ECHO IDAHO

Diabetes and Metabolic Conditions

Making Sense of CGM Data in Collaborative Diabetes Care

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Project ECHO

Disclosures

- No disclosures to report
- I will be using branded names for CGM devices
  - Generic names not available

The presentation was reviewed for potential commercial bias. The speaker reported no relevant financial relationships with ineligible companies. Multiple CGM devices from different manufacturers are presented in a balanced and descriptive manner. Brand names are used because generic device names are not available. The educational content focused primarily on clinical interpretation, workflow integration, billing, and patient management, and referenced current ADA standards and peer-reviewed literature. No evidence of commercial bias was identified.

Learning Objectives

- Review different CGM options
- Provide information regarding cost and financial resources
- Discuss billing CGM options: 95251 focus
- Overview of FHS Workflow
- DATAA Model
  - Documentation
  - Patient case

Presentation Part 1 of 2

Part 2: Food in Focus: Continuing the Conversation on CGM Interpretation

CGM can be used at diabetes onset and anytime thereafter for children, adolescents, and adults with diabetes who are:

- on insulin therapy,
- on noninsulin therapies that can cause hypoglycemia,
- and on any diabetes treatment where CGM helps in management.

Types of CGM Devices

- **Real-Time CGM (rtCGM)**
  - **Continuous updates**
    - **Real time alerts/alarms**
- **Popular Options**
  - **Dexcom G7 10/15 days**
  - **Freestyle Libre 2+/3+**
- Intermittently Scanned/Flash CGM (isCGM)
  - Require user to scan sensor
    - +/- alerts/alarms
- Long-term Implantable CGM
  - Eversense 365
  - Sensor inserted under the skin, lasting up to 365 days
- Professional CGM
  - Health care providers
  - Track 10-14 days, usually blinded
- OTC CGM
  - Designed for those with T2DM w/o insulin

Continuous Glucose Monitoring Devices

See Table 7.3 for definitions of types of currently available CGM devices.

Table 7.3 Continuous glucose monitoring devices

Type of device	Brand*	Availability	Alarms
rtCGM	Libre 2 Plus and Libre 3 Plus	Prescription	Yes
	Dexcom G6 and G7	Prescription	Yes
	Eversense 365	Prescription	Yes
	Guardian 4	Prescription	Yes
	Simplera	Prescription	Yes
OTC-CGM	Dexcom Stelo	OTC	No
	Abbott Lingo	OTC	No
Professional CGM	Abbott FreeStyle Libre Pro	In office	No
	Dexcom G6 Pro	In office	No

CGM, continuous glucose monitoring; isCGM, intermittently scanned CGM; OTC, over the counter; rtCGM, real-time CGM.

*Generic names not available.

https://diabetesjournals.org/care/article/49/Supplement_1/S150/163922/7-Diabetes-Technology-Standards-of-Care-in

CGM Devices

Pros

- Continuous data
- Alerts/Alarms
- Data sharing
  - Clinic
  - Family/caregivers
- Reduces finger sticks

Cons

- Set up
- Tiresome alerts
  - Mitigation:
    - Appropriate targets at set-up
    - Update alerts at follow-up
- Cost

Dexcom G7

Dexcom G7 10-day

- 20-33 ft
  - Compatible phone/Bluetooth reader
  - Data every 5 minutes
  - Stores data 24 hours
- **10 day** + 12-hour grace period
- **30 minute warm-up**
- **2 y+ (buttocks/back upper arm)**
- Pump compatibility:
  - Omnipod 5
  - Tandem T:slim (control/basal IQ)
  - Tandem Mobi
- **Interact with APAP > 4 g/day (false high)**
- **Dexcom G6 system will D/C 6/1/26**

Dexcom G7 15-day

- 20-33 ft
  - Compatible phone/Bluetooth reader
  - Data every 5 minutes
  - Stores data 24 hours
- **15 day** + 12-hour grace period
- **60 minute warm-up**
- **18 y+ (back upper arm)**
- **Accuracy slightly improved (MARD 8% vs 8.2%)**
- Pump compatibility:
  - Omnipod 5
  - Ilet Bionic Pancreas
  - Soon: Tandem products

