Continuous Glucose Monitoring First in Diabetes Care
Webinar Housekeeping

• Today’s presentation is being recorded - Links to the presentation and recording will be emailed to all participants and be available on AMGA’s web site.

• All lines have been placed on mute to prevent any background noise.

• At any time during the presentation, please enter questions or comments in the Q&A or Chat section of the system and our panelists will address them at the end.
Continuous Glucose Monitoring (CGM) First in Diabetes Care

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Division of Endocrinology, Diabetes, Bone Disease
Detroit, MI
Current Model of Care: Blood Glucose Monitoring and A1C
Existing Models of Care are not Sufficient Enough

- Diabetes care that relies on quarterly visits with A1C checks neglects the reality of life with diabetes that is continuous\(^1\)
- Using A1C alone may not be very helpful to patients for understanding their diabetes\(^2\)
  - Impact of health behaviors on glycemic management
  - No visibility on their response to interventions
  - May be reluctant to advance therapy if they don’t understand their glycemic pattern
- Blood glucose monitoring (BGM) has notable limitations\(^3\)
  - Measures blood glucose at a single point in time
  - Patient engagement and use is impacted by associated pain and social stigma
- The majority of diabetes care transpires between visits, outside of clinical encounters\(^1\)
  - Not implementing the Chronic Care Model
  - Reactive and not proactive care

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Trends in Diabetes Treatment and Outcomes in 1999-2018

NHANES data (n=1,718) show glycemic and blood pressure outcomes declined in 2015-2018 compared to 2007-2010.

“Suboptimal” diabetes treatment and reduced use of medication are potential rationale for 2015-2018 decline:
- 40% not on ANY glucose lowering medication
- 7% reported using SGLT-2s and GLP-1s
What is Therapeutic Inertia?
Therapeutic Inertia and Type 2 Diabetes

What defines therapeutic inertia?
The failure to initiate or intensify therapy when therapeutic goals are not reached.¹

Slow to add or change the care plan when A1C is above range.¹

Research indicates people with diabetes remain at suboptimal glucose management for ~2.9 years from patient and clinician therapeutic inertia limiting treatment intensification²,³

<2/3 T2D reach their personal A1C goal²

Only 50% achieve an A1C<7%¹

Why is Timely Treatment Optimization Important?

Managing glucose levels early in diagnoses reduces chance of complications¹

People with T2D that achieve targets soon after diagnosis are more likely to keep glucose in target range¹

Within one year of diabetes diagnosis, less than 50% of people with T2D are still taking prescribed medication²

Only 5% of newly diagnosed are referred for diabetes self-management education³

$327 billion spent in 2017 on treatment⁴

Critical Conversations to Overcome Therapeutic Inertia

- Diabetes is serious
- Your actions make a difference
- Meeting glycemic targets = fewer symptoms, better QoL
- When diabetes changes, it doesn’t mean you’ve done anything wrong

Your treatment plan will change over time

- Adding medication may be needed
- We have newer medications to help
- Adding new meds, including insulin does not mean failure
- We’ll work together to develop a treatment plan

You can’t do this alone

- Work with your care team
- Use community resources
- DSMES works

Share difficulties with managing your diabetes. Your healthcare team can help.

- “Tell me when things are getting in the way of diabetes management.”
- “I’m on your side and will support you in whatever way you need to manage your diabetes.”

Technology-Enabled Solutions to Overcome Therapeutic Inertia
Use of CGM Creates Opportunity to Address Therapeutic Inertia

ADOPT TECHNOLOGY TO INCREASE TOUCHPOINTS

1. Use of CGM Creates Opportunity to Address Therapeutic Inertia

CGM: A Standard of Care
Benefits of Real-Time Continuous Glucose Monitoring (RT-CGM)

ADA Standards of Care 2022

RT-CGM continuous glucose monitoring (A) or IS-CGM (B) should be offered for diabetes management in adults with diabetes on MDI or CSII.

RT-CGM (A) or IS-CGM (C) can be used for diabetes management in adults with diabetes on basal insulin.

Periodic use of CGM (RT-CGM, IS-CGM or Pro CGM) can be helpful for diabetes management in circumstances where continuous use of CGM is not desired or available (C).

ADA = American Diabetes Association; AACE = American Association of Clinical Endocrinologists.


*Grade A; High Strength of Evidence; BEL 1; †Grade B; Intermediate Strength of Evidence; BEL 1
Professional CGM should be used in the management of persons with diabetes who meet 1 or more of the following criteria:

• Newly diagnosed with diabetes
• Not using CGM
• May have problematic hypoglycemia, but no access to personal CGM
• Persons with T2D treated with non-insulin therapies who would benefit from episodic use of CGM as an education tool
• Persons who would like to learn more about CGM before committing to daily use

Grade B; Intermediate Strength of Evidence; BEL 1
When is one method of CGM preferred over the other (RT-CGM vs IS-CGM)?

