FAQ's on Coding and Billing for 99091 and 99457

The Endocrine Society has put together the following FAQs in response to member questions on coding and billing for remote physiologic monitoring (RPM) codes 99091 and 99457, specifically how these codes are used to reimburse for the care delivered to insulin pump patients. Please be sure to contact your coding and billing teams if you have a specific billing question. A description of the codes is below:

CPT Code	Descriptor
99091	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
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

Q. Can you bill CPT codes 99091 and 99457 with office visits?

A. No, CPT codes 99091 and 99457 are not billed with office visits. These codes are for non-face-to-face services and are used for services provided between office visits.

Q. Which code can be used for insulin pump patients that are seen face-to face or via televisit and whom the provider reviews their insulin pump data during their appointment? How do you document that you have met the time requirement?

A. CPT codes 99091 and 99457 should be billed for insulin pump work that is separate from an E/M visit. Providers should document the work performed and time spent performing the services in the medical record. If you are meeting with a patient face-to-face or via telehealth, and reviewing the patient's insulin pump data during the appointment, then this should be treated as a regular E/M visit and billed accordingly.

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Q. Is there a requirement for the RPM codes to receive the patient's permission to bill for the service?

A. Yes, advance patient consent is required to use the remote patient monitoring (RPM) codes. Practitioners must obtain patient consent prior to initiating the RPM service and document this consent in the patient's medical record.

Q. For CPT code 99091, please clarify the time requirement of a minimum of 30 minutes of time each 30 days.

A. CPT code 99091 should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.

Q. Can you still use CPT code 95251 for continuous glucose monitors (CGMs) or should you use the CPT code 99091? Is continuous glucose monitoring data considered to be physiologic data?

A. Yes, providers should continue to use CPT code 95251 for the analysis and interpretation of continuous glucose monitor (CGM) data. CPT code 95250 is used for the initial training and set-up of the CGM. While CGM data is physiologic data, for purposes of coding and billing, this data is distinct from the physiologic data included in CPT code 99091. The CPT code book states "do not report 99091 if other more specific codes exist" and specifically references 99250 for continuous glucose monitoring (CGM). Furthermore, the CPT book stipulates these codes, 95251 and 99091, cannot be reported in conjunction with one another. There is also a NCCI edit prohibiting 99091 from being billed with either 95250 or 95251.

Q. Can you use CPT code 95251 and CPT code 99457 in the same month?

A. Yes, you can use both CPT code 95251 and 99457 within the same month.

Q. Do Medicaid and private insurance reimburse for CPT codes 99091 and 99457?

A. Yes, both Medicaid and private insurance reimburse for codes in the CPT book although you should check with the insurers with whom you work.