Optimizing Use of Continuous Glucose Monitoring in Clinical Practice

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Disclosures

- Diana Isaacs, PharmD is a consultant or speaker for the following companies:
  - Dexcom, Abbott, Companion Medical, Insulet, Novo Nordisk, Lilly, Xeris Pharmaceuticals

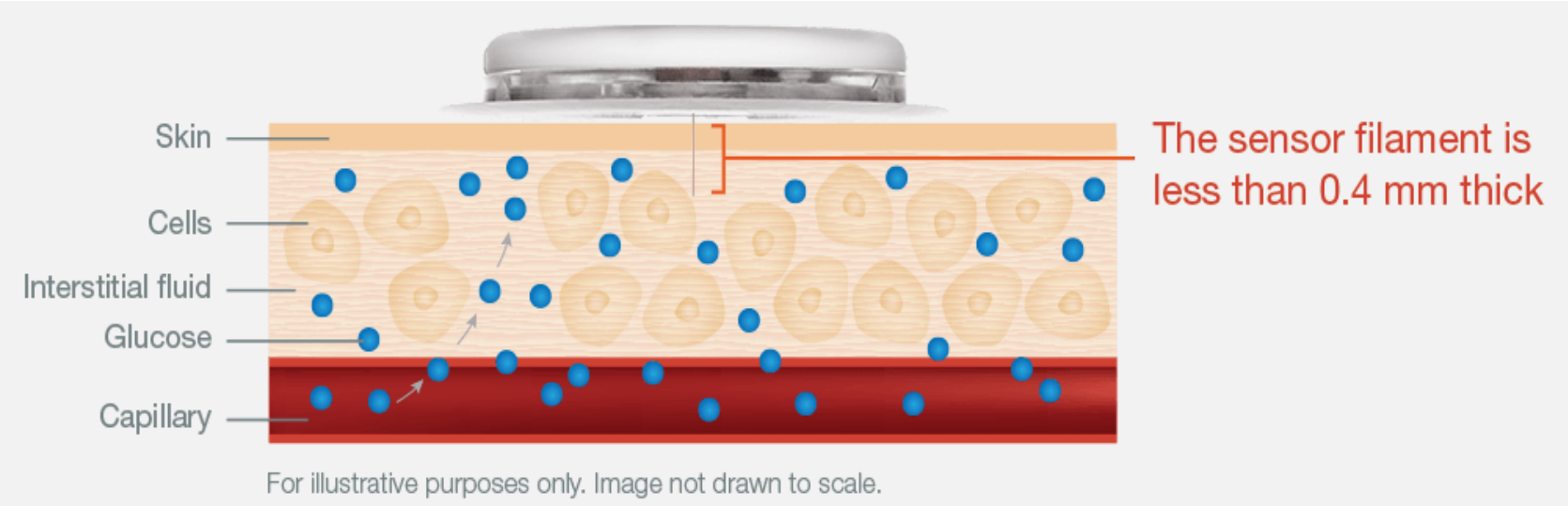
Learning Objectives

At the end of this presentation, participants will be able to:

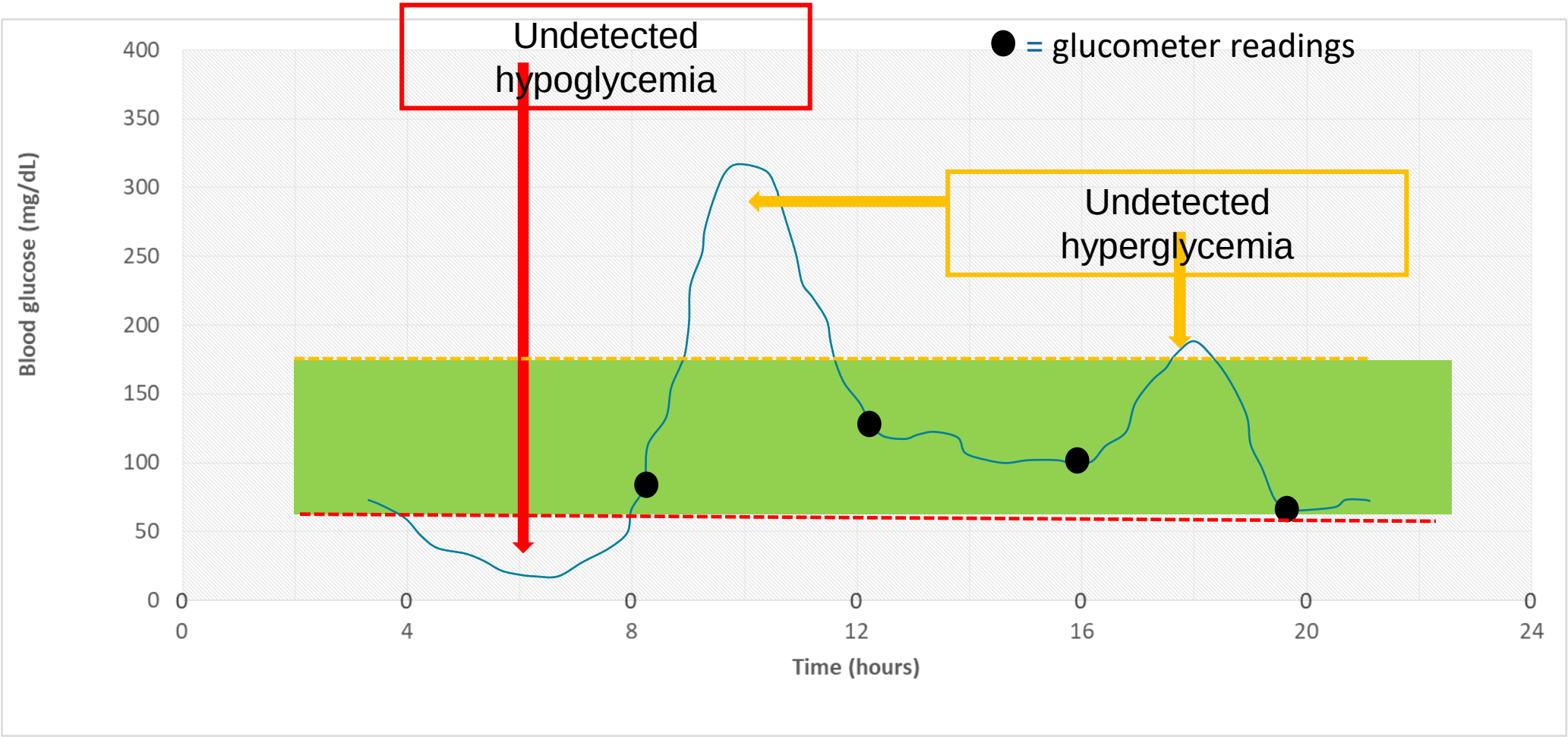
- Summarize the clinical data supporting CGM use in people with diabetes
- Compare and contrast CGM devices available for personal and professional use
- Utilize the ambulatory glucose profile and key metrics to systematically review a CGM report
- Describe how to use retrospective and real time CGM data to engage the PWD in self-management

Introduction to CGM

- Measures glucose from interstitial fluid (ISF) every 1-5 minutes
- Records glucose every 5-15 minutes (up to 288 readings/day)
- 3 components (Sensor, Transmitter, Receiver)



SMBG vs CGM


Undetected hypoglycemia
= glucometer readings
Undetected hyperglycemia
Blood glucose (mg/dL)
400
350
300
250
200
150
100
50
0
0
4
8
12
16
20
24
Time (hours)

Poor Technique Can Negatively Affect Accuracy

Skin contaminants reduce meter accuracy 1 hour after peeling fruit

Exposure	Washed Hands	Exposed Finger (No Washing)	1 Alcohol Wipe	5 Alcohol Wipes
Peeling an orange (n=10)	98 mg/dL	171 mg/dL	118 mg/dL	119 mg/dL
Peeling a grape (n=10)	93 mg/dL	360 mg/dL	274 mg/dL	131 mg/dL
Peeling a kiwi (n=10)	90 mg/dL	183 mg/dL	144 mg/dL	106 mg/dL

Hirose T et al. *Diabetes Care.* 2011;34(3):596-597.

Limitations to Hemoglobin A1C

994 Diabetes Care Volume 40, August 2017

Check for updates

TIVES IN CARE

The Fallacy of Average: How Using HbA_{1c} Alone to Assess Glycemic Control Can Be Misleading

Roy W. Beck,[1] Crystal G. Connor,[1] Deborah M. Mullen,[2] David M. Wesley,[2,3] and Richard M. Bergenstal[2]

Diabetes Care 2017;40:994–999 | https://doi.org/10.2337/dc17-0636

- It is a surrogate marker
- Based on an average
- Factors that affect red blood cell turnover can make this inaccurate
- Anemia, hemoglobinopathies and other conditions may falsely elevate or decrease

How does exercise affect glucose levels?

A. Increase
B. Decrease
C. No effect
D. It depends

Food

- ↑↑ 1. Carbohydrate quantity
- →↑ 2. Carbohydrate type
- →↑ 3. Fat
- →↑ 4. Protein
- →↑ 5. Caffeine
- ↓↑ 6. Alcohol
- ↓↑ 7. Meal timing
- ↑ 8. Dehydration
- ? 9. Personal microbiome

Medication

- →↓ 10. Medication dose
- ↓↑ 11. Medication timing
- ↓↑ 12. Medication interactions
- ↑↑ 13. Steroid administration
- ↑ 14. Niacin (Vitamin B3)

Activity

- →↓ 15. Light exercise
- ↓↑ 16. High-intensity and moderate exercise
- →↓ 17. Level of fitness/training
- ↓↑ 18. Time of day
- ↓↑ 19. Food and insulin timing

Biological

- ↑ 20. Insufficient sleep
- ↑ 21. Stress and illness
- ↓ 22. Recent hypoglycemia
- →↑ 23. During-sleep blood sugars
- ↑ 24. Dawn phenomenon
- ↑ 25. Infusion set issues
- ↑ 26. Scar tissue and lipodystrophy
- ↓↓ 27. Intramuscular insulin delivery
- ↑ 28. Allergies
- ↑ 29. A higher glucose level
- ↓↑ 30. Periods (menstruation)
- ↑↑ 31. Puberty
- ↓ 32. Celiac disease
- ↑ 33. Smoking

Environmental

- ↑ 34. Expired insulin
- ↑ 35. Inaccurate BG reading
- ↓↑ 36. Outside temperature
- ↑ 37. Sunburn
- ? 38. Altitude

Behavioral & Decision Making

- ↓ 39. Frequency of glucose checks
- ↓↑ 40. Default options and choices
- ↓↑ 41. Decision-making biases
- ↓↑ 42. Family relationships and social pressures

At least 42 factors affect glucose!

https://diatribe.org/42factors

Types of CGM

Professional	Personal
Owned by the clinic	Owned by the patient
Blinded and unblinded (real-time feedback) options	Real-time feedback or scan for feedback (flash device)
Short term use (3-14 days)	Long term use
Alarms for hypo/hyperglycemia in select devices	Alarms for hypo/hyperglycemia in select devices
Insurance coverage for most people with type 1 or type 2 diabetes	Insurance coverage more limited to type 1 diabetes or those on MDI insulin
Not compatible with insulin pumps	Compatible with smartphones and insulin pumps with select devices

Wright L et al. *Diabetes Technology and Therapeutics* 2017; 19:S-16-S-26.

Professional CGM Options

Libre Pro

iPro2

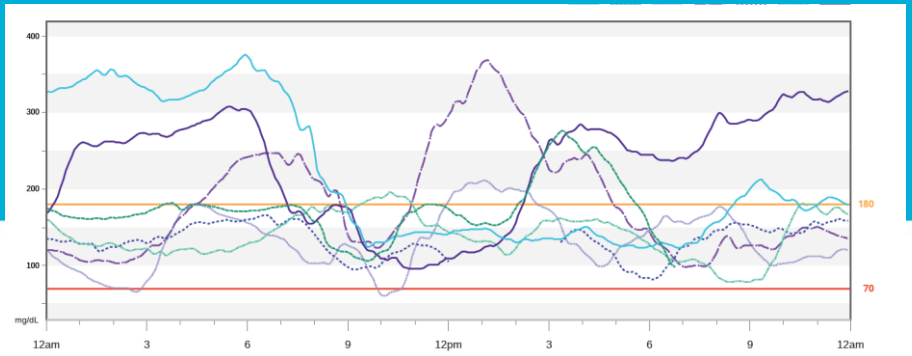
G6 Pro

Professional CGM Comparison

	IPro2	G6 Pro	Freestyle LibrePro
Blinded vs unblinded	Blinded	Both	Blinded
Maximum wear time	6 days	10 days	14 days
Calibration	3-4 per day	None	None
Downloading reports	Carelink	Clarity	LibreView
Care between uses	Clean and disinfect transmitter	Disposable 1 time use	Disposable 1 time use
MARD (accuracy-the lower the better)	11.05%	9%	12.3%
Alarms for high/low alerts	No	Yes	No
Interfering substances	Acetaminophen	Hydroxyurea	Salicylic acid and vitamin C

ADCES Practice Paper. The Diabetes Care and Education Specialist Role in CGM. Available at: https://www.diabeteseducator.org/practice/educator-tools/diabetes-management-tools/self-monitoring-of-blood-glucose.

