

TYPE 2 DIABETES (T2D) BILLING AND CODING FOR NPs

COMMONLY USED DIAGNOSTIC CODES

CODE	CODE DESCRIPTION	WHEN TO USE
PREDIABETES		
R73.01	IMPAIRED FASTING GLUCOSE	FASTING GLUCOSE 100-125 MG/DL
R73.02	IMPAIRED GLUCOSE TOLERANCE (ORAL)	ORAL GLUCOSE TOLERANCE 140-199 MG/DL
R73.03	PREDIABETES	PREDIABETES BY BLOOD GLUCOSE LEVELS OR A1C
R73.09	OTHER ABNORMAL GLUCOSE	OTHER ABNORMAL GLUCOSE READING

T2D

E11.9	T2D WITHOUT COMPLICATIONS	NO T2D-RELATED COMPLICATIONS PRESENT
E11.8	T2D WITH UNSPECIFIED COMPLICATIONS	WHEN A T2D-RELATED COMPLICATION IS PRESENT, BUT NO COMPLICATION IS DOCUMENTED
E11.0-E11.65	T2D WITH SPECIFIED COMPLICATION	WHEN A T2D-RELATED COMPLICATION IS PRESENT AND DOCUMENTED
E11.69	T2D WITH OTHER SPECIFIED COMPLICATION	WHEN A COMPLICATION NOT IN CODE RANGE E11.00-E11.65 IS PRESENT; USE IN COMBINATION WITH ADDITIONAL CODE FOR THE SPECIFIC COMPLICATION

COMMON T2D COMPLICATIONS — USE ALL RELEVANT CODES TO DESCRIBE CONDITION(S)

E11.22	T2D WITH CHRONIC KIDNEY DISEASE	WITH T2D-RELATED CHRONIC KIDNEY DISEASE
E11.42	T2D WITH DIABETIC POLYNEUROPATHY	WITH T2D-RELATED DIABETIC POLYNEUROPATHY BUT NOT MONONEUROPATHY OR AUTONOMIC NEUROPATHY
E11.5X	T2D WITH CIRCULATORY COMPLICATIONS	WITH T2D-RELATED CIRCULATORY COMPLICATIONS (.51 FOR PERIPHERAL ANGIOPATHY WITHOUT GANGRENE, .52 FOR PERIPHERAL ANGIOPATHY WITH GANGRENE, AND .59 FOR OTHER)
E11.621	T2D WITH FOOT ULCER	WITH T2D-RELATED FOOT ULCER
E11.64X	T2D WITH HYPOGLYCEMIA	WITH T2D-RELATED HYPOGLYCEMIA (.641 WITH COMA, .649 WITHOUT COMA)
E11.65	T2D WITH HYPERGLYCEMIA	WHEN A1C OR OTHER GLYCEMIC PARAMETERS ARE ABOVE TARGETS
E11.3293	T2D WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL, NO MACULAR EDEMA	WITH BILATERAL NPDR (MOST COMMONLY USED CODE FOR T2D-RELATED EYED DISEASE)
E11.3XX1	RIGHT EYE ONLY	APPENDED AS 7 TH DIGIT TO INDICATE WHICH EYE
E11.3XX2	LEFT EYE ONLY	
E11.3XX3	BILATERAL EYES	
E11.3XX9	EYE COMPLICATION, UNSPECIFIED EYE	

ADJUNCTIVE CODES (FOR SPECIFIC MEDICATION TYPE)

Z79.4	LONG TERM (CURRENT) USE OF INSULIN	IF USING BOTH INSULIN AND ORAL ANTIHYPERGLYCEMICS, ASSIGN ONLY THIS CODE
Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	IF USING ONLY ORAL MEDICATIONS
Z13.1	ENCOUNTER FOR SCREENING FOR DIABETES	SCREENING FOR DIABETES