Freestyle Libre

Libre 2 Plus

- Libre 2 discontinued
- **20 ft**
  - Compatible phone – data every 1 minute
  - **Scanning reader – scan every 8 hours**
  - **Stores data 8 hours**
- Lasts 15 days
- 1 hour warm up
- 2 y+ (back upper arm)
- Pump compatibility:
  - Omnipod 5
  - Tandem t:slim X2
- **Both interact with vitamin C > 1000 mg/day (false high)**

Libre 3 Plus

- Libre 3 discontinued
- 20-33 ft
  - Compatible phone/ Bluetooth reader
  - Data every 1 minute
  - **Stores data 15 days**
- Lasts 15 days
- 1 hour warm up
- 2 y+ (back upper arm)
- Similar accuracy (MARD 8.2% overall)
- Pump compatibility:
  - Tandem t:slim X2
  - Twiist
  - Ilet Bionic Pancreas

Insurance CGM Coverage

- Medicare: Variable
  - 1 injection of insulin/day or recurrent level 2 low (<54 mg/dL)
  - Medicare A/B:
    - Partial
    - DME benefit
      - ADS/Norco (hardship form)
  - LIS:
    - Majority
    - DME or Rx Benefit
  - Advantage:
    - Partial
    - Rx benefit
- Medicaid: Full Coverage
  - 1 injection insulin/day or recurrent level 2 low (<54 mg/dL)
  - Rx benefit 4/1/26
    - Test claim 2/19/26 worked
- Commercial: Variable
  - Real-time test claims helpful
  - Dexcom: Blue cross of Idaho, Regence BlueShield of Idaho, Aetna, Cigna and UHC
  - Libre: Same + Humana

Cash CGM – Resources Page

- Freestyle Libre and Dexcom G7
  - 1 free sensor
  - Manufacturer website
  - **Get to know your reps for samples**
    - **Intermittent use**
- Freestyle Libre - cost effective
  - **OOP w/coupon $75.99/month**
  - No additional financial assistance programs available

- Dexcom G7
  - Coupon saves up to $200/ month (~$180/month)
  - **Additional financial assistance for T1DM (<400% FPL)**
    - **6-mon supply; $45/90-day supply**

CGM Billing Codes

- **95251: CGM Analysis and Interpretation**
- 95250: Professional CGM Use
- 95249: Education of Personal CGM

95251: CGM Analysis and Interpretation

- Reimbursed by Medicare/Medicaid: $34-40
- May be performed by qualified healthcare professionals
  - Physicians, NP, PA, PharmD or CDCES
- Billed every 30 days by Physicians, NP or PA
- Minimum 72 hours of data
  - ADA recommends 10-14 days of data and CGM to be 70% active
- Requires clinic log-in (LibreView/Dexcom Clarity)
- Phone visit or in person
  - Compatible phone – Remote download
  - Receiver – Manual upload

FHS Workflow

- Identify person with diabetes (PWD)
- Sample CGM / Prescribe CGM – Warm hand-off insertion
- Referrals:
  - Chronic Care Management – Care coordination, CGM report cadence
  - Diabetes Education – Comprehensive DM education, med adjustments, CGM education and interpretation, pump start
  - Clinical Pharmacy – Med reconciliation, adherence assessment, cost analysis, medication adjustments, statin/ACE/ARB, CGM education and interpretation
- Check-in every 1-4 weeks
  - Perform CGM Analysis and Interpretation and bill 95251 every 30 days
- PCP follow-up every 3 months until PWD at goal
  - Transition between services and PCP

DATAA Model

- D: Download Data
  - AGP: Global overview; key metrics, what person learned/going well with self management
- A: Assess Safety
  - Hypoglycemia – Identify times below range, % time lows
    - Interactive discussion: possible causes and solutions
- T: Time in Range
  - Focus on positive – days where time in range is highest
    - Interactive discussion: replicate what is working well
- A: Areas to improve
  - Hyperglycemia – Identify times above range, % time highs
    - Interactive discussion: possible causes, solutions, and adjustment to self management
- A: Action Plan
  - Develop plan collaboratively with PWD