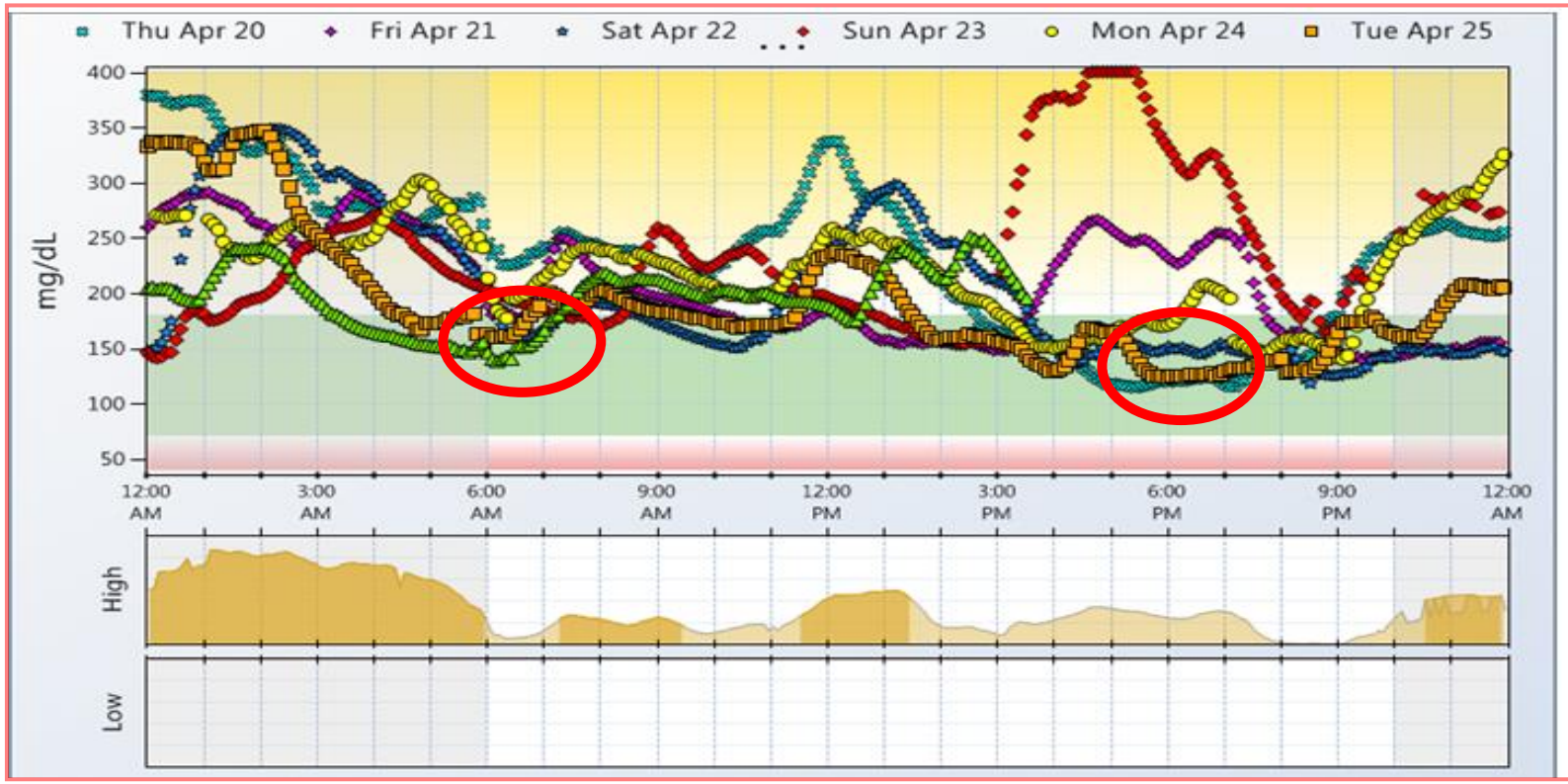
CGM Shared Medical Appointments



- Class time: 60-90 minutes
- 4-6 patients, 2 clinicians, 1 student
- Download devices
- Show report on the screen and interpret with the PWD's food/activity/medication logs
- PWD learn from each other
  - Discuss "bright spots" and "landmines"
- Lifestyle/meal planning recommendations
- Medication adjustments
- Each PWD gets a printed copy of their report and sent to ordering provider

Meet Derek

- 48yoM, type 2 DM x 10 years, maxed out on metformin, GLP-1 agonist, SGLT2 inhibitor, sulfonylurea
- A1C= 9-9.5% for 12 months, FBG and pre-dinner SMBG~150mg/dL
- He agreed to wear a professional CGM for 7 days



Statistics

Average Glucose	214 mg/dL
Sensor Usage	7 of 7 Days
Calibrations / day	1.7
Standard Deviation	± 59 mg/dL
	65 % High
	35 % Target
	0 % Low
Target Range	70 - 180 mg/dL
Nighttime	10:00 PM - 6:00 AM

Interpretation

Derek was shocked by what happened between breakfast and dinner; he agreed to start insulin.

Types of Personal CGM

Real-Time CGM (rtCGM)

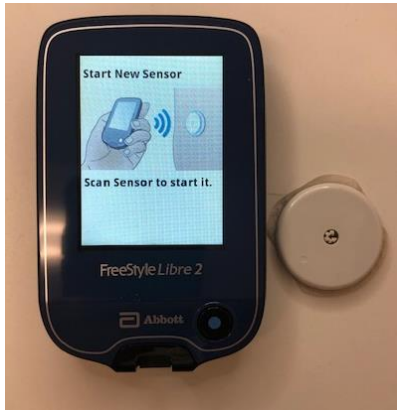
- Sensor data transmitted continuously to a receiver or display device, which allows for alerts and alarms to be provided to the wearer without any action

Intermittently Scanned CGM (isCGM)

- Results are available only when the sensor is scanned with a reading device; optional real time alerts
- Full 24-h data can be captured and downloaded if the sensor is scanned at least every 8 hours

Petrie JR et al. *Diabetes Care*. 2017;40(12):1614-1621.

Personal CGM Options



Libre 2

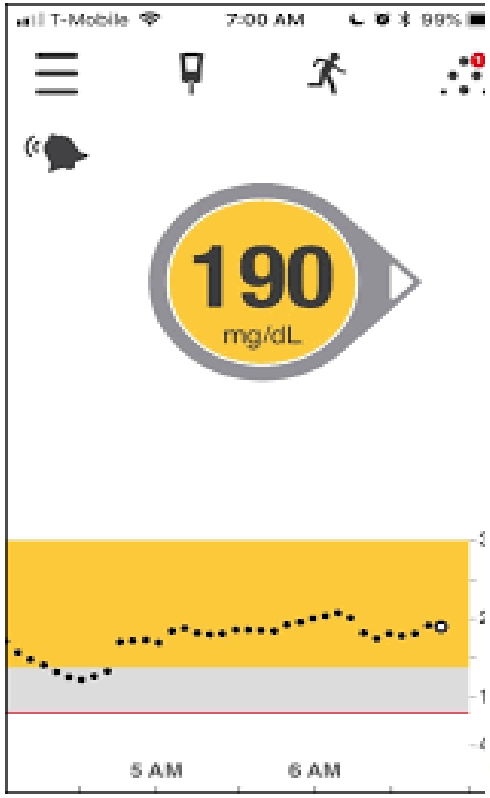
Medtronic Guardian Connect or Guardian 3

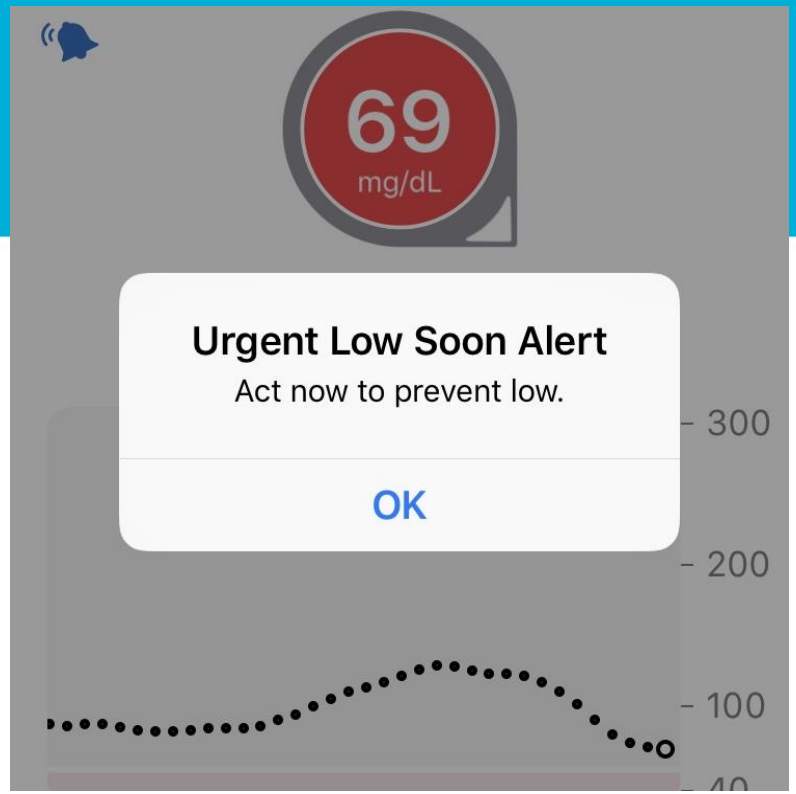
Freestyle Libre Flash

Senseonics Eversense

Dexcom G6

CGM: Real Time Data





Personal CGM Comparison

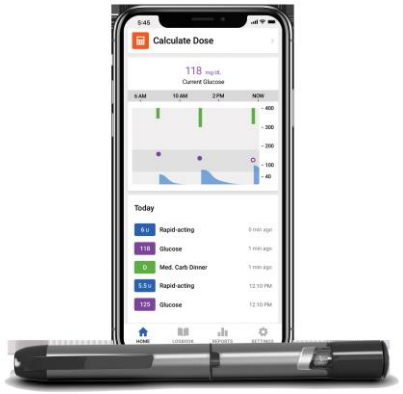
	Dexcom G6	Freestyle Libre 14 Day	Freestyle Libre 2	Guardian Connect or Guardian 3	Eversense
Insulin pump integration	T:Slim X2	No	No	Medtronic 670G, 770G, 630G (Guardian 3)	No
Receiver	iPhone, Android or receiver	iPhone, Android, or reader	Reader	iPhone or Android (Guardian Connect)	iPhone, Android
Maximum wear time	10 days	14 days	14 days	7 days	90 days
Warm-up time	2 hours	1 hour	1 hour	Up to 2 hours	24 hours
Calibrations required/day	0	0	0	2-4	2
Downloading reports	Clarity, Glooko, Tidepool	Libreview, Tidepool	Libreview, Tidepool	Carelink, Tidepool	Eversense data management system, Glooko
FDA Approved for dosing	Yes	Yes	Yes	No	Yes
Drug Interactions	Hydroxyurea	Salicylic acid, vitamin C	Vitamin C	Acetaminophen	Tetracycline
MARD	9%	9.4%	9.2%	9.64%	8.5%
Alarms for high/low	Yes	No	Yes	Yes	Yes

ADCES Practice Paper. The Diabetes Care and Education Specialist Role in CGM. Available at: https://www.diabeteseducator.org/practice/educator-tools/diabetes-management-tools/self-monitoring-of-blood-glucose. Accessed 11/1/20