T2D SERVICES CODING AND PAYMENT

CODE	CODE DESCRIPTION	COMMENTS/NOTES
DIABETES EDUCATION		
60108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES DELIVERED IN CERTIFIED DIABETES EDUCATION CENTERS ONLY	INDIVIDUAL SESSION
60109		GROUP SESSION
98960		INDIVIDUAL SESSION
98961		GROUP SESSION (2-4 PATIENTS)
98962		GROUP SESSION (5-8 PATIENTS)
PRE-DIABETES AND T2D SCREENING REIMBURSEMENT		
82947	GLUCOSE; QUANTITATIVE, BLOOD	EXCEPT REAGENT STRIP
82950	GLUCOSE; POST-GLUCOSE DOSE	INCLUDES GLUCOSE
82951	GLUCOSE TOLERANCE TEST, 3 SPECIMENS	INCLUDES GLUCOSE
83036	GLYCOSYLATED HEMOGLOBIN	A1C
MEDICAL NUTRITION THERAPY (DELIVERED BY RD OR RDN ONLY)		
97802	MEDICAL NUTRITION THERAPY (MNT)	INITIAL ASSESSMENT/INTERVENTION (INDIVIDUAL)
97803		REASSESSMENT/INTERVENTION (INDIVIDUAL)
97804		GROUP SESSION
60270	MNT FOLLOWING SECOND REFERRAL IN SAME YEAR FOR A NEW DIAGNOSIS, CONDITION, OR TREATMENT REGIMEN	REASSESSMENT/INTERVENTION (INDIVIDUAL)
60271		REASSESSMENT/INTERVENTION (GROUP)
DIABETES MANAGEMENT		
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY/EXAMINATION AND MEDICAL DECISION MAKING	15-29 MINUTES (STRAIGHTFORWARD MEDICAL DECISION MAKING)
99203		30-44 MINUTES (LOW LEVEL OF MEDICAL DECISION MAKING)
99204		45-59 MINUTES (MODERATE LEVEL OF MEDICAL DECISION MAKING)
99205		60-74 MINUTES (HIGH LEVEL OF MEDICAL DECISION MAKING)
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE A QUALIFIED HCP	USUALLY MINIMAL PRESENTING PROBLEM(S)
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT REQUIRING A MEDICALLY APPROPRIATE HISTORY/EXAMINATION AND MEDICAL DECISION MAKING (.95 FOR SYNCHRONOUS TELEMEDICINE SERVICE; .25 FOR SIGNIFICANT MODIFIABLE EVALUATION & MANAGEMENT SERVICE)	10-19 MINUTES (STRAIGHTFORWARD MEDICAL DECISION MAKING)
99213		20-29 MINUTES (LOW LEVEL OF MEDICAL DECISION MAKING)
99214		30-39 MINUTES (MODERATE LEVEL OF MEDICAL DECISION MAKING)
99215		40-54 MINUTES (HIGH LEVEL OF MEDICAL DECISION MAKING)
99490*	CHRONIC CARE MANAGEMENT SERVICES*; COMPREHENSIVE CARE PLAN ESTABLISHED, IMPLEMENTED, REVISED, OR MONITORED	≥20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY QUALIFIED HCP PER CALENDAR MONTH
99491*		≥30 MINUTES OF TIME SPENT BY QUALIFIED HCP
99487*	COMPLEX CHRONIC CARE MANAGEMENT SERVICES*; ESTABLISHMENT OR SUBSTANTIAL REVISION OF COMPREHENSIVE CARE PLAN AND MODERATE OR HIGH-COMPLEXITY MEDICAL DECISION MAKING	60 MINUTES OF CLINICAL STAFF TIME DIRECTED BY QUALIFIED HCP PER CALENDAR MONTH
+99489		ADD-ON CODE FOR EACH ADDITIONAL 30 MINUTES OF CLINICAL STAFF TIME BILLED WITH APPROPRIATE BASE CODE (99487)

T2D SERVICES CODING AND PAYMENT – CONTINUED

CODE	CODE DESCRIPTION	COMMENTS/NOTES
AMBULATORY CGM (WITH SUBCUTANEOUS SENSOR USED FOR ≥72 HOURS)		
95249	SENSOR PLACEMENT, HOOK-UP, CALIBRATION OF MONITOR, PATIENT TRAINING, AND PRINTOUT OF RECORDING	PATIENT-PROVIDED EQUIPMENT (BILLED ONLY ONCE IN THE LIFETIME OF THE CGM USE)
95250		HCP- OR CLINIC-PROVIDED EQUIPMENT; INCLUDES SENSOR REMOVAL (CAN BE BILLED BY OFFICE STAFF)
95251	ANALYSIS, INTERPRETATION, AND REPORT	MAY BE BILLED ONCE PER MONTH (ONLY BILLED BY PHYSICIAN, NP, PA, CNS)
TECHNOLOGY / REMOTE MONITORING		
99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG, ECG, BLOOD PRESSURE, GLUCOSE MONITORING) DIGITALLY STORED AND/OR TRANSMITTED BY THE PATIENT/CAREGIVER TO THE QUALIFIED HCP	CANNOT BE REPORTED WITH CODES 99457, 95249, 95250, AND/OR 95251; REQUIRES ≥30 MINUTES OF TIME; REQUIRES PATIENT CONSENT TO REPORT
99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES REQUIRING INTERACTIVE COMMUNICATIONS WITH THE PATIENT/CAREGIVER DURING THE MONTH	FIRST 20 MINUTES OF TIME
+99458	EACH ADDITIONAL 20 MINUTES OF REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES	ADD-ON CODE BILLED WITH APPROPRIATE BASE CODE (99457)

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CGM, continuous glucose monitor; CNS, clinical nurse specialist; CPT, Current Procedural Terminology; ECG, electrocardiogram; HCP, health care provider; NP, nurse practitioner; PA, physician assistant; RD, Registered Dietitian; RDN, Registered Dietitian Nutritionist.

*Services using CPT codes 99490, 99491, and 99487 must be for patients with ≥2 chronic conditions expected to last ≥12 months or until the death of the patient. These chronic conditions must place the patient place at significant risk of death, acute exacerbation/decompensation, or functional decline.

Adapted from American Medical Association. CPT Codes. Accessed May 18, 2023. <https://www.ama-assn.org/topics/cpt-codes>.

Adapted from US Centers for Medicare & Medicaid Services. 2023 ICD-10-CM. Updated April 1, 2023. Accessed May 18, 2023. <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>