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If you have additional questions about the contents of this material, please contact RS.diabetesHCReimbursement@medtronic.com.
INTRODUCTION
HOW TO USE THIS GUIDE

This document reflects commonly billed codes for the device and procedures associated with use of the InPen™ smart insulin pen system and their associated Medicare national reimbursement rates. This is not an all-inclusive list of possible coding nor does it replace advice from your coding or compliance departments. Documentation in the medical record must support the codes reported. The responsibility for correct coding lies with the provider of services.

InPen is an insulin delivery device and accompanying smart app, used by people with diabetes who perform multiple daily injections of insulin. Data on insulin delivery, such as dosage and timing, are captured by InPen. Data on glucose levels are collected. These may be either 1) blood glucose levels, taken via fingerstick and entered manually into the InPen app or transmitted to the InPen app via a wirelessly-enabled meter, or 2) interstitial glucose levels taken by a continuous glucose monitor (CGM). The insulin delivery data and glucose data are integrated in reports that are available to the physician or other qualified healthcare provider. The providers periodically review and interpret these reports, then use their analysis to assess patient status, form treatment goals, and perform ongoing management.

NDC-FORMATTED
REIMBURSEMENT NUMBERS

InPen Smart Insulin Pen System
There are six (6) different reimbursement numbers—formatted according to National Drug Codes (NDCs)1—used to identify the product in terms of color and the type of insulin being prescribed.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Color Specification</th>
<th>Reimbursement Number (NDC-formatted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>InPen Humalog®</td>
<td>Blue</td>
<td>62088-0000-31</td>
</tr>
<tr>
<td></td>
<td>Grey</td>
<td>62088-0000-32</td>
</tr>
<tr>
<td></td>
<td>Pink</td>
<td>62088-0000-33</td>
</tr>
<tr>
<td>InPen NovoLog®/Fiasp®</td>
<td>Blue</td>
<td>62088-0000-34</td>
</tr>
<tr>
<td></td>
<td>Grey</td>
<td>62088-0000-35</td>
</tr>
<tr>
<td></td>
<td>Pink</td>
<td>62088-0000-36</td>
</tr>
</tbody>
</table>
If you are not prescribing the InPen smart insulin pen system through an Electronic Medical Record (EMR), complete an online order form at https://www.medtronicdiabetes.com/res/docs/inpen-start-orders.pdf and fax it to 210-395-5291. For assistance by phone, contact 877-891-6750.

**Compatible Insulin Cartridges**

Additionally, patients will need a separate prescription for the needles as well as the insulin cartridges associated with their use of the InPen System. See NDC-formatted reimbursement numbers for compatible insulin cartridges below.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Specification</th>
<th>Reimbursement Number (NDC-formatted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humalog®</td>
<td>U-100 Cartridge, 3mL</td>
<td>00002-7516-59</td>
</tr>
<tr>
<td>NovoLog®</td>
<td>U-100 Cartridge, 3mL</td>
<td>00169-3303-12</td>
</tr>
<tr>
<td>Fiasp®</td>
<td>U-100 Cartridge, 3mL</td>
<td>00169-3205-15</td>
</tr>
</tbody>
</table>

Fiasp® and Novolog® are registered trademarks of Novo Nordisk A/S. Humalog® is a registered trademark of Eli Lilly and Company.

**PHYSICIAN & OTHER HEALTHCARE PROFESSIONAL SERVICES**

**Introduction**

The Current Procedural Terminology (CPT)² and Healthcare Common Procedure Coding System (HCPCS)³ codes displayed below are options for providers to report the services associated with use of InPen. Note that clear consensus on coding in this area—particularly for services involving review and analysis of insulin delivery data—is not entirely available and recommendations from professional sources continue to evolve.

Services associated with use of InPen can be delivered using various models, including an in-person visit, via telehealth, or as part of remote monitoring. Remote monitoring is a non-face-to-face service by nature. The person with diabetes is not present while the physician or other non-physician provider (e.g., NP, PA) renders the service, such as analyzing and interpreting data collected from the specific person to later inform management of their treatment. The person with diabetes must provide specific consent to participate in remote monitoring before it can be initiated and, like all services, remote monitoring is subject to patient copayments, co-insurance and deductibles.⁴
Patient Education and Training on Use of the InPen Smart Insulin Pen System

Patient education and training is typically performed by healthcare professionals such as Registered Dietitians and Certified Diabetes Care and Education Specialists. This may be performed in-person or, commonly, via telehealth as the healthcare professional observes response to instruction and the initial delivery.