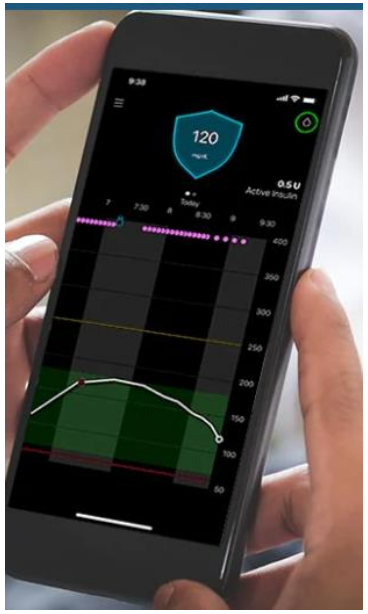
CGM Integration

t:slim Basal IQ

t:slim Control IQ



InPen smart pen



Medtronic 770G

Medtronic 670G

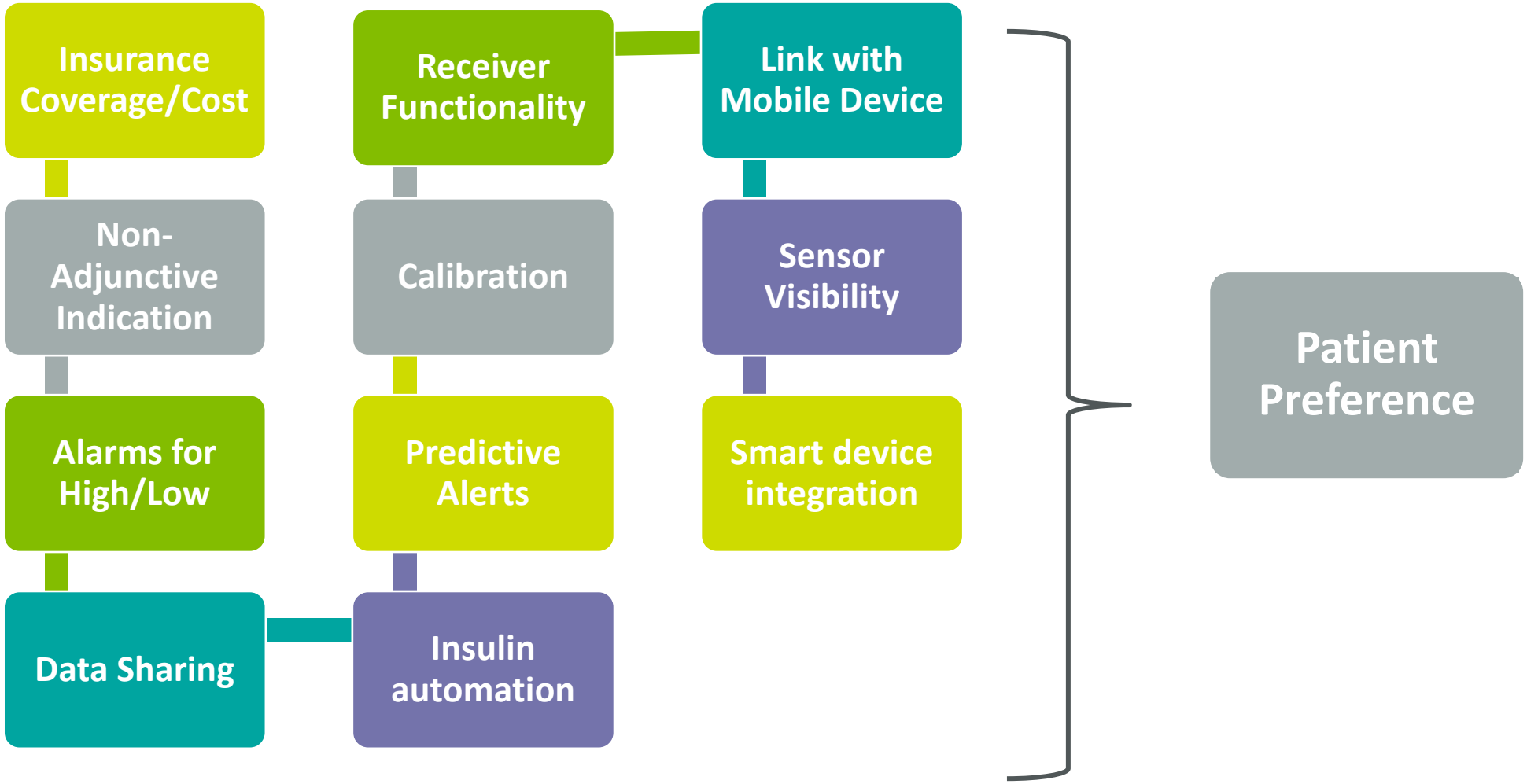
All people with diabetes should wear CGM

True or False?

Give PWD a Choice!

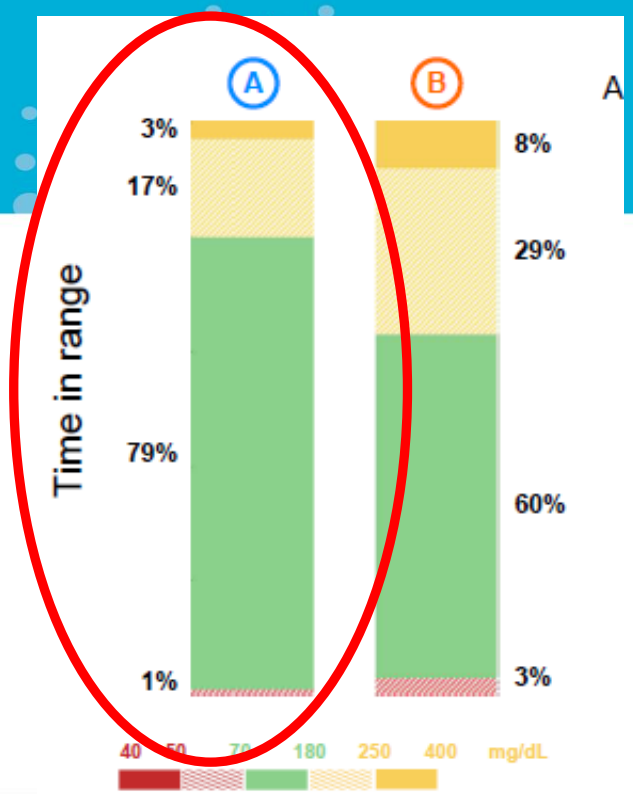
There is no “one-size-fits-all” approach to technology use in people with diabetes

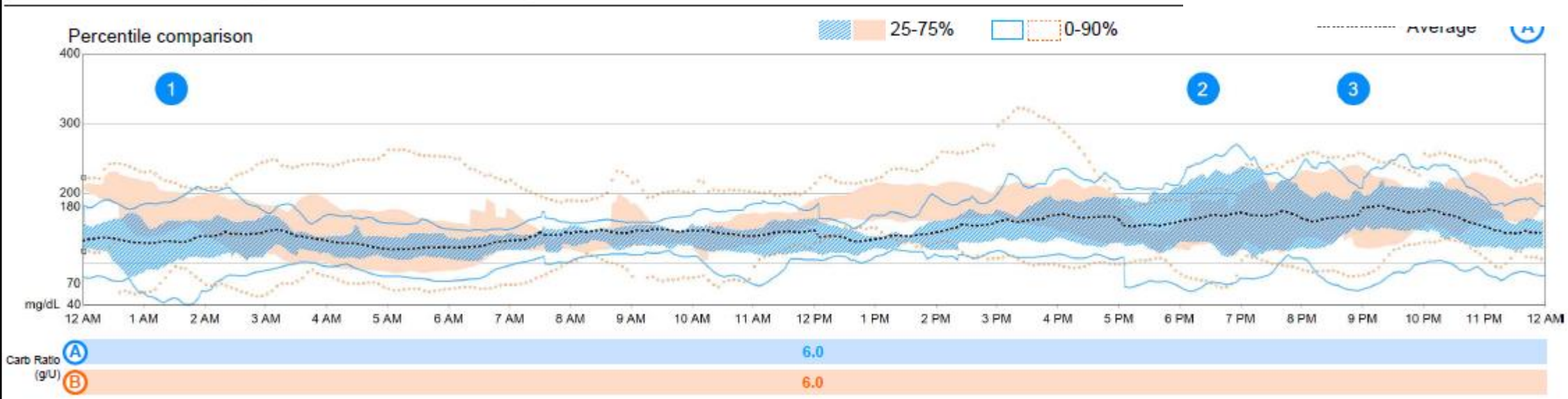
Patient Factors and Preferences Are Key in Individualizing CGM Device Selection



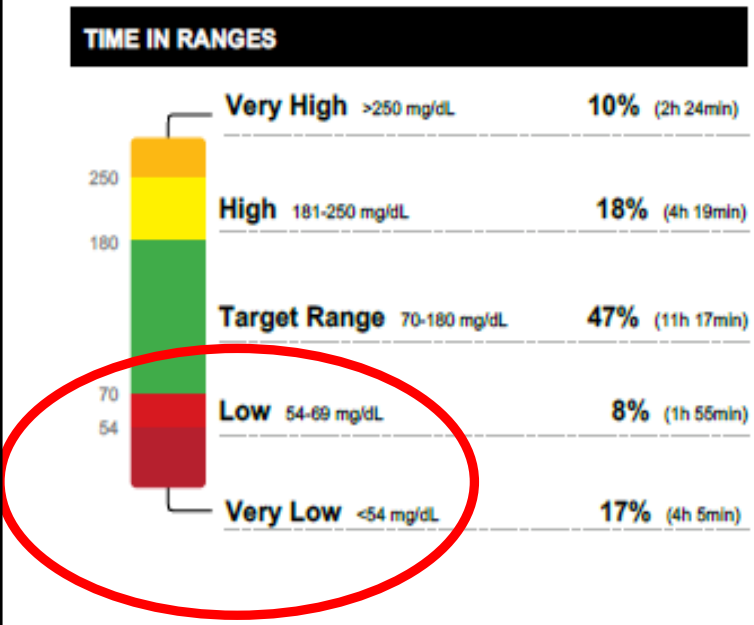
Technology Access

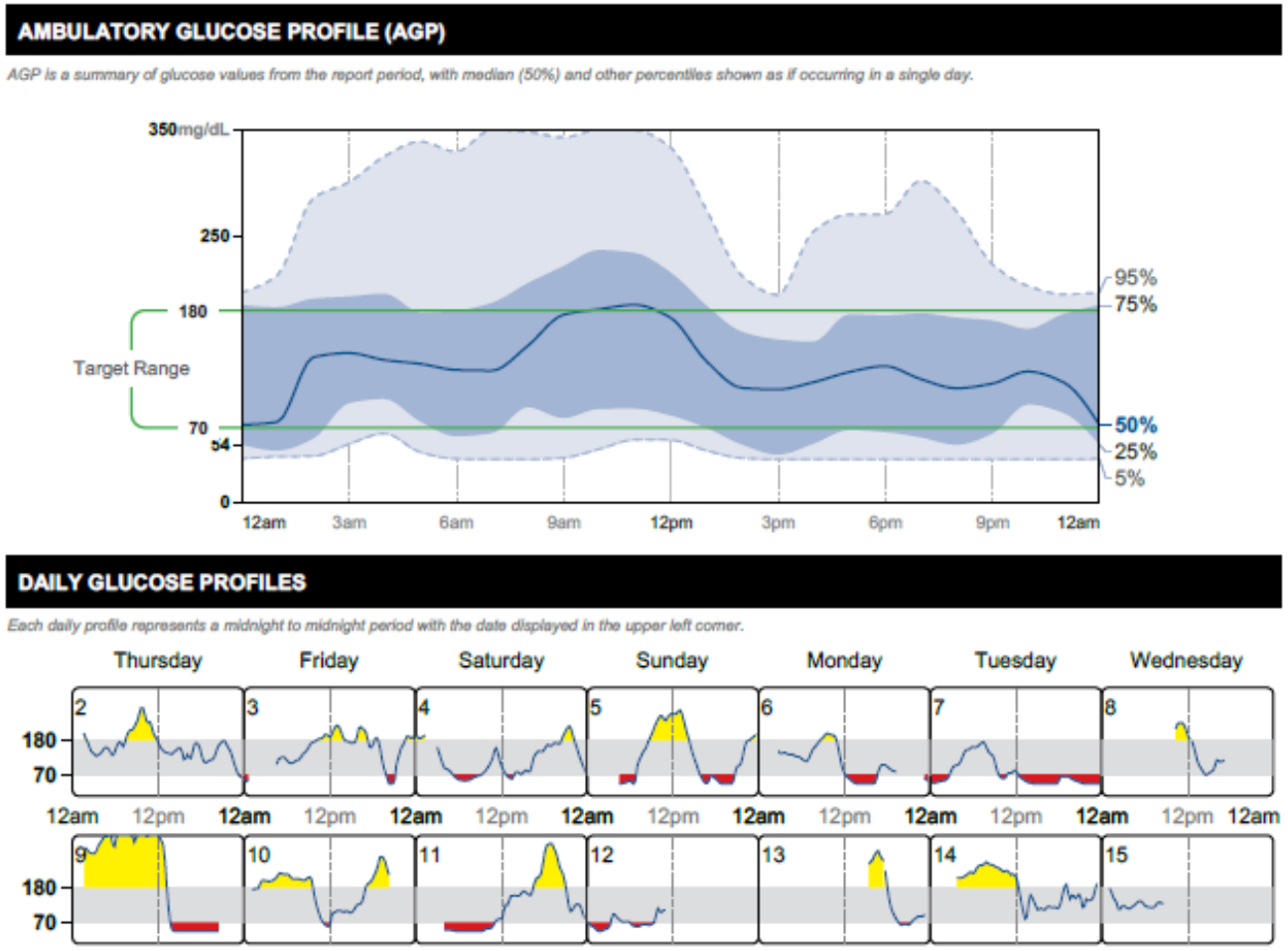
- Meet Abby who is feeling great on her hybrid-close loop insulin pump
- She wears the sensor that is designed for her pump
- She became 65 and went on Medicare
- Medicare doesn't pay for her sensor





