



The following steps will help you, when calling your insurance company, to determine if your insurance plan covers the Continuous Glucose Monitoring System (CGMS) or I-PRO and what those benefits may be:

1. Call the member service number on your insurance card. Have your insurance ID and group numbers available when making the call.
2. Please speak directly with a representative and let them know that you are calling for a specific benefit. (An automated system will not give you the information you need.)
3. Here are some very important details to give the representative to ensure that they understand the service you will be receiving from us:
 - Ask them if you have coverage on your policy for a 72 hour glucose monitor that will be placed on you in your doctor's office.
 - You will be wearing the monitor for 72 hours and it will check and record your blood sugars or glucose during that time while you eat, sleep, exercise, and take your medication, etc.
 - You will return to your doctor's office in 3 days and they will remove the sensor and download the information. Your doctor will better be able to treat your diabetes with this information.
 - The CPT codes that are used to bill the service to the insurance company are 95250 (for the hook up of the sensor) and 95251 (for the interpretation).
4. Be sure to make it clear to them that this is **NOT durable medical equipment. The clinic owns the sensor.**
5. Ask if there is any prior authorization required. (If necessary, your doctor will write a letter and complete any necessary forms.)
6. If it is a covered service, ask what your benefit will be.

Upon return of the sensor, you will be charged for an office visit so co-pays or normal office visit benefits will apply.