, G7, Libre 2 Plus.

Pod Size: 200U insulin per pod.

Change Frequency: ☐ Every 24 hours (Qty 90) ☐ Every 36 hours (Qty 60) ☐ Every 48 hours (Qty 45) ☐ Every 72 hours (Qty 30)

Insurance: ☐ Medicare (Not covered under Part B) ☐ Medicare Advantage ☐ Commercial Insurance

Supporting Documentation: HbA1c: ___% (Result Date: //)

Rationale for Insulin Pump Therapy:

- Patient requires multiple daily injections (MDI) with rapid-acting insulin.
- Patient exhibits significant glucose variability and insulin resistance requiring precise insulin adjustments.
- AID technology will optimize glycemic control and reduce hypoglycemia/hyperglycemia risks.

Insurance Coverage & Documentation:

☐ CMN completed and submitted to [DME Supplier: ADS / US MED].

☐ Prior authorization initiated per insurance guidelines.

☐ Patient educated on CGM integration, pump operation, and follow-up. (CDCES Support, Pump Manufacturer Certified Pump Trainer)

Next Steps:

☐ Schedule Certified Diabetes Care and Education Specialist (CDCES) appointment for training.

☐ Arrange follow-up visit in 2-4 weeks for pump data review and optimization.

☐ Enroll patient in remote monitoring if applicable.

Ordering Provider: [Provider Name]

Date: [MM/DD/YYYY]

Helpful Tip: *Access our library of smart phrases for insulin pumps and CGMs at [link TBD] and upload into your EHR system for ease-of-use.*

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How to Prescribe an Insulin Pump Through the Parachute Platform

The Parachute platform simplifies the prescription and order submission process for insulin pumps, ensuring faster processing, reduced paperwork, and streamlined communication between prescribers, suppliers, and insurers. Follow these simple steps to prescribe an insulin pump efficiently through Parachute for your patients.

Example

When using the Parachute platform, choose either ADS or US MED.

- **ADS:** www.parachutehealth.com/ads
- **US MED:** www.parachutehealth.com/usmed

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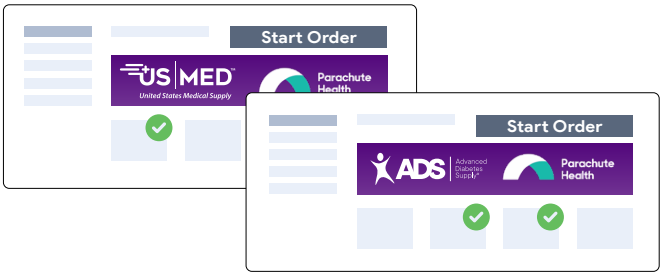
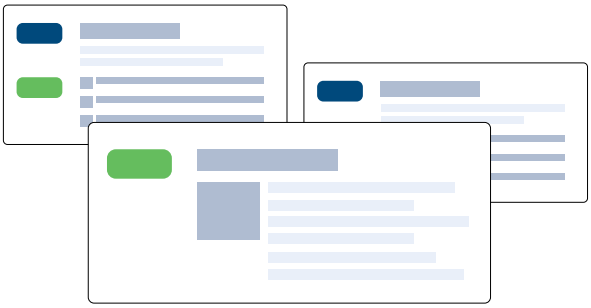
1. Choose provider, start order, enter patient information, and select your products.

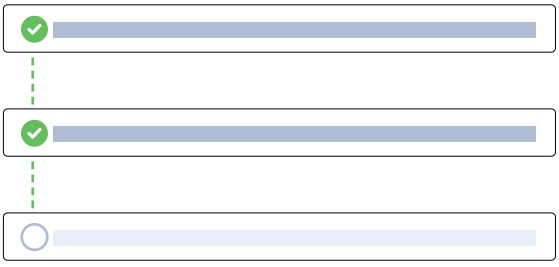


2. Answer the qualifying prompts.



3. Send to clinician for digital signature.

4. Track your order.



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How to Prescribe an Insulin Pump via Fax

For prescribers who prefer traditional submission methods, faxing a prescription for an insulin pump remains a reliable option. This method ensures all necessary documentation is included, minimizing delays in insurance approval and order fulfillment. Follow these steps to submit an accurate and complete prescription via fax.