Abby Is Forced to Switch her Technology

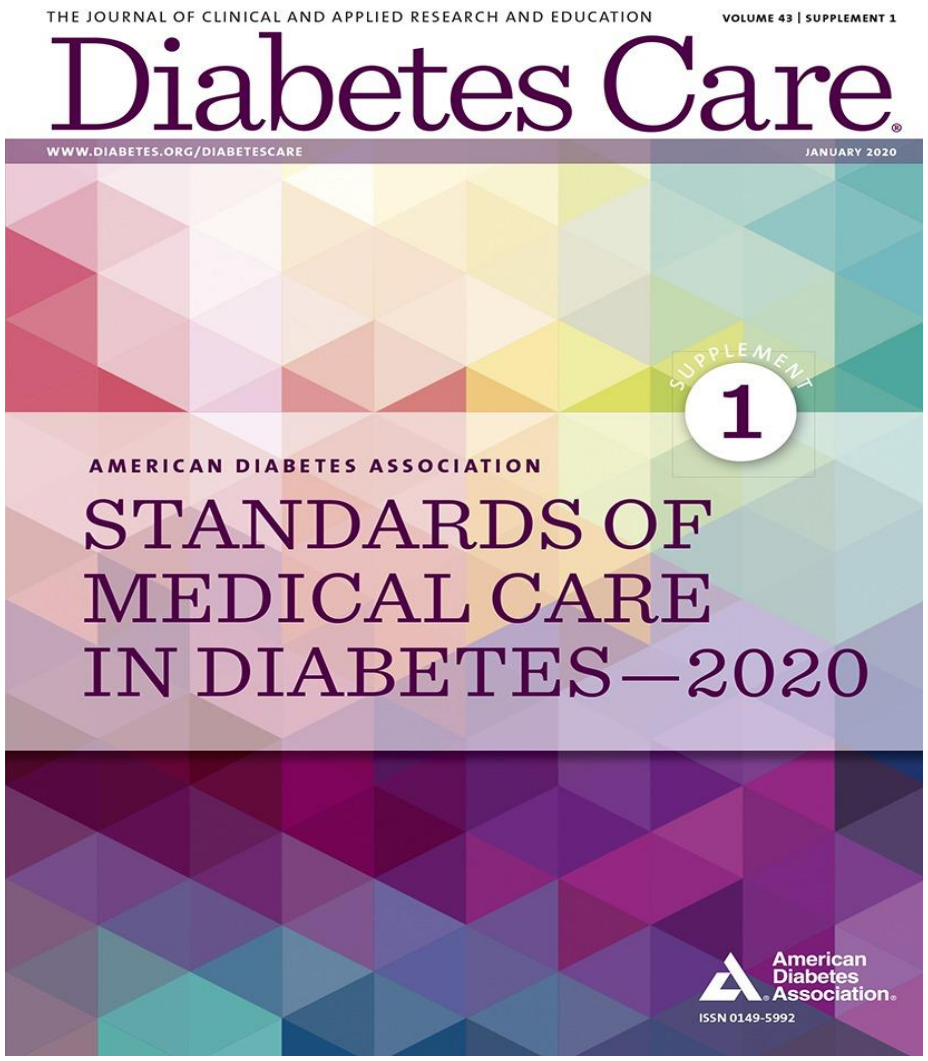




Source: Battelino, Tadej, et al. "Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range." Diabetes Care, American Diabetes Association, 7 June 2019, https://doi.org/10.2337/dci19-0028.

What is the Evidence for CGM?

Guideline Updates



- Technology section added in 2019
- Ambulatory glucose profile (AGP) and time in range discussed as glycemic targets (in addition to A1C)
- Real-time CGM (rtCGM) and intermittently scanned CGM (isCGM) are useful to lower A1C and/or reduce hypoglycemia in adults who are not meeting glycemic targets, have hypoglycemia episodes, and/or unawareness
- There is no “one-size-fits-all” approach to technology use in people with diabetes
- CGM use requires robust and ongoing diabetes education, training, and support

Increased BG Monitoring Leads to Lower A1C in T1DM

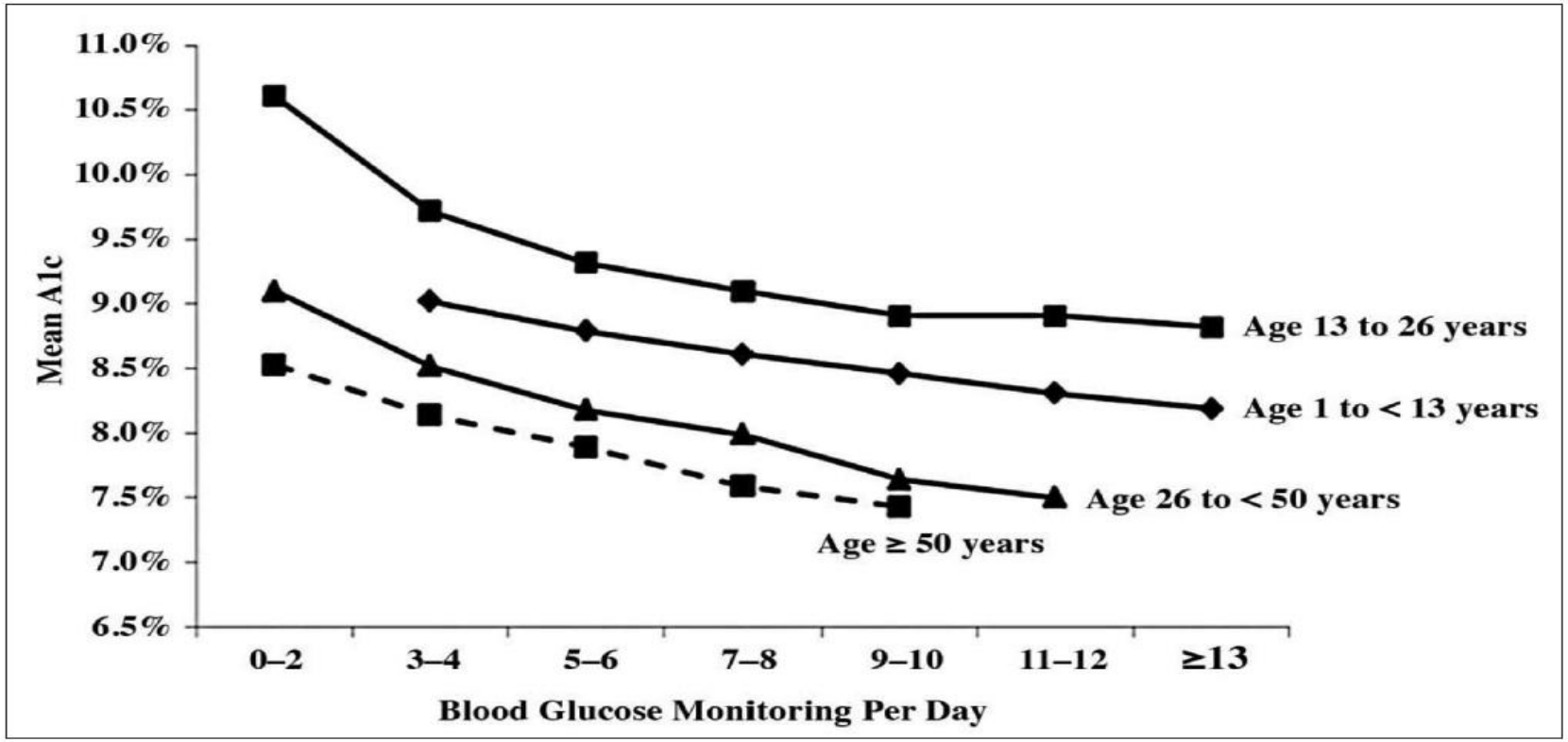
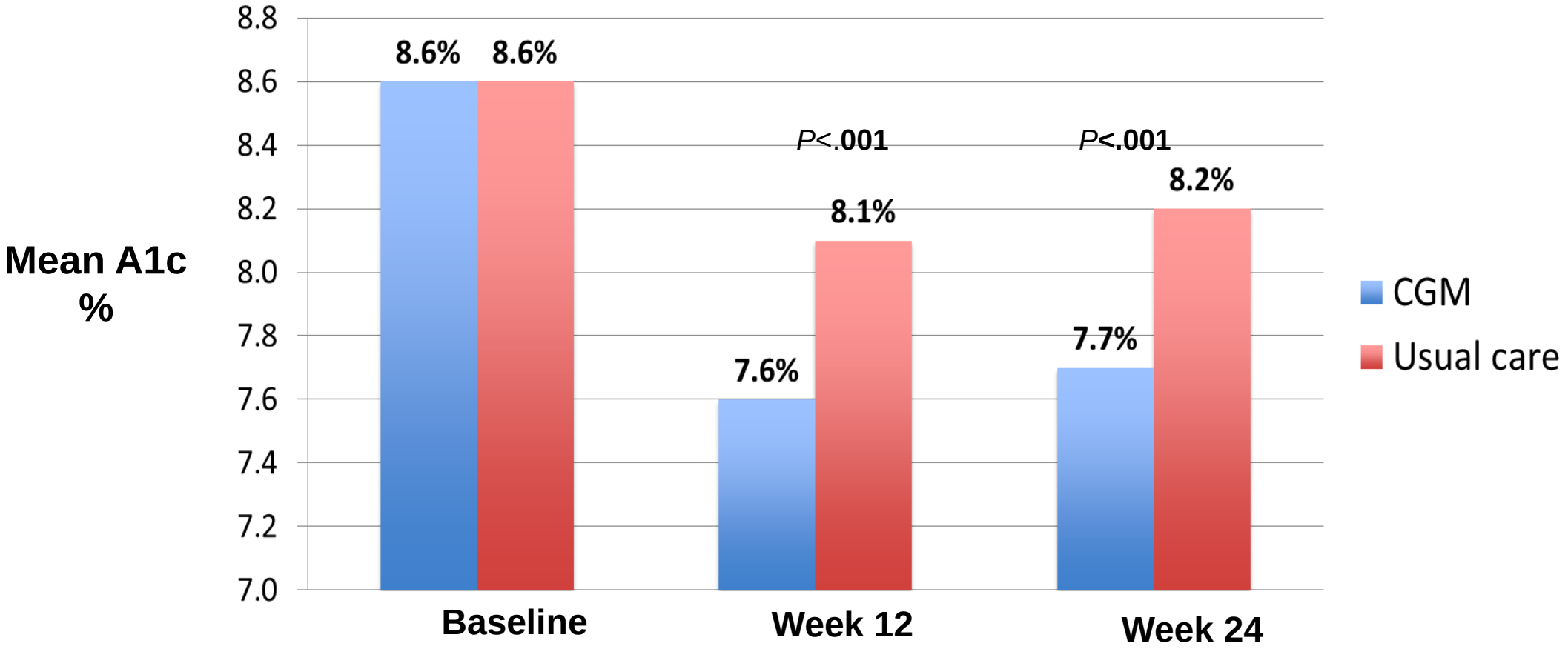


Fig. 2. Association between blood glucose monitoring frequency and A1C in patients with T1DM (70). *A1C* = glycated hemoglobin; *T1DM* = type 1 diabetes mellitus.

Type1 DM
Exchange
N=20,555

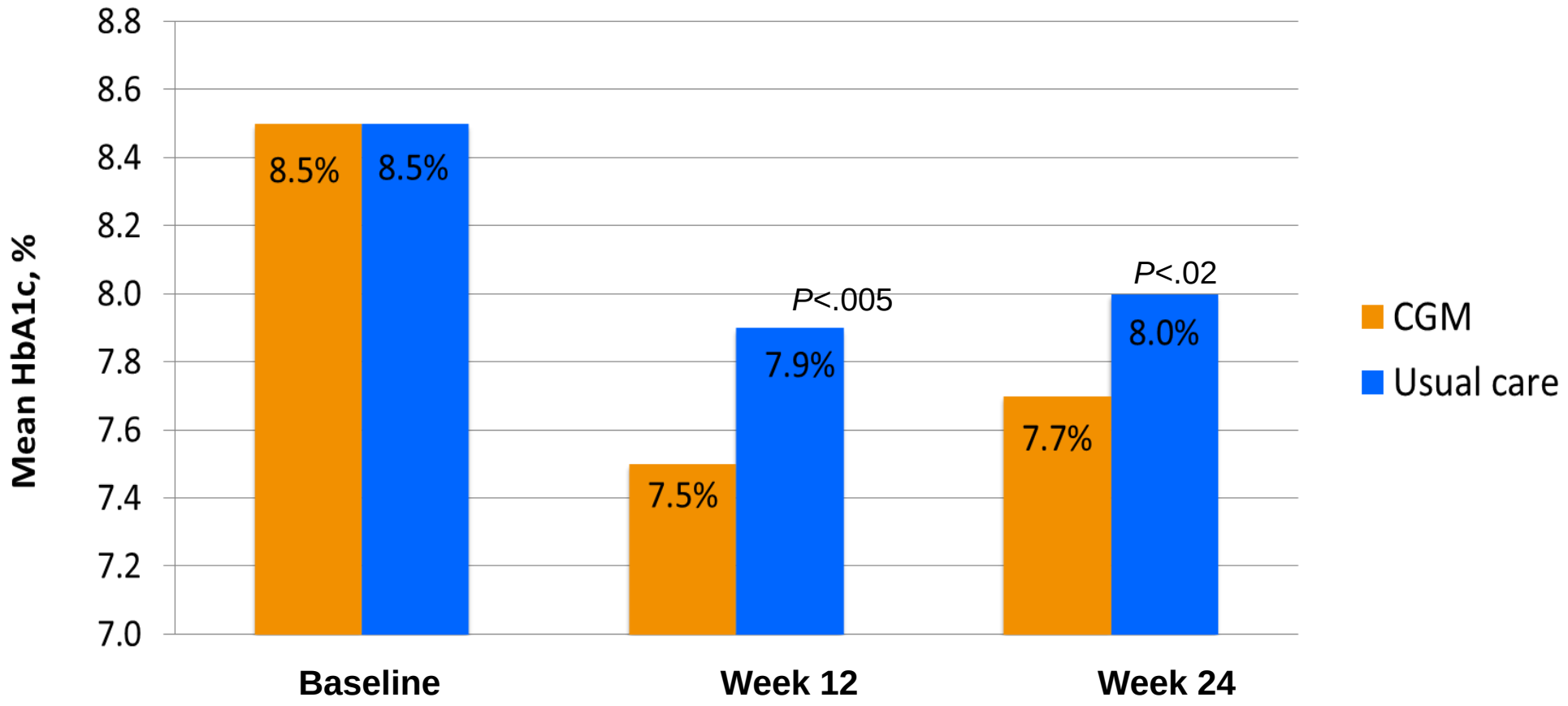
DIAMOND Trial: T1DM MDI
A1C Treatment Group Differences



A1C: 0.6% difference at 24 weeks (N=158)

Beck RW et al., *JAMA*. 2017;317(4):371-378.

