AETHERA · SPECIALTY BILLING SERIES

Endocrinology Billing Solutions

Maximizing Revenue Across Office E/M, Diabetes Management, Continuous Glucose Monitoring, Hormone Therapy, and Thyroid Procedures

Prepared by: Aethera Healthcare Solutions · Lakeland, FL

Scope: CPT 99202–99215 · 95249–95255 · 99091 · 76700–76857 · A-codes (CGM) · J-codes (hormones)

Updated: 2026 Edition · aetherahealthcare.com · +1 (863) 694-0325

ENDOCRINOLOGY RC

2026 ED

ABOUT AETHERA

Maximizing Revenue. Minimizing Burden.

Aethera Healthcare Solutions is your full-service medical billing partner headquartered in Lakeland, FL. We handle coding, claims, payments, denials, and collections — so you can focus on patients.

500+
Practices Served
across 25+ specialties

$12M+
Revenue Recovered
for client practices

95%
Clean Claim Rate
vs 84% industry avg

< 30d
Average AR
days outstanding

01
Personal, Not Corporate
Dedicated account team with deep specialty/payer knowledge.

✓ 02
Performance Targets, In Writing
96%+ net collection, <5% denial, 95%+ coding accuracy, 24h posting, 48h submission, 65%+ appeal success.

03
Zero Risk To Start
No setup fees, no long-term contracts, 90-day cancel, free 5-day audit.

ENDOCRINOLOGY · MARKET CONTEXT

Why Endocrinology Billing Matters Now

Endocrinology is the chronic-disease-management specialty — 38M Americans with diabetes, 20M with thyroid disease, 13M with osteoporosis. Device billing (CGM, insulin pumps) is the fastest-growing revenue stream but carries the highest PA denial rate in endo.

$42B

US endocrinology & diabetes care spend (2024)

Includes devices, drugs, and provider services.

38M

Americans with diabetes (2024)

~90% Type 2; ~1.9M new diagnoses/year.

~17%

Endocrinology claim denial rate (industry avg)

Driven by CGM PA denials and diabetes self-management training coding errors.

~$8K/yr

Average annual diabetes management cost per patient

Driven by insulin, CGM supplies, and complications.

NET EFFECT · Endocrinology practices that master CGM PA, diabetes self-management training (DSMT) billing, and insulin pump therapy documentation can recover **7–12% of total revenue** currently lost to denials and under-billing.

ENDOCRINOLOGY · OVERVIEW

The Four Pillars of Endocrinology Billing

Each pillar represents a distinct service family with unique coding, modifier, and PA requirements.

01 · E/M + CHRONIC CARE

Office E/M & Chronic Care Mgmt

Office visits (99202–99215), CCM (99490/99439/99487), DSMES diabetes education (97802–97804). Recurring revenue from CCM monthly billing.

`CPT 99202–99215 · 99490 · 97802–97804`

02 · CGM + PUMPS

CGM, Insulin Pumps & Supplies

CGM devices (A-codes 95200–95255), insulin pump therapy (95249), DSMT (98960–98962). PA mandatory; documentation of diabetes type and treatment intensity required.

`CPT 95249–95255 · A-codes · PA mandatory`

03 · HORMONE THERAPY

Hormone Replacement & Thyroid

Thyroid hormone replacement (J-codes), testosterone therapy (J1070–J1080), growth hormone (J2941), bisphosphonates for osteoporosis (J3486, J1743). Office injection (96372).

`J1070 · J2941 · J3486 · 96372`

04 · THYROID PROCEDURES

Thyroid Biopsy & Ablation

FNA thyroid biopsy (10004–10021), radioactive iodine therapy (79005, A9500–A9505), thyroid ultrasound (76536). Pathology separately billable.