Developed by Diana Isaacs, PharmD, BCACP, BC-ADM, CDCES

95251 Documentation: DATAA

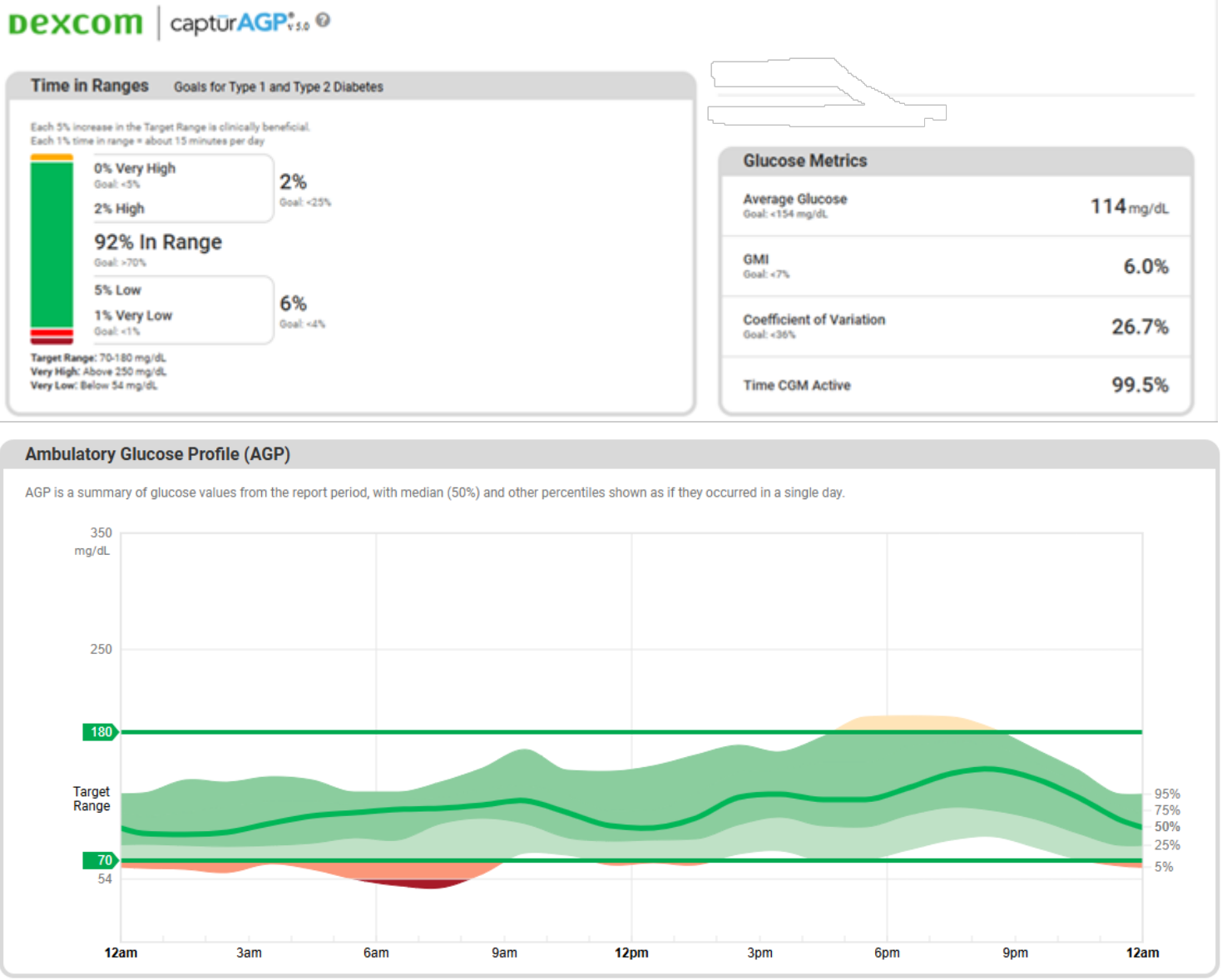
- AGP data (Analyze) - # days worn, date analyzed
- Summary of findings:
  - Patient's time in range is at/above/below target. The coefficient of variation indicates stable/unstable glycemic variability. Time spent in hypoglycemia is at/above target. Hypoglycemic patterns . Time spent in hyperglycemia is at/above target. Hyperglycemic patterns.
  - DM medication reconciliation
- Document Plan (Interpretation)
  - Appropriate Dx codes