DIAMOND Trial-T2DM MDI
A1c Treatment Group Differences



A1C: 0.3% difference at 24 weeks (N=158)

Beck RW et al. Ann Intern Med. 2017 Sep 19;167(6):365-37

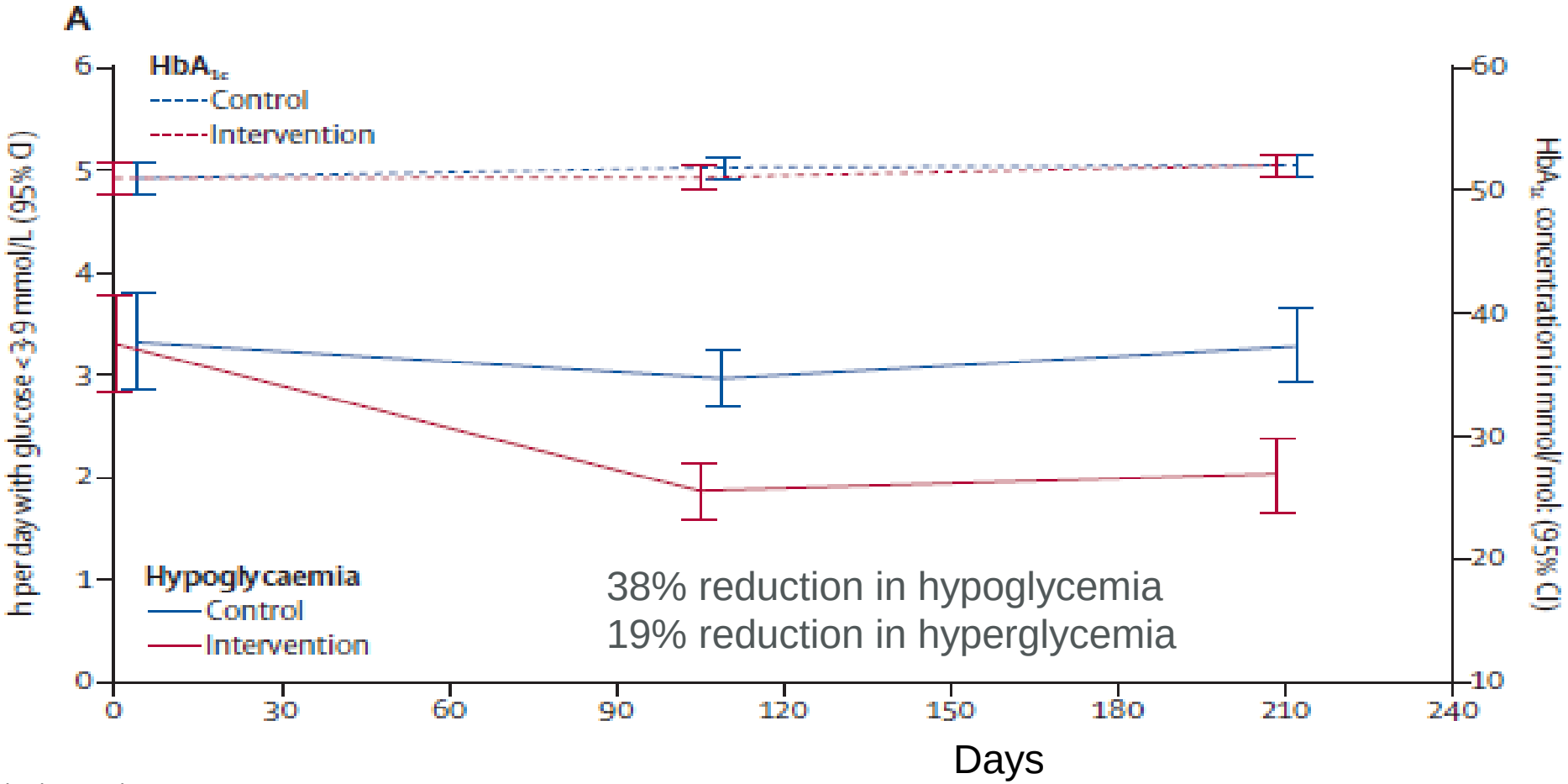
DIAMOND Trial-T2DM MDI
Greater Benefit with Higher Baseline A1C

Baseline HbA1c	Change in HbA1c From Baseline		Difference	P value
	CGM Group	Usual Care Group		
≥ 7.5%	-0.9% (n=79)	-0.5% (n=79)	0.4%	0.02
≥ 8.0%	-0.9% (n=63)	-0.6% (n=57)	0.3%	0.05
≥8.5%	-1.1% (n=39)	-0.7% (n=39)	0.4%	0.02
≥ 9.0%	-1.4% (n=17)	-0.7% (n=21)	0.7%	0.04

Beck RW et al. Ann Intern Med. 2017 Sep 19;167(6):365-37

Flash CGM in T1DM

- Prospective, randomized controlled trial
- 241 participants with type 1 diabetes and A1C<7.5%, mean A1C=6.7%



Bolinder, et al. Lancet 2016; 388: 2254–63

FLARE-NL 4 Study

- The FLAsh monitor Registry in the Netherlands (FLARE-NL)
- Prospective, observational nationwide registry
  - 95 internal medicine and diabetes center N=1365, 16% T2DM
- Overall average A1c reduction of 0.4% ($p<0.001$)
  - Baseline A1c >8.5%, reduction of 0.8% ($p<0.001$)
- At 12 months decrease in diabetes related hospitalizations from 13.7% to 4.7% ($p<0.05$), 66% reduction
- 37% of subjects reported they increased their exercise/physical activity
- 95% reported a better understanding of their glucose fluctuations
- 59% reduction in work absenteeism

Fokkert M. et al. BMJ Open Diabetes Research and Care 7, no. 1 (2019).

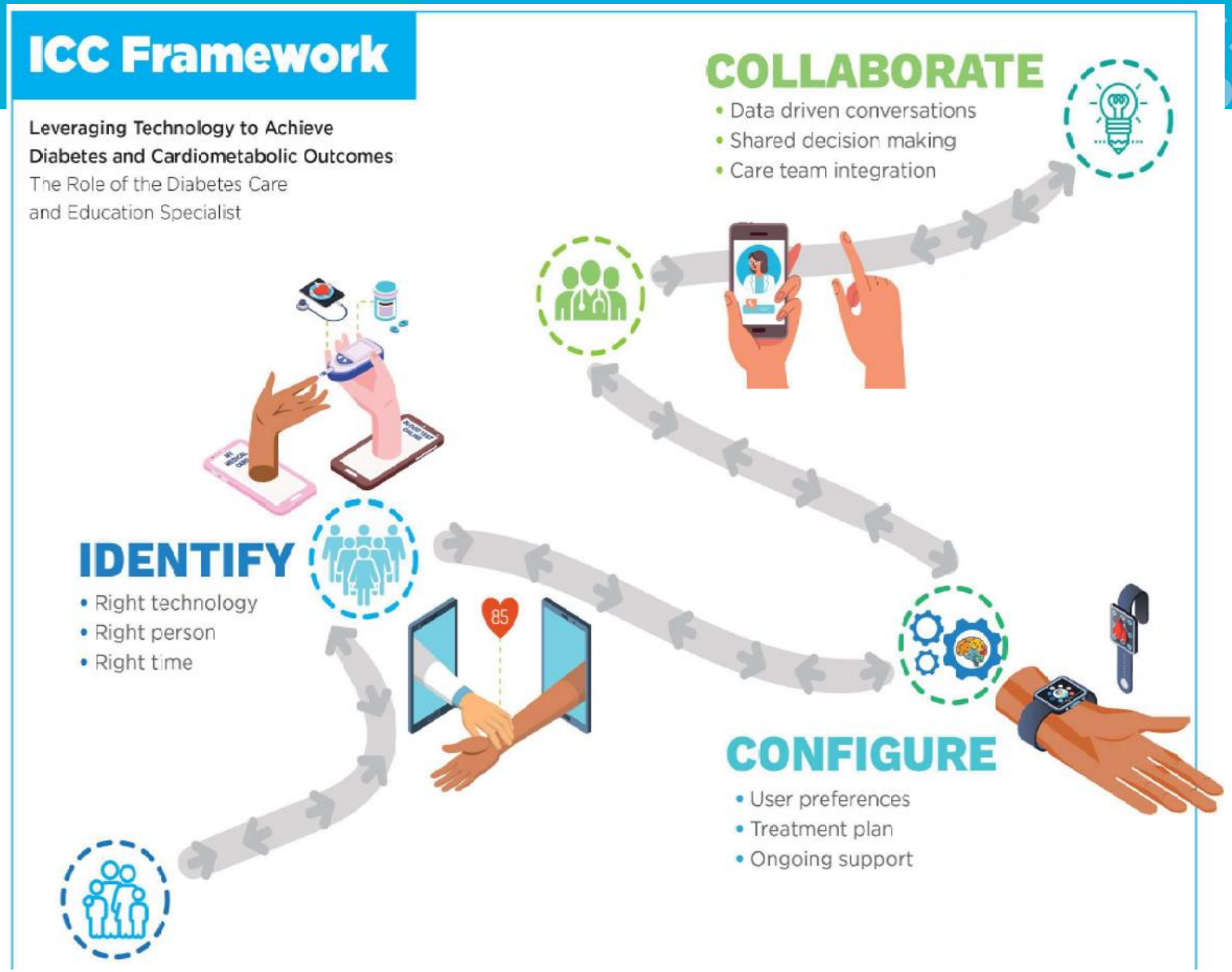
The Role of the DCES in Technology

Technology Integration

The Role of the Diabetes Care and Education Specialist in Practice

- Diabetes technology is associated with improved outcomes, that is enhanced when the person using is knowledgeable and actively engaged
- Simply wearing the device may not automatically translate into health benefits
- The DCES has the central role in defining and establishing a technology-enabled practice setting that is efficient and sustainable
- The DCES can serve as the technology champion in their respective practices and work to reduce therapeutic inertia while improving health outcomes

Isaacs D et al. Diabetes Educ. August 2020.



Greenwood DA et al. A. Diabetes Educ. August, 2020.