Insulin Pump Prescription Checklist

Step 1: Confirm Eligibility and Insurance Coverage

- ☐ Verify patient meets medical necessity criteria (insulin-dependent, prior therapy history)
- ☐ Check insurance coverage (Medicare, Medicare Advantage, Commercial)
- ☐ Submit prior authorization if required (ADS handles Medicare PA)
- ☐ Ensure correct HCPCS Code: E0784 and any necessary modifications

Step 2: Complete Prescription/CMN Form

- ☐ Fill out the Prescription/Certificate of Medical Necessity (CMN), including:
- ☐ Select the appropriate insulin pump (Tandem, Omnipod, Medtronic, etc.)
- ☐ Select the frequency patient needs to change out infusion set and cartridge/reservoir (or pods for OmniPods) (120/180)
  - ☐ Medtronic Infusion Sets / Reservoirs: Total daily insulin dose (TDD)
- ☐ CGM integration prescription
- ☐ Diagnosis code

Step 3: Attach Medical Records

- ☐ Include recent patient visit notes confirming insulin dependence required frequency of visits varies by insurance type
- ☐ Add any provider changes or referral documentation
- ☐ Provide documented clinical justification for an insulin pump

Step 4: Submit and Confirm Processing

- ☐ Fax prescription CMN form to ADS/US MED
  Fax: 760-517-8999
- ☐ Call to confirm receipt and processing:
  760-579-7202

Helpful Tip: *Corrections to CMNs or prescriptions may cause delays because it will need to be verified or a new one issued depending on insurance.*

Need help? Visit northcoastmed.com/healthcare-professionals for assistance.

Supporting Your Patients Beyond Their Insulin Pump Prescription

The responsibility of initiating and managing insulin pump therapy does not rest solely on the prescriber. Ensuring a successful transition to pump therapy requires a network of resources, including manufacturer support and Certified Diabetes Care and Education Specialists (CDCESs). These resources provide the essential education, training, and follow-up that patients need to confidently manage their new technology.

If additional support is needed, **manufacturers offer Certified Pump Trainers (CPTs)** who specialize in onboarding and device education:

INSULET Omnipod® Dash and Omnipod® 5

- **Details:** Omnipod customer support is available 24/7 to your patients.
- **Online:** https://www.omnipod.com/setup/united-states
- **By Phone:** 1-800-591-3455, option 4

TANDEM t:slim X2 and Tandem Mobi

- **Details:** Get Support and training from a Pump Specialist Monday-Friday, 6 am – 5 pm PST
- **Online:** https://www.tandemdiabetes.com/support/insulin-pump-training
- **By Phone:** 1-877-801-6901

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MEDTRONIC MiniMed™ 780G

- **Details:** Schedule training sessions with Medtronic Certified Product Trainers 24/7 assistance.
- **Online:** https://www.medtronicdiabetes.com/minimed-770g-system-training
- **By Phone**: 1-800-646-4633, option 1

BETA BIONICS iLet Bionic Pancreas

- **Details:** iLet Clinical trainer's are available to help onboarding 24/7.
- **Online:** https://www.betabionics.com/support
- **By Phone:** 1-855-745-3800, option 1

Team-Based Care: Certified Diabetes Care and Education Specialist

Integrating a Certified Diabetes Care and Education Specialist (CDCES) into your care team can provide ongoing patient education, personalized guidance, and troubleshooting support. CDCESs play a key role in helping patients optimize insulin pump therapy, improve self-management skills, and achieve better diabetes outcomes.

By leveraging these resources, prescribers can ensure that patients receive the support they need—without carrying the full weight of pump management alone.

Helpful Tip: *To Find a CDCES in your area, visit https://www.cbdce.org/locate.*

Expanding Support for Your Patients: Key Next Steps

Ensuring a smooth transition to insulin pump therapy requires careful planning beyond just prescribing the device. Here are key next steps to support your patients in successfully adapting to their new insulin pump.

1. Plan for Follow-Up and Data Review

Within 2-4 weeks of pump initiation, schedule a follow-up visit to assess the patient's progress and optimize pump settings. During this visit, review:

- Pump and CGM data to adjust basal rates and insulin sensitivity settings (not applicable with iLet)
- Patient concerns and challenges with pump use
- Insulin dosing adjustments for improved glycemic control (not applicable with iLet)

Helpful Tip: *If needed, coordinate with a CDCES for a virtual or in-person review session before the patient's follow-up appointment.*

2. Identify Ongoing Patient Support Needs

Some patients may need additional resources to fully adapt to insulin pump therapy.