57 y/o Male; T2DM

- DM meds:
  - dapagliflozin10 mg, Metformin ER 1000 mg, glargine 60 units, lispro 7 units TID
- Nov 2025 A1c: 10.3%
- Hx of med non-compliance
- Cost concerns
  - Medicare with LIS
- Recent A1c: 7.6%
- No current blood sugars; denied low blood sugar sx

- Hx Freestyle Libre 3 use
  - Issues w/adhesive
  - Willing to try alternative
- Goal: Reduce injection burden, finger pokes, and A1c to goal
  - Initiated Dexcom G7 10-day
  - Initiated tirzepatide 2.5 mg
  - Reduced glargine to 50 units
  - Reduced lispro 5 units TID
  - CCM referral ordered – pull data in ~1 week
  - Follow-up appt in 4 weeks

AGP 2/12/26



Goals/Terminology:

- Time in Range (TIR)
  - 70-180 mg/dL: > 70%
- Time Below Range (TBR)
  - <70 mg/dL: <4%
  - <54 mg/dL: <1%
- Time Above Range (TAR)
  - >180 mg/dL: <25%
  - >250 mg/dL: <5%
- Glycemic Variability: </= 36%
- GMI: Estimated A1c from CGM data

TIME IN RANGE % (TIR%)	AVERAGE HBA1C
40%	8.1%
50%	7.7%
60%	7.3%
70%	6.9%
80%	6.5%

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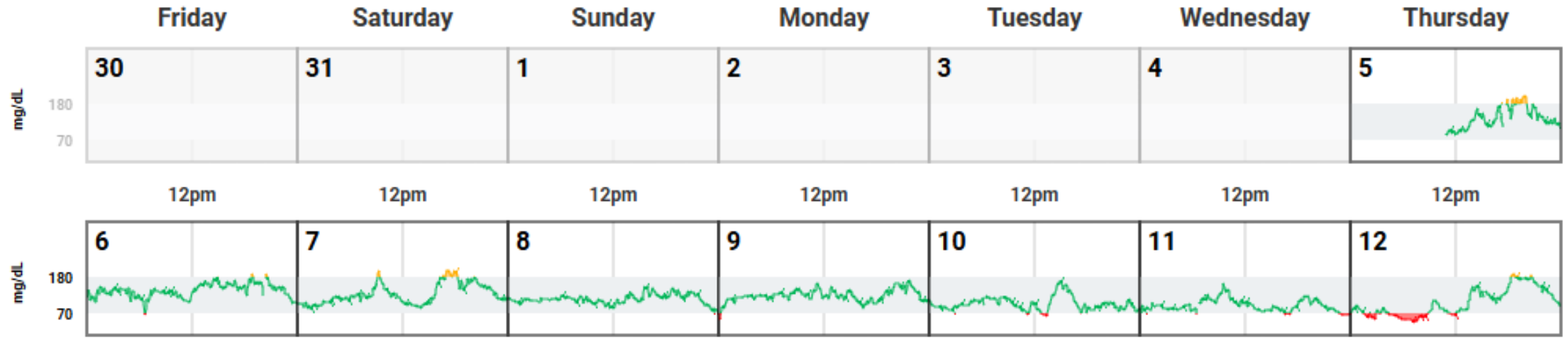
Daily Glucose Profile