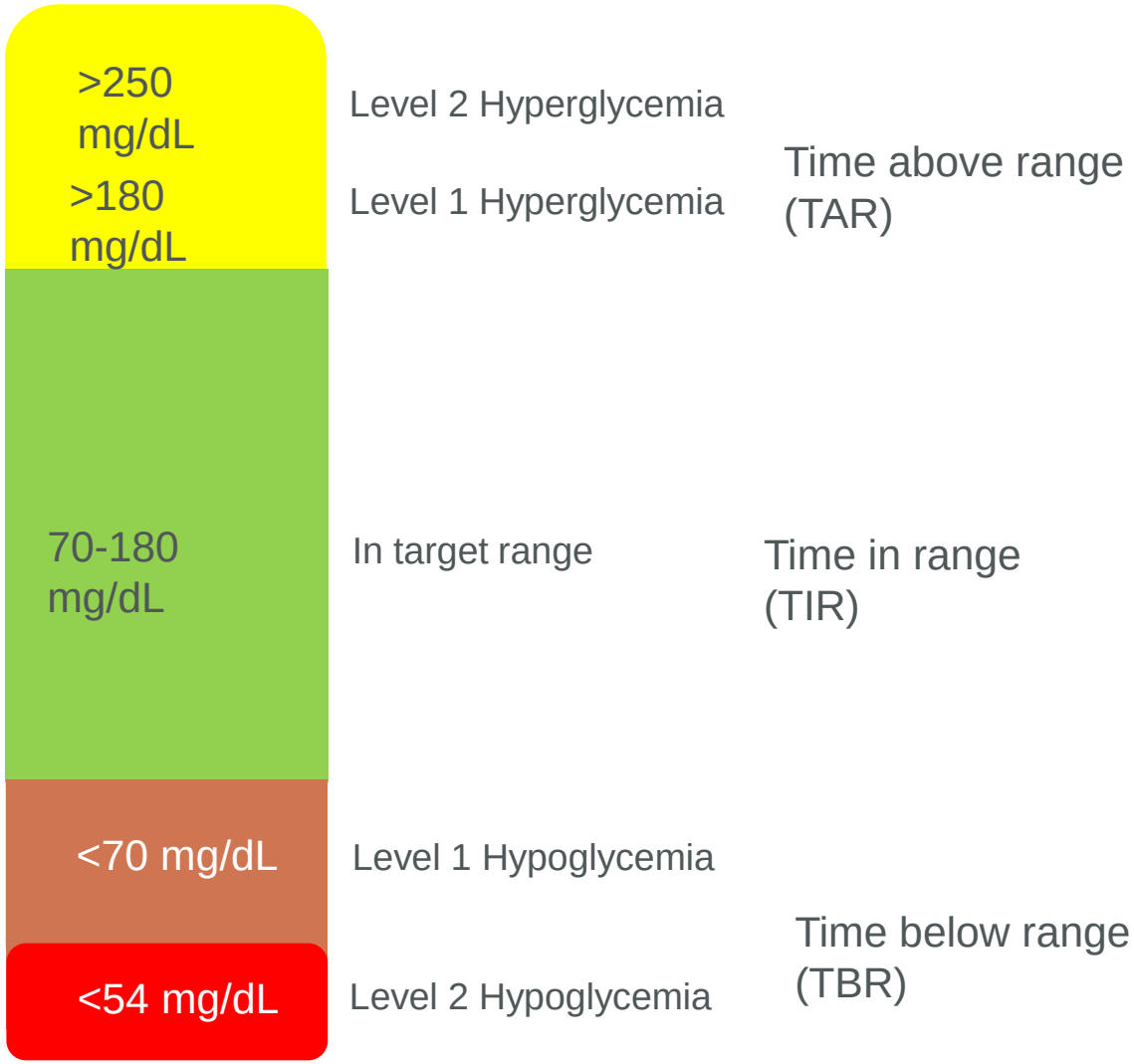
CGM Data Interpretation

Data Management Tools

System	Website	Associated Mobile Apps	What it Downloads
Glooko	glooko.com	Glooko	Insulin pumps (Omnipod, Tandem), Dexcom, Eversense, many glucose meters, InPen
Clarity	clarity.dexcom.com	Dexcom G6, Clarity, Dexcom Follow	Dexcom, InPen
LibreView	libreview.com	LibreLink, LibreLinkUp	FreeStyle Libre
Carelink	carelink.medtronic.com	Guardian Connect, Carelink, Sugar IQ Diabetes Assistant	Medtronic insulin pump and Medtronic CGM
Tidepool	tidepool.org	Tidepool Mobile	Insulin pumps (Medtronic, Tandem, Omnipod), FreeStyle Libre, Dexcom, Guardian Connect, many glucose meters, InPen
Eversense Data Management System	eversensedms.com	Eversense	Eversense
InPen Insights Report	NA	InPen	InPen, Dexcom

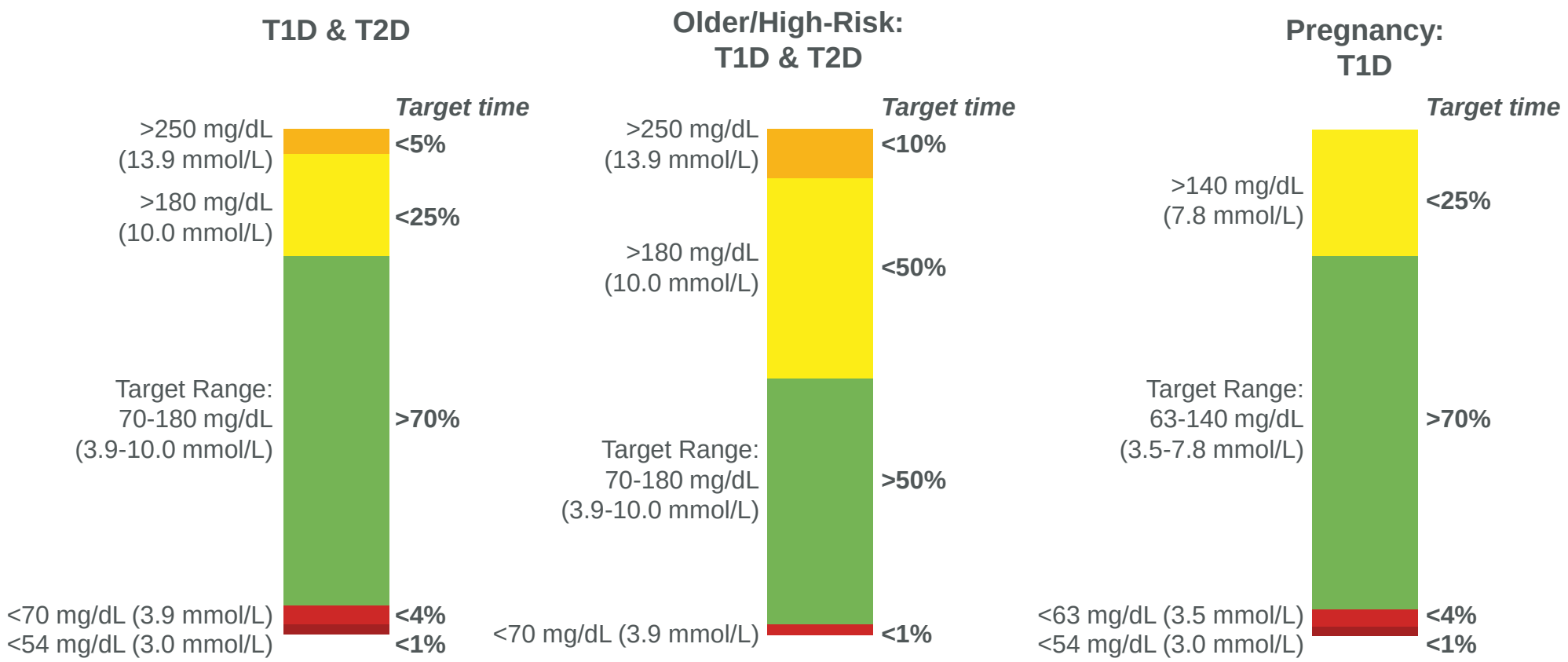
Standardized CGM Metrics for Clinical Care

Key Metrics
Number of Days CGM is worn 14+ days recommended
Percentage of Time CGM Is Active >70% of data recommended
Mean Glucose
Glucose Management Indicator (GMI) CGM-derived estimate of current A1C level
Coefficient of Variation (CV) Measure of glycemic variability (st. dev/mean) CV ≤36% is considered acceptable



Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603.

CGM-Based Targets for Different Populations



1% of the day is ~15 minutes

CGM = continuous glucose monitoring; T1D = type 1 diabetes; T2D = type 2 diabetes.

Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603.

AGP Report

GLUCOSE STATISTICS AND TARGETS

October 22, 2020 - November 4, 2020	14 Days
% Time CGM is Active	78%

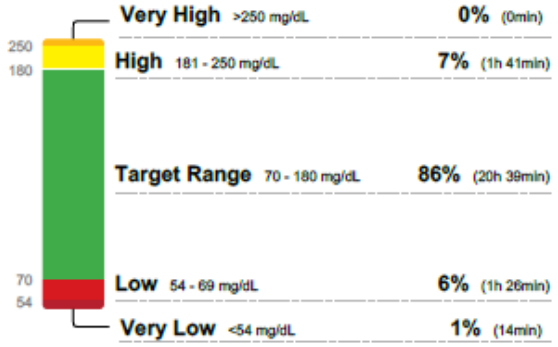
Ranges And Targets For	Type 1 or Type 2 Diabetes
Glucose Ranges	**Targets** % of Readings (Time/Day)
Target Range 70-180 mg/dL	Greater than 70% (16h 48min)
Below 70 mg/dL	Less than 4% (58min)
Below 54 mg/dL	Less than 1% (14min)
Above 180 mg/dL	Less than 25% (6h)
Above 250 mg/dL	Less than 5% (1h 12min)

Each 5% increase in time in range (70-180 mg/dL) is clinically beneficial.

Average Glucose	124 mg/dL
Glucose Management Indicator (GMI)	6.3%
Glucose Variability	30.7%

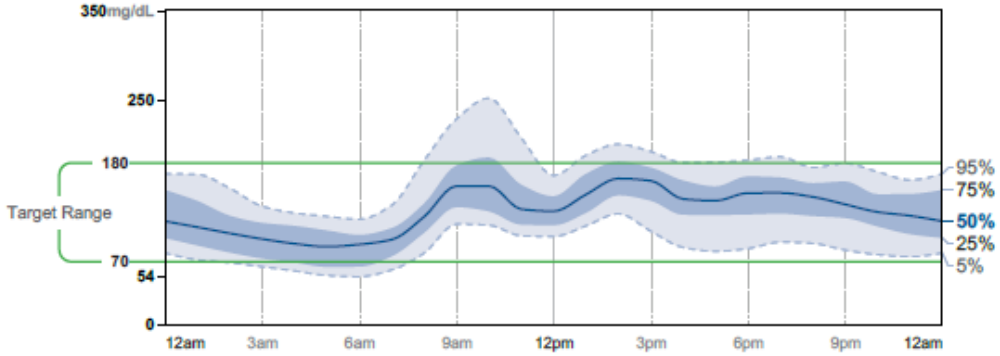
Defined as percent coefficient of variation (%CV); target ≤36%

TIME IN RANGES



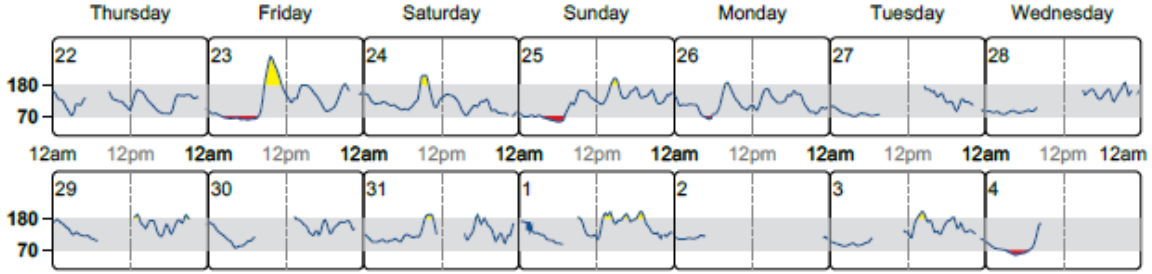
AMBULATORY GLUCOSE PROFILE (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if occurring in a single day.

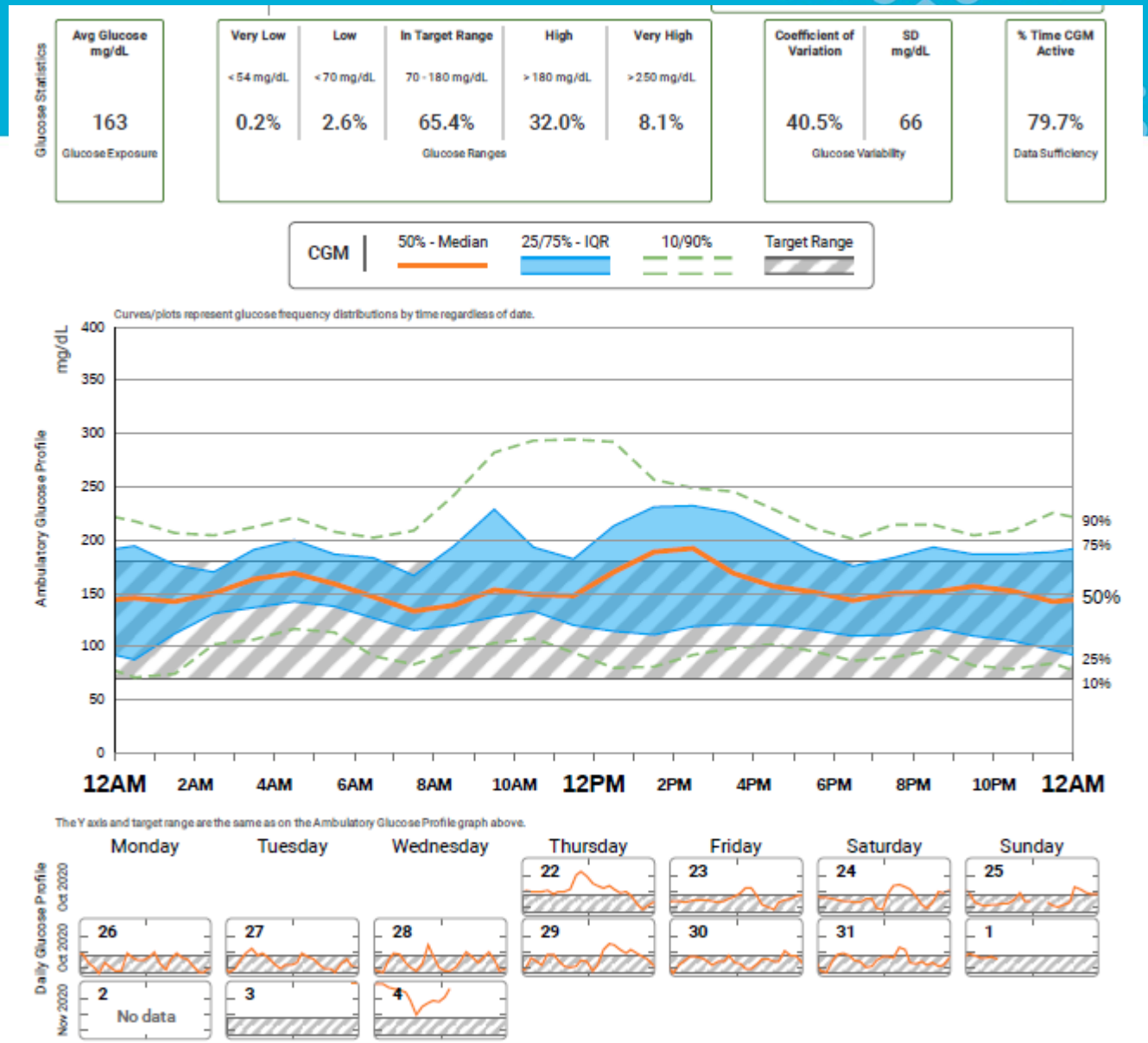


DAILY GLUCOSE PROFILES

Each daily profile represents a midnight to midnight period with the date displayed in the upper left corner.