Consider referring to:

- A CDCES for ongoing education, nutrition, carb counting, bolus dosing and troubleshooting
- A mental health provider if diabetes-related distress impacts adherence

Helpful Tip: *Having a dedicated point of contact (nurse, CDCES, or DME) for follow-ups improves patient confidence in pump therapy.*

3. Encourage Continued Education and Patient Self-Advocacy

- Provide patients with manufacturer training materials and online support resources like the ADS Resource Hub. [Insert Link]
- Encourage participation in diabetes technology support groups
- Educate on signs of pump failure or infusion set issues to prevent complications

Helpful Tip: *Direct patients to diabetes coaching programs through their pump manufacturer or local diabetes care organizations for additional peer support.*

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ICD-10 Diagnosis Codes

Insulin Pump and CGM Prescriptions

The following ICD-10 codes are commonly used to document diabetes-related diagnoses, which may justify the prescription of an insulin pump and/or continuous glucose monitor (CGM). These codes should be selected based on the patient's clinical presentation and medical necessity.

ICD-10 Code	Description	Relevance
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Indicates poorly controlled Type 1 diabetes requiring precise insulin management
E10.65	Type 1 diabetes mellitus with hyperglycemia	Suggests the need for better glycemic control via an insulin pump or CGM
E10.9	Type 1 diabetes mellitus without complications	General diagnosis for Type 1 diabetes patients needing advanced management tools
E11.65	Type 2 diabetes mellitus with hyperglycemia	Suggests the need for improved glucose monitoring and insulin therapy
E11.9	Type 2 diabetes mellitus without complications	General diagnosis for Type 2 diabetes patients transitioning to CGM or pump therapy
E13.9	Other specified diabetes mellitus without complications	Covers less common forms of diabetes where CGM or insulin pumps may be appropriate
Z79.4	Long-term (current) use of insulin	Indicates ongoing insulin therapy, a prerequisite for insulin pump or CGM prescription
R73.03	Prediabetes	Used when proactive CGM monitoring is considered for high-risk patients
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Justifies advanced monitoring to prevent further complications
E09.319	Drug- or chemical-induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	May warrant insulin pump therapy if patient experiences glycemic instability
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	For patients with kidney complications requiring tighter glucose control
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Suggests the need for improved glucose management to protect renal function
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Neuropathy may indicate the need for enhanced glucose stability through pump or CGM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	For patients experiencing nerve damage, requiring tighter glucose control
E11.59	Type 2 diabetes mellitus with other circulatory complications	Advanced monitoring tools may be needed for patients with cardiovascular risks
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Indicates severe glycemic instability necessitating advanced monitoring and management
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Suggests recurrent hypoglycemia requiring CGM for better detection and prevention
E16.2	Hypoglycemia, unspecified	For patients experiencing significant low blood sugar episodes requiring CGM monitoring
R73.9	Hyperglycemia, unspecified	Useful for indicating uncontrolled blood sugar where CGM or insulin pump is warranted
Z13.1	Encounter for screening for diabetes mellitus	May be used in preventative scenarios for at-risk patients considering CGM for early detection

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Billing and Service Opportunities with Supplementary Codes

Primary care physicians play a pivotal role in managing diabetes, and through collaboration with a Certified Diabetes Care and Education Specialist (CDCES), they can unlock valuable service and billing opportunities that benefit both patients and their practice. This partnership supports enhanced care through services like diabetes education, CGM interpretation, and remote monitoring—improving outcomes while increasing practice efficiency and revenue. Below are key billing codes to help identify these opportunities and support practice growth.

Code	Descriptor	Usage/Service Provided	Notes	Medicare Coverage
95249	Initial setup and patient training for CGM	CGM sensor placement, monitor calibration, and patient training	Used for standalone CGM systems, not pump-integrated systems	Yes
95250	Sensor placement, hookup, calibration of CGM, including patient training	Training and setup for CGM integrated with an insulin pump	Use when pump and CGM are prescribed together	Yes
95251	Analysis and interpretation of CGM data	Data review, analysis, and interpretation from CGMs	Cannot be billed in conjunction with 99091 or 99457 for the same data	Yes
99091	Collection and interpretation of physiologic data, digitally stored/transmitted	For reviewing remote physiologic data like glucose monitoring	Requires a minimum of 30 minutes of non-face-to-face work per 30 days	Yes
99457	Remote physiologic monitoring treatment management services, first 20 minutes	Includes interactive communication with the patient/caregiver for CGM or pump management	Can be billed alongside 95251 in the same month	Yes
G0108	Diabetes outpatient self-management training services, individual, per 30 min	Individual education on diabetes management, including insulin pump usage	Often reimbursed for initial pump/CGM training when criteria are met	Yes, with qualifying diagnosis
G0109	Diabetes outpatient self-management training services, group, per 30 min	Group education sessions for diabetes self-management	Used for training sessions with 2 or more patients	Yes, with qualifying diagnosis

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