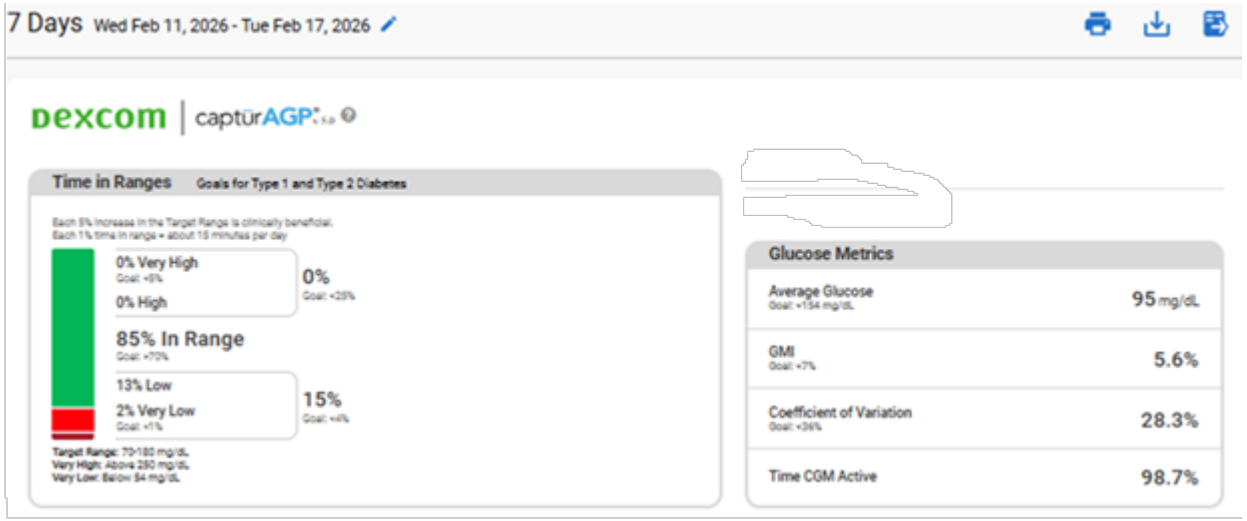
Each daily profile represents a midnight-to-midnight period.