**RT-CGM should be recommended over IS-CGM:**

Recommended for persons ≥65 years old with insulin-requiring diabetes to achieve improved glycemic control, reduce episodes of severe hypoglycemia, and improve QoL.

Persons with diabetes with problematic hypoglycemia (frequent/severe hypoglycemia, nocturnal hypoglycemia, hypoglycemia unawareness) who require predictive alarms/alerts; however, the lifestyle of persons with diabetes and other factors should also be considered.

**Reviews have also suggested the RT-CGM may be preferred:**

- For persons with diabetes who are physically active or have busy lifestyles that would inhibit frequent scanning of an IS-CGM sensor.
- Require uninterrupted monitoring by parents/caregivers.
- Choose to use advanced insulin delivery technologies.
- Cannot achieve desired glycemic targets with IS-CGM.

Grunberger G et al. *Endocr Pract*. 2021;27(6):505-537. *Grade A; Intermediate-High Strength of Evidence; BEL 1; †Grade B; Low-Intermediate Strength of Evidence; BEL 1*
Use Dexcom G6 Products to Guide Treatment

Dexcom G6 Pro CGM
- Clinic owned
- Patient can wear for up to 10 days
- Unblinded* and blinded modes available

Hello Dexcom Sample Program
- One time RT-CGM experience
- Sample from HCP

Dexcom G6 Personal CGM
- Personal use
- Receiver and/or compatible smart device* used as display device

*For a list of compatible devices visit www.Dexcom.com/compatibility. Smart devices sold separately.
Strategies to Implement Dexcom G6 In Your Practice
Henry Ford Health System Experience with the Dexcom G6 CGM System
Dexcom G6 Pro: An Idea Whose Time Had Come

- Developing the proposal
- Convincing the players
- Obtaining product
- Billing for the work
- Selecting the patients
- Starting the program
Dexcom G6 Pro: Growing The Program

Start small. As confidence grows, add more providers, sites, and support

We started with 6 devices (Dexcom G4) in one site. Now we have three sites, all providers, and average of 2000 professional CGM annually

Use all of your team members to help with identifying patients, starting sensors, returned sensors, ordering product, keeping track of sensors used
Dexcom G6 Pro: Process at Henry Ford Health System

1. Identify the patient
2. MA to place sensor
3. Return of sensor by mail or face to face
4. Getting the data into charts
5. Interpretation
6. Billing
Simple Office Workflow for Dexcom G6 Pro

**OFFICE VISIT**

HCP starts session and trains patient.

1. HCP inserts sensor.
2. Transmitter auto-starts.
3. HCP selects appropriate mode.
4. Reader verifies session start.

**DEXCOM G6 PRO SESSION**

Patient wears CGM for up to 10 days.

**BLINDED MODE**

*Indicated for assessing glycemic variability for patients with or without diabetes*

**UNBLINDED MODE**

*Indicated for diabetes management*

1. Patient downloads Dexcom G6 app on compatible smart device.
2. Patient views data two hours after insertion with Dexcom G6 app.

To view a list of compatible devices, visit dexcom.com/compatibility.

**SESSION FOLLOW-UP**

Patient returns transmitter within 30 days from start of session.

1. HCP uses reader to download CGM data from transmitter.
2. HCP reviews CGM data insights through Dexcom CLARITY Clinic.
3. HCP discusses insights with patient and can make treatment recommendations.
4. HCP submits for reimbursement for CGM setup and interpretation.

*Patient must have a compatible smart phone for an unblinded mode session.

1Visit dexcom.com/pro-billing for reimbursement details.

1Unless patients share their real-time data through Dexcom CLARITY in unblinded mode. 2Download Dexcom CLARITY Clinic at clarity.dexcom.com/professional/registration.
Simple Office Workflow: Step 1

**OFFICE VISIT**

HCP starts session and trains patient.

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3. HCP selects appropriate mode.
4. Reader verifies session start.

