

HCPCS Codes: CGM Models, Accessories, and Insurance Types

Understanding the HCPCS codes for CGM devices and accessories is essential for accurate billing and insurance coverage. These codes can vary, so it's important to stay informed. For any questions or clarifications, our team of experts is here to help. Feel free to contact us!

CGM Model	HCPCS Code	Insurance Coverage Type
Dexcom G7 Sensor	• A4239 / month • A9276 / per day	Medicare / Medicare Advantage Commercial
Dexcom G7 Receiver	• E2103 • A9278	Medicare / Medicare Advantage Commercial
Freestyle Libre 3 Plus and 2 Plus Sensor	• A4239 / month • A9276 / per day	Medicare / Medicare Advantage Commercial
Medtronic Sensor	• A4238 • A9276	Medicare / Medicare Advantage Commercial
Medtronic Reader	• E2102 • A9277	Medicare / Medicare Advantage Commercial

^{*}Advanced diabetes supply group can not guarantee the accuracy of HCPCs codes or Insurance coverage type.

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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 fur- ther 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