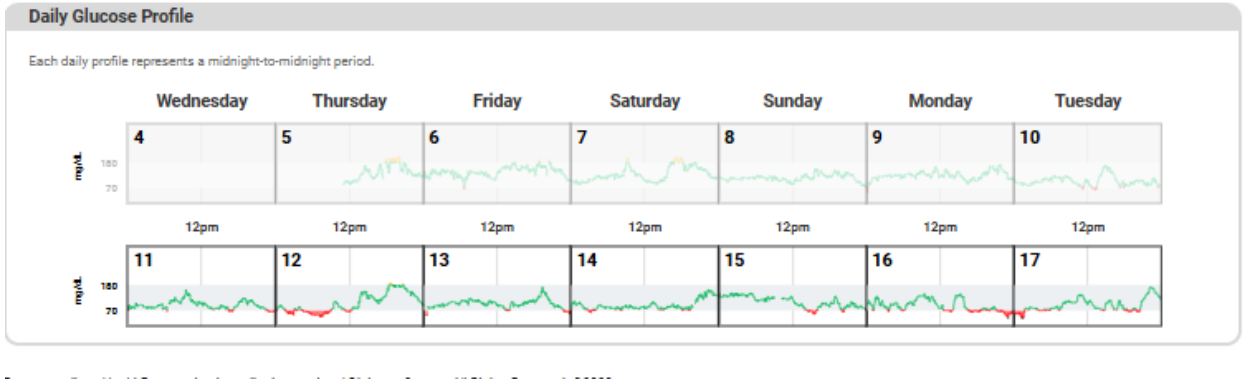


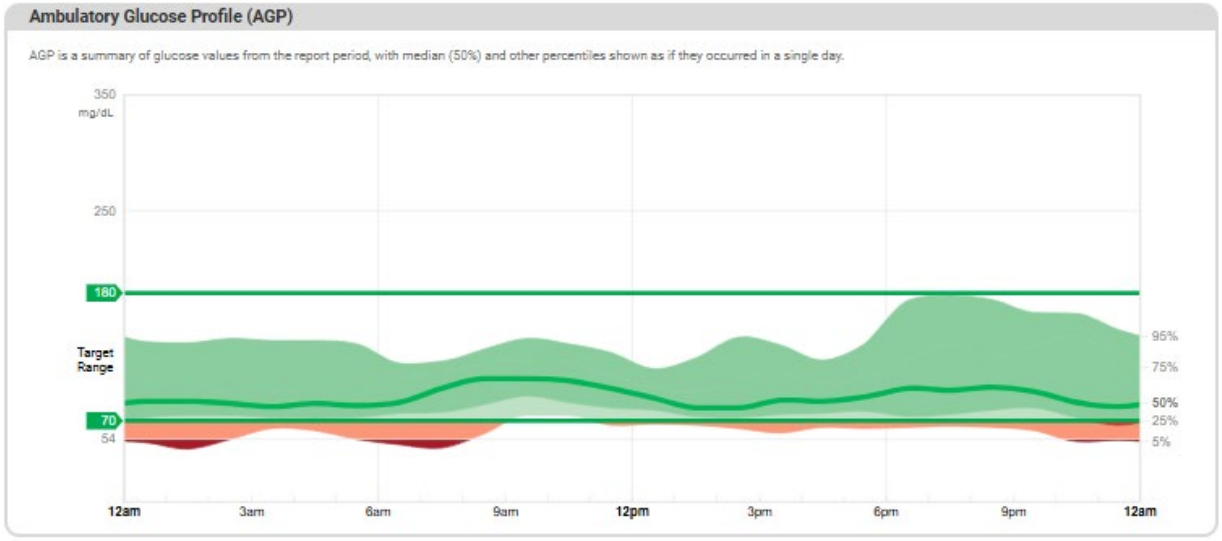
Documentation

- Copy and paste summary of AGP into note
  - Patient's time in range is at target. The coefficient of variation indicates stable glycemic variability. Time spent in hypoglycemia is above target. Hypoglycemic patterns noted fasting and post meals last 3 days. Time spent in hyperglycemia is at target. Hyperglycemic patterns not noted, though did experience one post low blood sugar hyperglycemic episode.
  - Medication reconciliation DM meds: taking as instructed, held short acting during lows
- Plan:
  - D/C lispro and reduce glargine to 40 units daily (10 unit reduction)
  - Pull data in 1 week

AGP 2/17/26







- Patient continued to have lows
  - Cut glargine by ½ down to 20 units daily
  - Pull data in ~ 1 week