AGP Report


Glucose Statistics
Avg Glucose mg/dL
163
Glucose Exposure
Very Low
< 54 mg/dL
0.2%
Low
< 70 mg/dL
2.6%
In Target Range
70 - 180 mg/dL
65.4%
High
> 180 mg/dL
32.0%
Very High
> 250 mg/dL
8.1%
Glucose Ranges
Coefficient of Variation
40.5%
SD mg/dL
66
Glucose Variability
% Time CGM Active
79.7%
Data Sufficiency
CGM
50% - Median
25/75% - IQR
10/90%
Target Range
Curves/plots represent glucose frequency distributions by time regardless of date.
Ambulatory Glucose Profile
mg/dL
400
350
300
250
200
150
100
50
0
90%
75%
50%
25%
10%
12AM
2AM
4AM
6AM
8AM
10AM
12PM
2PM
4PM
6PM
8PM
10PM
12AM
The Y axis and target range are the same as on the Ambulatory Glucose Profile graph above.
Daily Glucose Profile
Oct 2020
Nov 2020
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
22
23
24
25
26
27
28
29
30
31
1
2
No data
3
4

Customizing Reports

- AGP Report — Info — 2 weeks
- Glucose Pattern Insights — Edit — 3 weeks
- Monthly Summary — 3 weeks
- Daily Log — 60 days
- Snapshot — 3 weeks
- Mealtime Patterns — Edit — 3 weeks
- Weekly Summary — 3 weeks
- Daily Patterns — 60 days

Patient Thresholds

Target Range

70 to 180 mg/dL

Low Glucose Threshold

70 mg/dL

High Glucose Threshold

250 mg/dL

Revert Report Settings to your Report Preferences

Learn more about Report Preferences

Include Patient Information

Practice Label

Cleveland Clinic Main

Time in Range Settings

Day

Start Time: 6:00 AM

End Time: 10:00 PM

Low Threshold: 70 mg/dL

High Threshold: 130 mg/dL

Night

Start Time: 10:00 PM

End Time: 6:00 AM

Low Threshold: 70 mg/dL

High Threshold: 130 mg/dL

Time in Range

8% Very High
60% High
31% In Range
<1% Low
0% Very Low

Target Range: 70-130 mg/dL

Day

Start Time: 6:00 AM

End Time: 10:00 PM

Low Threshold: 70 mg/dL

High Threshold: 180 mg/dL

Night

Start Time: 10:00 PM

End Time: 6:00 AM

Low Threshold: 70 mg/dL

High Threshold: 180 mg/dL

Time in Range

8% Very High
26% High
65% In Range
<1% Low
0% Very Low

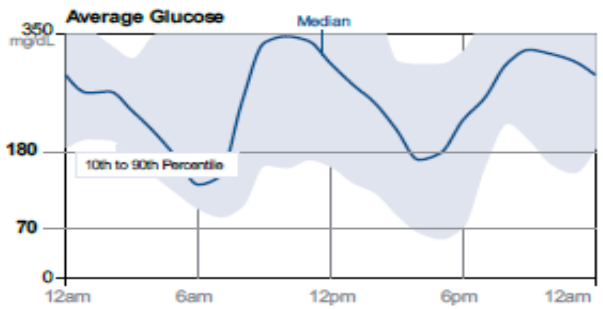
Target Range: 70-180 mg/dL

- Target range refers to 70 – 180 mg/dL, except for patients who are pregnant
- Otherwise, interpreting time-in-range and other key metrics is difficult

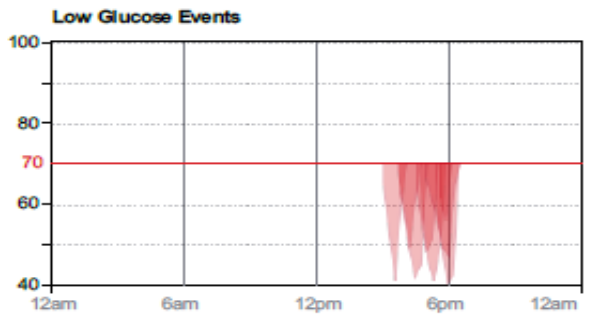
Snapshot: Hypoglycemia

Glucose

AVERAGE GLUCOSE	259 mg/dL
% above target	74 %
% in target	23 %
% below target	3 %

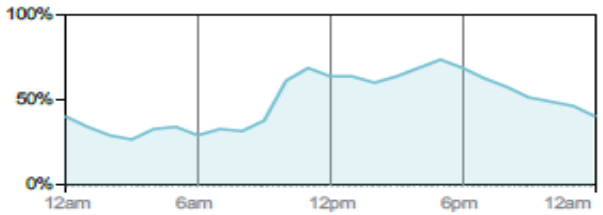


LOW GLUCOSE EVENTS	8
Average duration	64 Min



Sensor Usage

SENSOR DATA CAPTURED	50 %
Daily scans	2



DAILY CARBS	grams/day

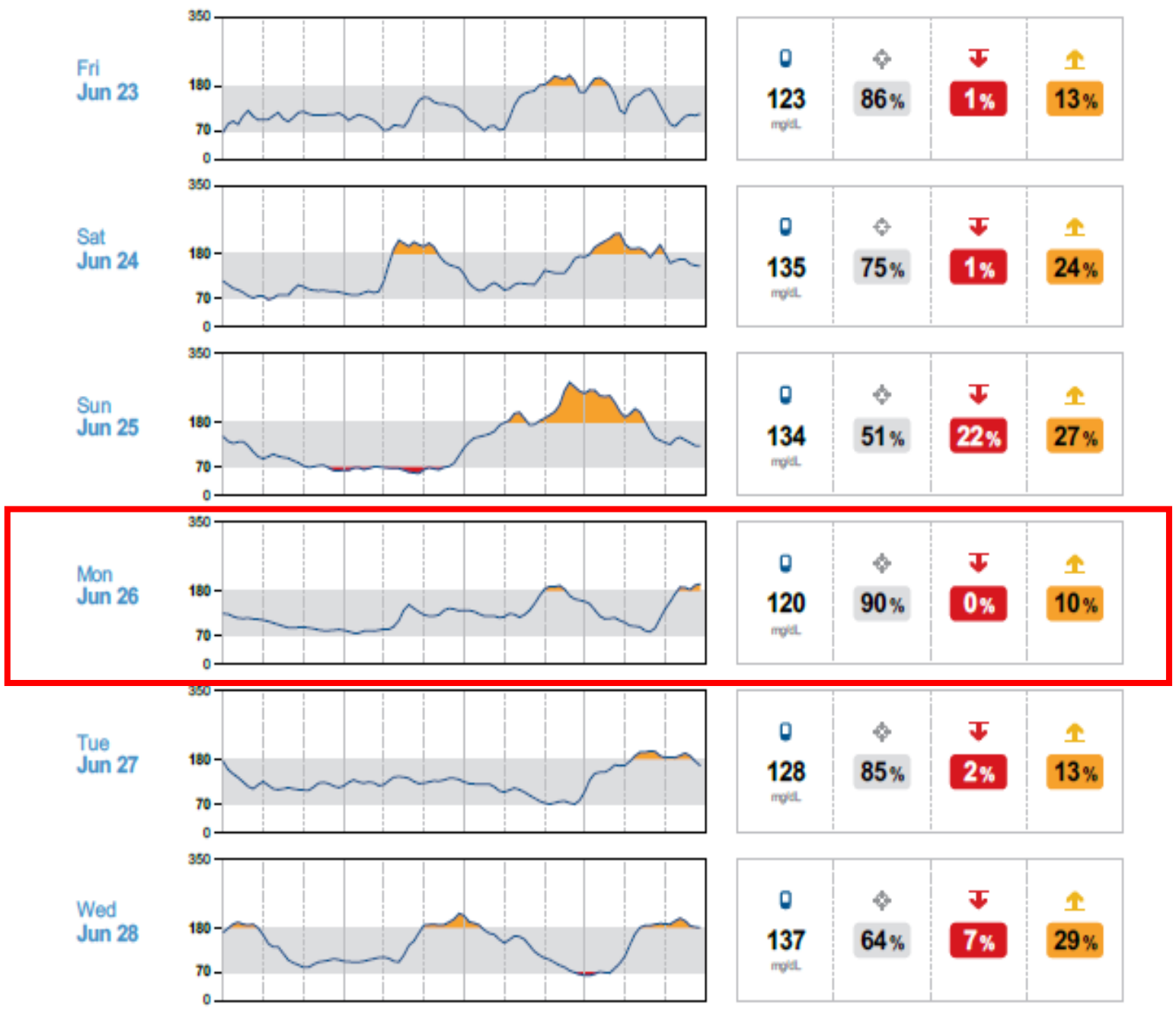
INSULIN

RAPID-ACTING INSULIN	units/day
Meal	
Correction	
User Change	
Manual	
LONG-ACTING INSULIN	units/day
Total Daily Insulin	units/day

Comments

- Gaps found in the insulin data. 21 days in this reporting period have no recorded insulin events.
- Gaps found in food data. 21 days in this reporting period have no recorded food events.

Comparing Different Days



CGM Data Review- DATAA

D — Download Data

- Key metrics, AGP, day by day or spaghetti graph
- Start with global overview-what AGP, key metrics mean, ask what the person learned/what is going well with self-management

A — Assess Safety

- Hypoglycemia - identify times below range, % time in hypoglycemia, # events
- Interactive discussion: possible causes and solutions

T — Time in Range

- Focus on the positive - identify days or times where time in range is highest
- Interactive discussion: how to replicate what is working well

A — Areas to Improve

- Hyperglycemia - Identify times above range, % time in hyperglycemia, # events
- Interactive discussion: possible causes, solutions, and adjustments to self-management

A — Action Plan

- Develop collaboratively with the person with diabetes

At each step, express that this is information, not good or bad

Numbers are not Good or Bad

- Thank the person for wearing CGM
- Express that **<u>this is information, not good or bad</u>**
- Ask permission to explore the highs
- If the person wants to stop at any point, develop an action plan until next visit

Action Plan in collaboration with the PWD

Case Study: Meet Janet

- 70-years old female
- Diagnosed with type 2 diabetes 18 years ago
- Retired
- Married, 3 children, 2 grandchildren
- A1C 10.5%
- Has arthritis, hoping to get a knee replacement, but needs to bring down A1C

- BMI=34kg/m^2
- Meds
  - Metformin 1000 mg BID
  - Insulin glargine 60 units daily
  - Insulin lispro 10-20 units TID at each meal

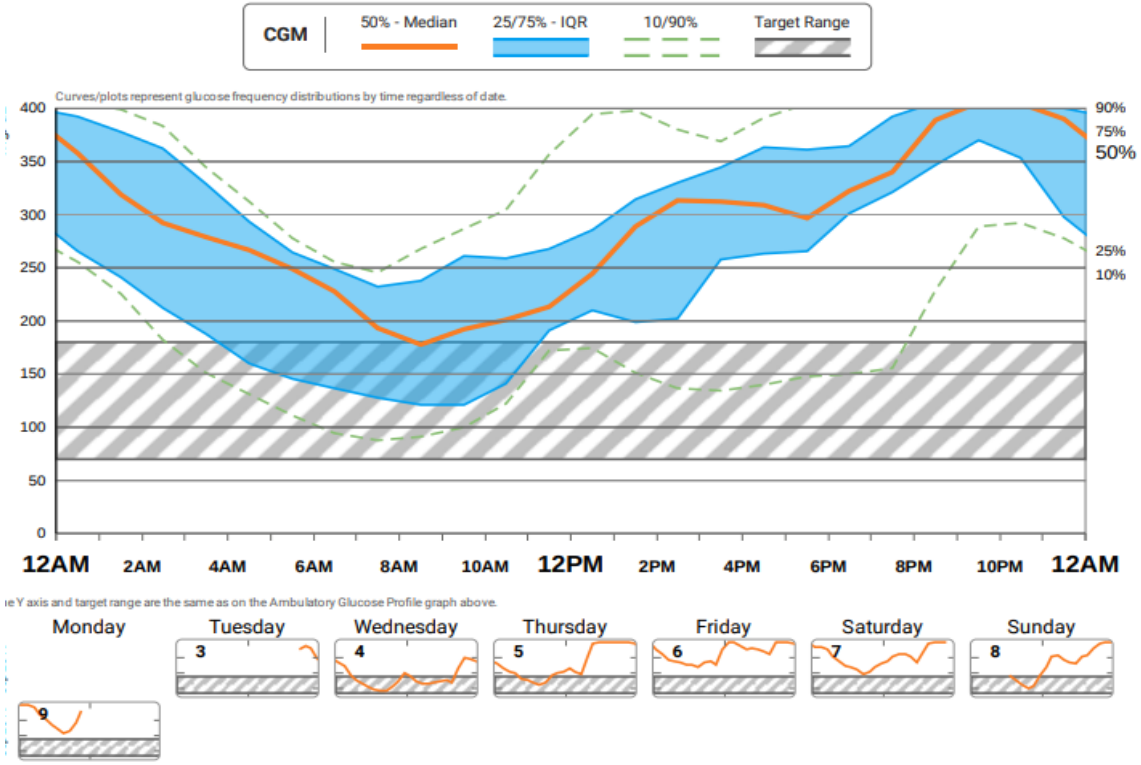
What is Janet's time in range goal?