**COLLECT CGM DATA HISTORY WITH PATIENT LIST**

- **Valkeamaki, Ville**
  - DOB: 30 Oct 1979
  - Patient ID: 99867
  - Last uploaded: 18 Jun 2018
  - Data sharing: On

- **Flick, P**
  - DOB: 27 Oct 1978
  - Patient ID: 88643
  - Last uploaded: 6 Jul 2018
  - Data sharing: On

- **S, Agnes**
  - DOB: 7 Oct 1994
  - Patient ID: 22654
  - Last uploaded: 19 Oct 2018
  - Data sharing: On

- **Bi, Ben**
  - DOB: 30 Aug 1986
  - Patient ID: 16654
  - Last uploaded: 3 Jul 2018
  - Data sharing: On

- **H., Verena**
  - DOB: 3 Jun 1988
  - Patient ID: 10491
  - Last uploaded: 17 Jul 2018
  - Data sharing: On

- **Go to interactive reports**

- **Upload data**

- **Save or print report**

- **Share data**

- **Delete**

- **Edit**

- **Export**
Simple Office Workflow: Step 2

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*Patient must have a compatible smart phone for an unblinded mode session.
Dexcom G6 Pro in Blinded Mode

- Does not provide real-time glucose data or alerts/alarms and patients are only able to view CGM data retrospectively
- May help capture information about what patients are doing without influencing their behavior
- Quick and easy in office set up and application by trained staff or HCP
- Ideal when patient doesn’t have a compatible smart phone device
- Glucose reports downloaded and reviewed after session time completed (~10 days)
  - This is retrospective data and the data is blinded while person is wearing
  - Assessment and guidance for adding, advancing, and de-intensifying therapy
  - Understand how different foods, activity, and exercise affect glucose values
  - See the impact (dosing, timing) of diabetes medications
- Allows patients to experience wearing a Dexcom G6 sensor

Dexcom G6 Pro in Unblinded Mode*

- Patients receive real-time glucose data and alerts/alarms while wearing the device¹
- Customizable alerts for high and low glucose, so patients can take corrective action as needed²,³
- Provides insights into how different foods and exercise affect glucose³
- Shows the impact of diabetes medications⁴
- Helps treatment decisions without pricking fingers*¹
- Provides trend arrows for context in glucose levels⁵
- Must be used with compatible smart device¹

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*If your glucose alerts and readings from the Dexcom G6 do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions.
Simple Office Workflow

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\(^1\)Visit dexcom.com/pro-billing for reimbursement details.

\(^2\)Unless patients share their real-time data through Dexcom CLARITY in unblinded mode.\(^3\)Download Dexcom CLARITY Clinic at clarity.dexcom.com/professionals/registration

\(^2\) Patient must have a compatible smart phone for an unblinded mode session.
Enlist Your Team to Support Use

**Support Staff**
- Patient Dexcom Clarity Assistance
- Clinic Manager, IT, Quality team: Upload reports

**Clinical Staff**
- Identify patients during triage, chart prep and report to provider.
- Ordering assistance if needed
- Patient support if needed

**HCP**
- Identify patients
- Order Dexcom G6 and customize to your patient
- Review Dexcom Clarity Reports and bill interpretation
Dexcom Clarity Allows Patients to Share CGM Data with HCPs and Receive Daily or Weekly Progress Reports on Smartphone

Dexcom Clarity is a cloud-based diabetes management software that helps patients and providers understand and analyze glucose patterns.

**Home user**
- View glucose patterns, trends, and statistics

**Healthcare Professional**
- Graphs show patterns of hypoglycemia and hyperglycemia, allowing providers to prioritize problems and find diabetes management solutions.

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**Dexcom Clarity**

- **Average Glucose**: 193 mg/dL
- **Standard Deviation**: 55 mg/dL
- **GMI**: 7.9%

**14 Days**

- **Time in Range**:
  - 1% Very High
  - 53% High
  - 40% In Range
  - 4% Low
  - 2% Very Low

**Target Range**: 70-180 mg/dL

**Sensor Usage**
- 100
- 3/7
- Avg. Calibrations Per Day: 3

**We found 2 patterns during this date range.**
**The best day was June 14, 2020.**

1. **Logan had a pattern of nighttime highs**
   - Logan had a pattern of significant highs between 11:15 PM and 6:08 AM.
   - 13 high events contributed to this pattern.
   - 1 of the contributing events was a rebound high.

2. **Logan had a pattern of daytime highs**
   - Logan had a pattern of significant highs between 2:25 PM and 2:45 PM.
   - 10 high events contributed to this pattern.
   - None of the contributing events were rebound highs.
Summary: Benefits of CGM First, Knowledge is Power

Gives clinician information to identify issues and individualize treatment

- Provides guidance for adding, changing, or titrating medications

Hello Dexcom & Dexcom G6 Pro unblinded* allow a person with diabetes to see their glucose numbers in real-time

- Person wearing CGM is better able to see how health behaviors and medications affect glucose
  
- May help remove barrier of not intensifying medication by viewing trends, patterns and TIR

- Puts patient in the “drivers' seat” to try new activities, foods, medications to see impact on glucose – Information A1C doesn’t provide

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Reimbursement
# 2022 Continuous Glucose Monitoring (CGM) Coding Reference