<table>
<thead>
<tr>
<th>CPT* Code</th>
<th>Code Description</th>
<th>Providers Who Can Perform the Service</th>
<th>CY2022 Total RVUs (non-facility)</th>
<th>CY2022 Medicare National Unadjusted Rate (non-facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
<td>Office Nurse (RN) in ADA-recognized program</td>
<td>1.62</td>
<td>$56</td>
</tr>
<tr>
<td>G0109</td>
<td>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</td>
<td>Certified Diabetes Educator (CDE) in ADA-recognized program</td>
<td>0.46</td>
<td>$16</td>
</tr>
<tr>
<td>98960</td>
<td>Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient</td>
<td>Registered Dietitian (RD) in ADA-recognized program</td>
<td>0.85</td>
<td>$29</td>
</tr>
<tr>
<td>S9445</td>
<td>Patient education, not otherwise classified, non-physician provider, individual, per session</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Patient Education and Training Coding Notes:

- HCPCS code G0108 and G0109 are used for billing Medicare, which does not recognize code 98960 or code S9445. CPT code 98960 and HCPCS code S9445 may be used for billing commercial payers, although some commercial payers may also accept codes G0108 and G0109.
- CPT code 98960 is explicitly intended for instruction of people with diabetes, including instruction on optimal use of medications and "delivery devices".6
• Physicians and non-physician practitioners (e.g., NPs, PAs) who perform InPen training personally use E/M codes.⁷
• Codes G0108 and G0109 are approved as Medicare telehealth services.⁸

Analysis of Glucose Data
Glucose data may be either blood glucose via finger sticks or interstitial glucose via CGM.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Code Description</th>
<th>CY2022 Total RVUs⁸ (non-facility)</th>
<th>CY2022 Medicare National Unadjusted Rate⁸ (non-facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99091</td>
<td>Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days</td>
<td>1.63</td>
<td>$56</td>
</tr>
<tr>
<td>95251</td>
<td>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report</td>
<td>1.02</td>
<td>$35</td>
</tr>
</tbody>
</table>

Analysis of Glucose Data Coding Notes:
• By intent, code 99091 is reported for analysis of blood glucose data.⁹ By definition, code 95251 is reported for analysis of interstitial glucose data by CGM.
• Code 99091 is a remote non-face-to-face service by definition. If blood glucose data is analyzed in-person during an office visit, it is considered part of the evaluation and management service and not coded separately.¹⁰
• Code 95251 is assigned regardless of whether the CGM interstitial glucose data is analyzed in-person or as a remote non-face-to-face service.¹¹
• Code 95251 cannot be reported more than once per month.¹²
Analysis of Insulin Delivery Data

Insulin delivery data and glucose data are integrated on the reports and are interpreted in context with each other to provide the complete picture of diabetes management status.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Code Description</th>
<th>CY2022 Total RVUs (non-facility)</th>
<th>CY2022 Medicare National Unadjusted Rates (non-facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99091</td>
<td>Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days</td>
<td>1.63</td>
<td>$56</td>
</tr>
</tbody>
</table>

Analysis of Insulin Delivery Data Coding Notes:

- Code 99091 is a remote non-face-to-face service by definition. If insulin delivery data is analyzed in-person during an office visit, it is considered part of the evaluation and management service and not coded separately.  
- Code 99091 has been cited as appropriate for reporting remote non-face-to-face pump data analysis, another form of insulin delivery.  
- It is currently unclear if the intent in using code 99091 is to include remote analysis of the glucose data component as well as remote analysis of the insulin delivery data component.  
- National Correct Coding Initiative (NCCI) edits do not permit 99091 to be reported with CGM code 95251. When reported together, only CGM code 95251 is paid.  
- Under Medically Unlikely Edits (MUE), code 99091 can be reported once by the same provider on the same day of service. If 99091 is reported with two units, one for analysis of blood glucose data and one for analysis of insulin delivery data, the code is only paid once.
**Treatment Management Services**

Treatment management based on analysis and interpretation of the collected data may be performed in-person, via telehealth, or as a remote non-face-to-face service.

<table>
<thead>
<tr>
<th>CPT* Code</th>
<th>Code Description</th>
<th>Providers who can Perform the Service</th>
<th>CY2022 Medicare National Unadjusted Rate$</th>
<th>CY2022 Total RVUs$ (non-facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99212</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making</td>
<td>Physician, Non-physician Provider (NPP)</td>
<td>1.66</td>
<td>57</td>
</tr>
<tr>
<td>99213</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision making</td>
<td></td>
<td>2.66</td>
<td>92</td>
</tr>
<tr>
<td>99214</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision making</td>
<td></td>
<td>3.75</td>
<td>130</td>
</tr>
<tr>
<td>CPT® Code</td>
<td>Code Description</td>
<td>Providers who can Perform the Service</td>
<td>CY2022 Total RVUs&lt;sup&gt;5&lt;/sup&gt; (non-facility)</td>
<td>CY2022 Medicare National Unadjusted Rate&lt;sup&gt;5&lt;/sup&gt; (non-facility)</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------</td>
<td>--------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>99215</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of medical decision making</td>
<td></td>
<td>5.29</td>
<td>$183</td>
</tr>
<tr>
<td>+G2212</td>
<td>Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact</td>
<td></td>
<td>0.96</td>
<td>$33</td>
</tr>
<tr>
<td>+99417</td>
<td>Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time</td>
<td></td>
<td>0.66</td>
<td>$23</td>
</tr>
<tr>
<td>99457</td>
<td>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional</td>
<td></td>
<td></td>
<td>$50</td>
</tr>
<tr>
<td>CPT® Code</td>
<td>Code Description</td>
<td>Providers who can Perform the Service</td>
<td>CY2022 Total RVUs$^5$ (non-facility)</td>
<td>CY2022 Medicare National Unadjusted Rate$^5$ (non-facility)</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>+99458</td>
<td>time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes</td>
<td>1.18</td>
<td>$41</td>
<td></td>
</tr>
</tbody>
</table>