A. >50%
B. >70%
C. >80%
D. >100%

Janet Wears Professional CGM

D **Download Data**

- Key metrics, AGP, day by day or spaghetti graph
- Start with global overview;-what AGP, key metrics mean, ask what the person learned/what is going well with self-management



Coefficient of Variation	SD mg/dL
34.8%	95

Glucose Variability

Avg Glucose mg/dL
274

Glucose Exposure

Very Low	Low	In Target Range	High	Very High
< 54 mg/dL	< 70 mg/dL	70 - 180 mg/dL	> 180 mg/dL	> 250 mg/dL
0.0%	0.0%	20.7%	79.3%	61.0%

Glucose Ranges

DATAA Discussion

No hypoglycemia, however, glucose falls overnight, Janet feels symptoms

Rarely taking lispro, never misses glargine

A — Assess Safety

- Hypoglycemia - identify times below range, % time in hypoglycemia, # events
- Interactive discussion: possible causes and solutions

T — Time in Range

- Focus on the positive - identify days or times where time in range is highest
- Interactive discussion: how to replicate what is working well

Statistics for this day

Average Glucose

171 mg/dL

Standard Deviation

65 mg/dL

Time in Range

19% Very High

14% High

67% In Range

0% Low

0% Very Low

Target Range: 70-180 mg/dL

Ate eggs for breakfast, Sandwich for lunch and she injected lispro

A Areas to Improve

- Hyperglycemia - Identify times above range, % time in hyperglycemia, # events
- Interactive discussion: possible causes, solutions, and adjustments to self management

Didn't eat all day Thu and then
"went off the wagon"
Ate cookies, ice cream

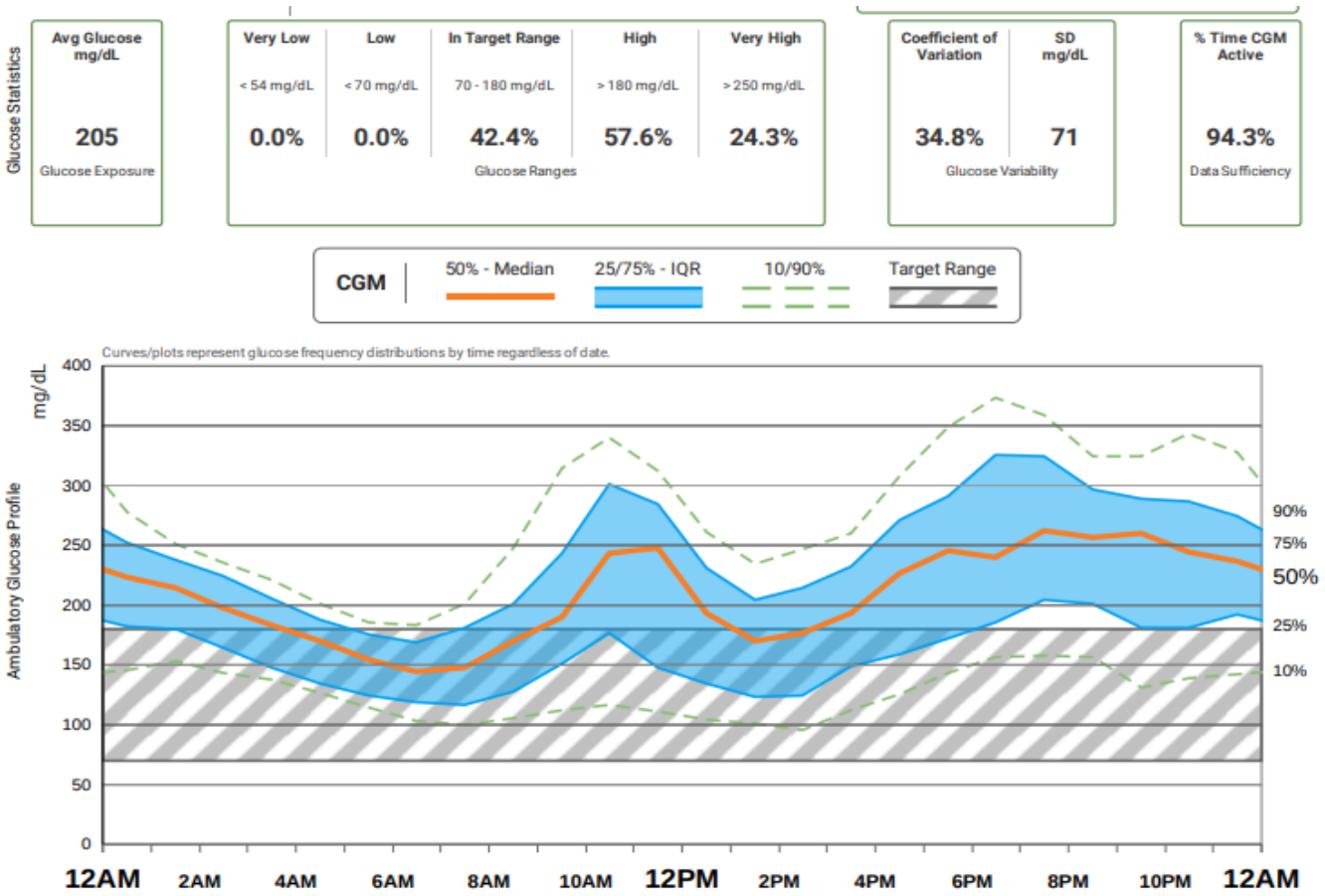
A Action Plan

- Develop collaboratively with the person with diabetes

- Janet liked seeing the data
- She learned the direct effects of food on her blood sugars
- She realized that she would benefit from taking lispro with her food during the day
- Janet gets a prescription for personal rtCGM
- Follow-up with the diabetes care and education specialist

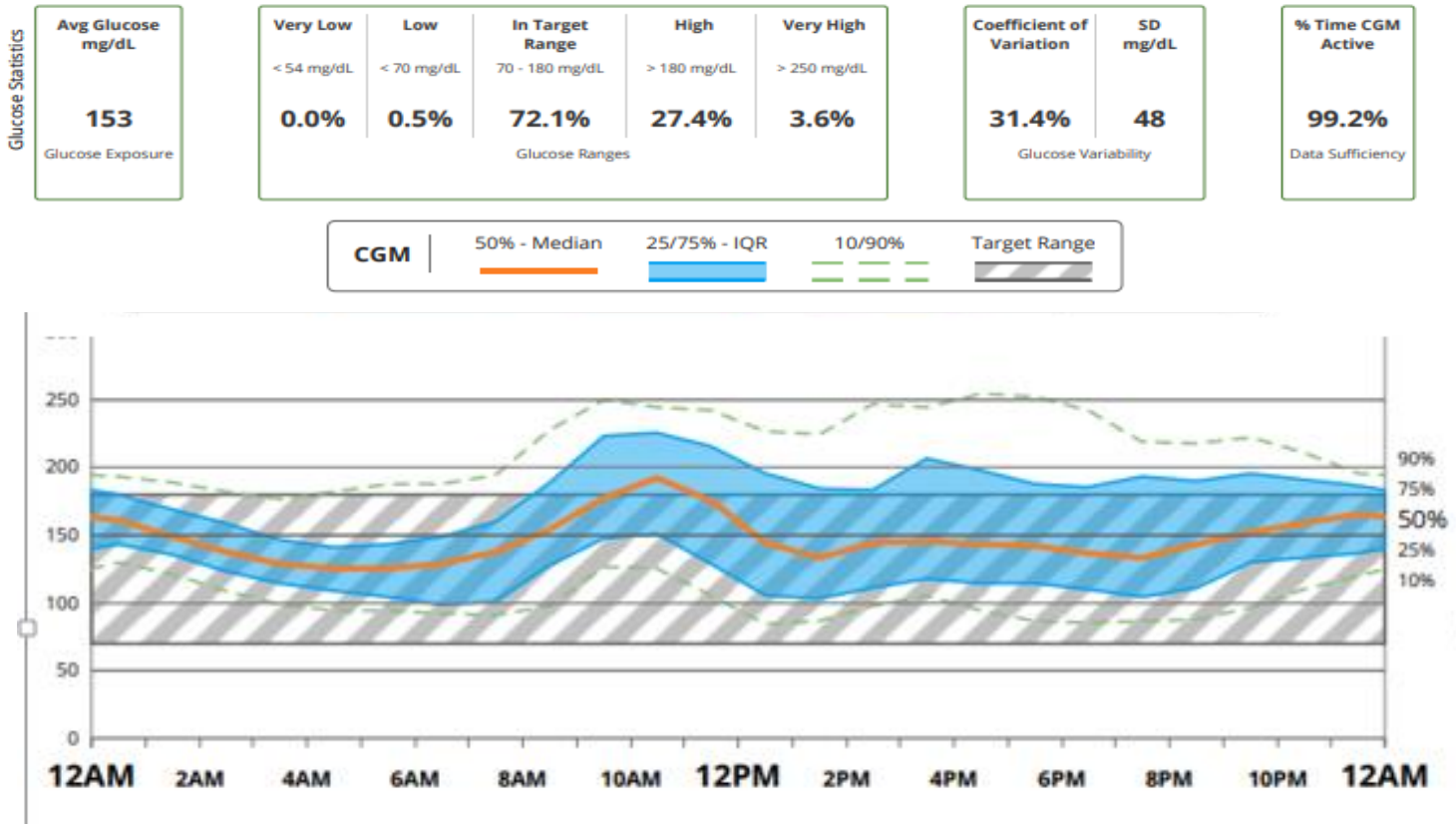
1 Month Later

- Time in range improved!
- Janet is more consistent with lispro (2 injections/day) but asks if there are any other medications that can help with weight and blood sugars
- GLP-1 agonist is added



3 Months Later

- Time in range improved, >70%!
- A1C is now 7.1%
- Janet is eating smaller meals, allows herself 1 treat/day, taking lispro consistently at 2 main meals, continues on glargine and GLP-1 agonist (rarely misses doses)
- She lost 12 lbs, feels great!
- She is scheduled for her surgery



CGM Revenue Opportunities

CGM Services	Medicare Fee Schedule	Private Payer
CPT 95249 (Personal CGM - Startup/Training)		
Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording. *Bill only once during the time period that the patient owns the device.*	**$55.58**	**$127**
CPT 95250 (Professional CGM)		
Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording. *Do not bill more than 1x/month.*	**$152.66**	**$303304**
CPT 95251 (CGM Interpretation)		
Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report. *Do not bill more than 1x/month*	**$36.81**	**$96**

*Non-facility is defined as office space. [1]Medicare outpatient clinic visits.
CGM = continuous glucose monitoring.
Dexcom. 2020 CGM Coding Reference. https://dexcompdf.s3-us-west-2.amazonaws.com/HCP_Website/Telehealth+Resources/CodingReimbursement+Updates-2020-4.pdf accessed 9/24/20

In Summary

- Clinical data and guidelines support use of CGM in many different types of people with diabetes (PWD)
- There are multiple CGM options and connected devices; one size does not fit all
- Retrospective and real time CGM data can engage the PWD in self-management
- Review CGM in 5 steps:
  - Download, assess safety, time in range, areas to improve, action plan

Resources

- Diabetes Advanced Network Access (DANAtech)
  - https://www.danatech.org/
- Association of Diabetes Care & Education Specialists (ADCES) Glucose monitoring resources
  - https://www.diabeteseducator.org/practice/educator-tools/diabetes-management-tools/self-monitoring-of-blood-glucose
- DiaTribe: https://diatribe.org/
- Eversense: https://eversensediabetes.com
- Medtronic Guardian Connect: https://hcp.medtronic-diabetes.com.au/guardian-connect
- Dexcom G6: https://www.dexcom.com/g6-cgm-system
- Freestyle Libre: https://www.freestylelibre.us/

THANK YOU