<table>
<thead>
<tr>
<th>Codes / Description</th>
<th>Medicare Physician Office Fee Schedule</th>
<th>Medicare Outpatient Diabetes Center</th>
<th>Private Payer (2021 Averages)</th>
<th>Relative Value Unit (RVU) Non-Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CGM Services</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>CPT 95249 (Personal CGM - Startup/Training)</strong></td>
<td></td>
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</tr>
<tr>
<td>Ambulatory continuous glucose monitoring 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.</td>
<td>$59.87</td>
<td>$56.85 APC 5733</td>
<td>$128</td>
<td>1.73</td>
</tr>
<tr>
<td>Bill only once during the time period that the patient owns the device.</td>
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</tr>
<tr>
<td><strong>CPT 95250 (Professional CGM)</strong></td>
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</tr>
<tr>
<td>Ambulatory continuous glucose monitoring 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.</td>
<td>$151.57</td>
<td>$121.35 APC 5012</td>
<td>$309</td>
<td>4.38</td>
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<tr>
<td>Do not bill more than 1x/month.</td>
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</tr>
<tr>
<td><strong>CPT 95251 (CGM Interpretation)</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report.</td>
<td>$35.30</td>
<td>Paid under physician fee schedule</td>
<td>$97</td>
<td>1.02</td>
</tr>
<tr>
<td>Do not bill more than 1x/month.</td>
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</tr>
</tbody>
</table>

The reimbursement information provided is intended to assist you with billing for your services related to continuous glucose monitoring (CGM). It is intended for informational purposes only and is not a guarantee of coverage and payment. CMS-1751-F Medicare Physician Fee Schedule Final Rule 2022. CMS-1753-FC; Medicare Outpatient Prospective Payment System Final Rule 2022. Fee schedules are national averages and are not geographically adjusted. PMIC Medical Fees in the United States 2021. Numbers provided are the median of the Usual and Customary (UCR) charges. Note that these are charges and not actual reimbursed amounts. CPT 2021 Professional Edition. Chicago, IL: American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
Dexcom is Here to Support YOU and Your Patients

Customer Sales Support
Support with Dexcom orders and general customer questions
1-888-738-3646
- Place Your First Order
- Need Pharmacy Information

Global Technical Support
Product troubleshooting or replacement inquiries
1-844-607-8398
Available 24 hours a day; 7 days a week
- Request a Call Back
- Submit a Patient Support Request
- Request Sensor Overpatches
- Chat Live with Dexcom Tech Support

Dexcom CARE
Dexcom CGM training, software downloads, and tutorials
1-877-339-2664
HCP only line
1-844-607-8396

See dexcom.com/contact for current contact hours
Resources

Connect with Global Thought Leaders to Advance Diabetes Technology

SIGMA Study of Improved Glucose Monitoring and Assessment

Join SIGMA to learn about:
- Expert Presentations
- Clinical Evidence
- Diabetes Technology Resources
- Coverage and Reimbursement
- Latest News

If you are not already a member, we invite you to learn more about SIGMA or request membership at www.cgmonitoring.net
Brief Safety Statement

Failure to use the Dexcom G6 Continuous Glucose Monitoring System (G6) and its components according to the instructions for use provided with your device and available at https://www.dexcom.com/safety-information and to properly consider all indications, contraindications, warnings, precautions, and cautions in those instructions for use may result in you missing a severe hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) occurrence and/or making a treatment decision that may result in injury. If your glucose alerts and readings from the G6 do not match symptoms or expectations or you’re taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions. Seek medical advice and attention when appropriate, including for any medical emergency.

Brief Safety Statement

The web-based Dexcom CLARITY software is intended for use by both home users and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis, and evaluation of historical CGM data to support effective diabetes management. It is intended for use as an accessory to Dexcom CGM devices with data interface capabilities. Caution: The software does not provide any medical advice and should not be used for that purpose. Home users must consult a healthcare professional before making any medical interpretation and therapy adjustments from the information in the software. Caution: Healthcare professionals should use information in the software in conjunction with other clinical information available to them. Caution: Federal (US) law restricts this device to sale by or on the order of a licensed healthcare professional.

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Brief Safety Statement

Failure to use the Dexcom G6 Pro Continuous Glucose Monitoring System (G6 Pro) and its components according to the instructions for use provided with your device and available at https://www.dexcom.com/safety-information and to properly consider all indications, contraindications, warnings, precautions, and cautions in those instructions for use may result in your patient missing a severe hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) occurrence and/or making a treatment decision that may result in injury. If your patient’s glucose alerts and readings from the G6 Pro do not match symptoms or expectations or your patient is taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions. Your patient will not receive alerts and alarms when the G6 Pro is on blinded mode. Seek medical advice and attention when appropriate, including for any medical emergency.

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