**Treatment Management Services Coding Notes:**

- E/M codes 99212-99215 are reported based on either the level of medical decision-making or the total time. These services can be performed in-person and are also approved as Medicare telehealth services.$^8$
- HCPCS code +G2212 is an add-on code assigned with code 99215. It is used for billing Medicare and represents a prolonged service of at least 15 minutes beyond the maximum time of 54 minutes given for 99215, i.e., a visit of at least 69 minutes. Code +G2212 cannot be assigned for any time unit of less than 15 minutes.$^{16}$
- CPT add-on code +99417 is not recognized by Medicare and may be used when billing commercial payers, although some may also accept +G2212. Code +99417 represents a prolonged service of at least one minute beyond the maximum time of 54 minutes given for 99215, i.e., a visit of at least 55 minutes.$^{17}$
- Code 99457 and its add-on code +99458 represent a remote non-face-to-face service by definition. If treatment management is performed in-person during an office visit, it is considered part of the evaluation and management service.$^{18}$
- Codes 99457 and 99458 require a monthly cumulative total of 20 minutes or more of real-time audio interaction (e.g., via telephone) between the physician, non-physician practitioner, or other office clinical staff and the person with diabetes.$^{19}$
FREQUENTLY ASKED REIMBURSEMENT QUESTIONS

1. **Is patient consent needed to report code 99091?**

   Yes. CMS wrote in the CY2018 PFS final rule\(^2\) that they were requiring beneficiary consent, in advance, for anything billed with 99091. On a practical basis, this is because it’s subject to a beneficiary co-payment and is a non-face-to-face service by nature, so the patient is likely to not know where the bill for the co-payment is coming from unless they’ve been asked for consent in advance. CMS did not specify how to collect patient consent in the final rule; it just said to document the consent in the medical record. Consider following the same process for collecting and documenting consent for other remote, non-face-to-face services.

2. **Can I report 99091 on the same date of service as an E/M visit?**

   No. There is a NCCI edit in place that does not allow for this billing scenario with no override allowed. If the services described by code 99091 are provided on the same date of service as an E/M visit, they are considered part of the E/M and are not reported separately. Factor the time spent on activities related to services described in 99091 into the reported level of the E/M service.

3. **What activities count toward the total time required to report treatment management services 99457 and +99458?**

   Code 99457 is defined for 20 minutes of time over the course of the month, and add-on code +99458 is defined for each additional 20 minutes. CMS clarified\(^1\) that the total time includes the cumulative time spent in interactive communications with the patient or caregivers as well as time engaged in non-face-to-face care management activities during the month. Clear documentation in the medical record of time spent is key.

4. **Must I have 16 days’ worth of data in the month to report treatment management codes 99457 and +99458?**

   This is a bit of a gray area. Both the CPT manual and the Medicare Physician Fee Schedule Rules in the Federal Register refer to a requirement of 16 days of data in the context of the technical codes: 99453 and 99454. There may be an
implication that the physician is then performing treatment management codes 99457 and +99458 based on the 16 days’ worth of data collected for 99453 and 99454. Very conservatively, you could restrict use of 99457 and +99458 to when treatment management is performed based on interpretation of 16 days’ worth of data, but there is no specific requirement. Always check with your individual payer.

5. Can an RD or CDCES perform treatment management services? Can they bill for codes 99457 and +99458?

Codes 99457 and +99458 are defined for not only physicians and NPPs but also for "clinical staff." CMS classifies these codes as services that can be performed by auxiliary personnel under general supervision of the physician. So, an RD and a CDCES can make the phone calls and their time counts towards the total time.

But only the physician or NPP can bill for these codes. Note that codes 99457 and 99458 are in the E/M section of the CPT manual, so only professionals who can bill E/M services can bill these codes.

**FURTHER INFORMATION**

Please contact RS.diabetesHCPreimbursement@medtronic.com with additional questions about the contents of this guide.
REFERENCES

2. CPT copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
5. Centers for Medicare & Medicaid Services. Medicare Program; CY2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies Final Rule; 85 Fed. Reg. 84472-85377. Available: https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf. Medicare national average unadjusted rate is determined by multiplying the RVU by the conversion factor. The conversion factor for CY 2021 is $34.8931. See the current 2021 release of the PFS Relative Value File at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html. Final payment to the physician is adjusted by the Geographic Practice Cost Indices (GPCI). Also note that any applicable coinsurance, deductible, and other amounts that are patient obligations are included in the payment amount shown.
6. AMA CPT Changes 2006 - An Insider’s View, p. 266.
11. AMA CPT Assistant, December 2009.
15. https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.
17. CPT 2021 manual instructions, Evaluation and Management section, Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1676-F.