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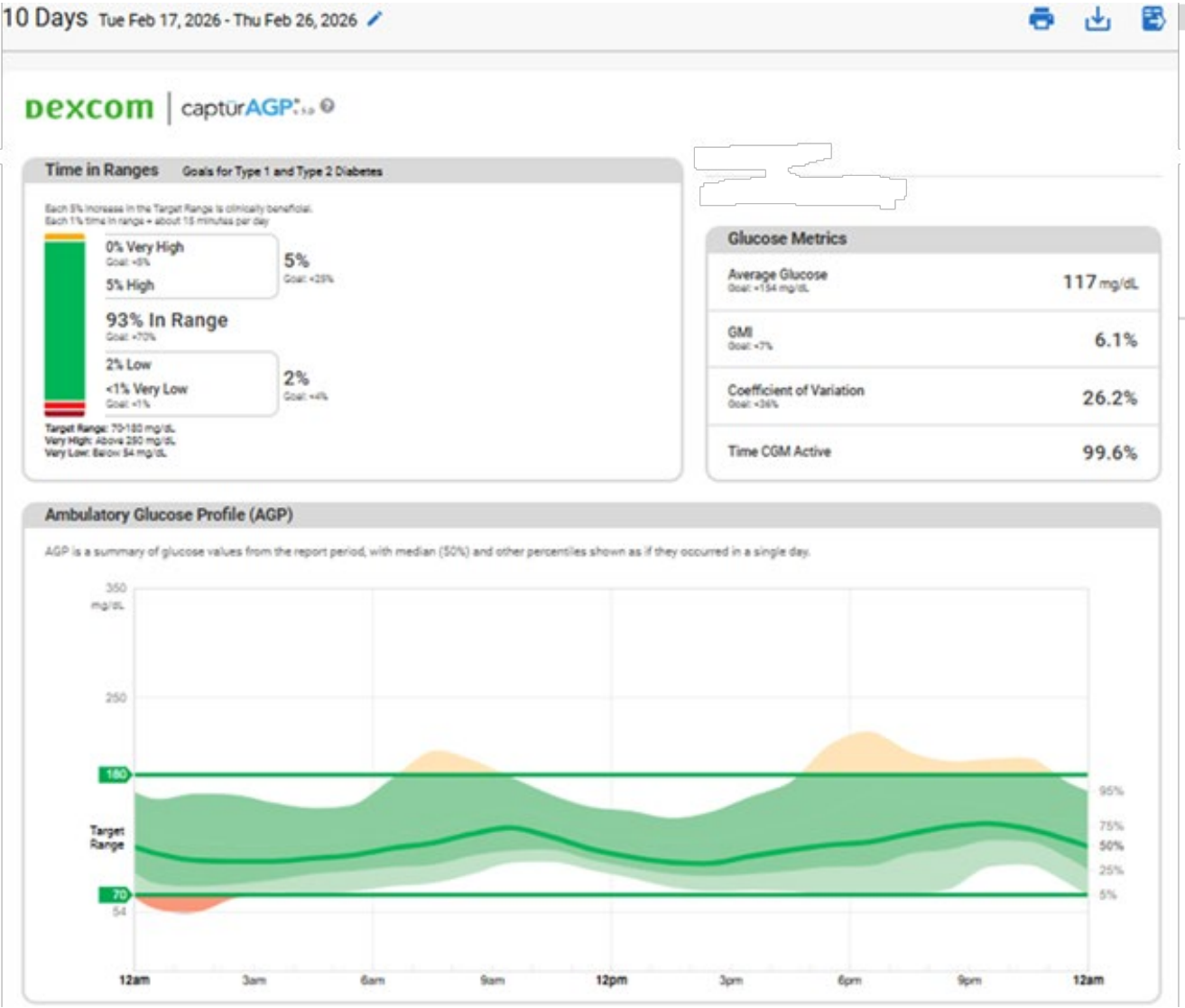
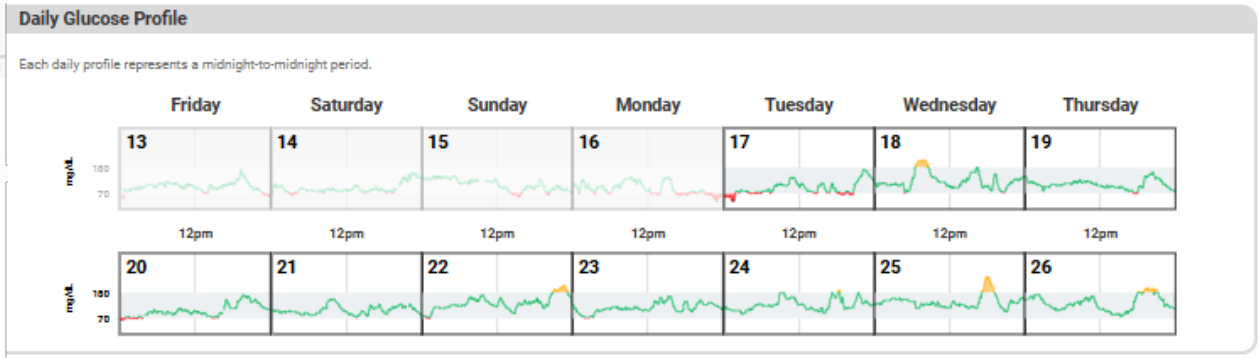
Follow-up AGP 2/27/26





- Significant improvements in lows
- Last 2 days post prandial spikes emerging
- Pt following up 3/19/26:
  - Plan to continue titration of tirzepatide
  - Reduce insulin requirements to potential discontinuation
    - May disqualify patient for CGM

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Key Points

- CGM is a powerful tool
- Affordability matters – use your resources
  - Intermittent use appropriate
- 95251: Higher touch points between appts and reimbursement
  - CCM great resource to help track patients and reimbursement
- DATAA Model: Interactive discussion with patients
  - Address lows first, then highs
- CGM use more common
  - Free resources for HCP learning on resources page

References

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Questions?