`CPT 10004 · 79005 · 76536`

PILLAR 01 · E/M + CHRONIC CARE

Office Visits, CCM & Diabetes Education

Endocrinology office encounters cover diabetes management, thyroid disease follow-up, osteoporosis, and adrenal disorders. The 2021 E/M coding reform shifted documentation to MDM-based. Chronic Care Management (CCM) is critical for endo patients — most have ≥2 chronic conditions, qualifying for monthly CCM billing. Diabetes Self-Management Education and Support (DSMES) is a separate billable service.

E/M coding (2021+ reform) — Code by Medical Decision Making complexity or time; 99202–99215.

Modifier 25 required if same-day procedure.

Chronic Care Management (CCM) — 99490 first 20 min/month ($62); 99439 add'l 20 min ($47); 99487 complex 60 min ($100).

Monthly recurring revenue per patient.

Diabetes Self-Management Education (DSMES) — 97802 initial assessment, 30 min ($55); 97803 follow-up, 30 min ($45); 97804 group session, 30 min ($18 per patient).

Under-billed opportunity: CCM is the single most under-billed code in endocrinology — most endo patients qualify (≥2 chronic conditions) but few practices enroll them.

CPT REIMBURSEMENT REFERENCE

Code	Service	Avg $
99213	Est. E/M, low MDM	$92
99214	Est. E/M, moderate MDM	$131
99490	CCM, first 20 min/month	$62.60
99439	CCM, add'l 20 min	$47.40
97802	DSMES initial, 30 min	$55
97803	DSMES follow-up, 30 min	$45

PILLAR 02 · DIABETES DEVICES

CGM, Insulin Pumps & DSMT

Diabetes device billing is the highest-complexity area of endocrinology RCM. CGM (continuous glucose monitoring) requires PA with documentation of diabetes type, treatment intensity, and frequency of testing. Insulin pump therapy requires documented candidacy (failed MDI, A1C target not met, hypoglycemia history).

Personal CGM 01

CPT 95249 (personal CGM, ≥72 hours, patient-owned device, $185). Patient buys device; practice bills for initialization/training. PA documentation: diabetes type, insulin use, hypoglycemia history.

Professional CGM 02

CPT 95250 (professional CGM, ≥72 hours, clinic-owned, $185) + 95251 (interpretation, $55). Clinic owns device; bills equipment rental + interpretation.

Insulin Pump Therapy 03

CPT 95249 (pump initialization, $185); 95251 (follow-up analysis, $55). Pump device billed via pharmacy benefit (A-codes). PA requires MDI failure documentation.

DSMT 04

CPT 98960 (DSMT, individual, 30 min, $55); 98961 (group, 2-4 patients, $20/patient); 98962 (group 5-8, $15/patient). 10 hours initial + 2 hours annual follow-up.

CGM Coverage Criteria

Medicare: Type 1 or Type 2 diabetes on insulin, testing ≥4x/day, candidate must be seen in person. **Commercial:** varies; most cover Type 1 universally, Type 2 with documentation.

Insulin Pump Candidacy

Failed MDI (multiple daily injections) with A1C >7% OR recurrent hypoglycemia. Requires endocrinologist attestation + diabetes education.

⚠ Top PA Denial Reasons

(1) Missing diabetes type documentation, (2) No prior MDI trial, (3) Insufficient glucose monitoring frequency, (4) No recent in-person visit.

PILLAR 03 · HORMONE THERAPY

Thyroid, Testosterone, Growth Hormone & Bisphosphonates

Endocrinology hormone therapy covers thyroid replacement (most common), testosterone therapy, growth hormone for pediatric/adult deficiency, and bisphosphonates for osteoporosis. All require J-code drug billing + administration code (96372 SC injection). Pre-auth mandatory for growth hormone and denosumab; documentation of hormone deficiency required.

Thyroid replacement — J7802 levothyroxine injection (rare, $25/vial); most patients on oral levothyroxine (not J-coded).

Thyroid cancer patients may need TSH suppression therapy.

Testosterone therapy — J1070 testosterone cypionate (up to 1mg, $3); J1080 testosterone enanthate (up to 1mg, $4); J3490 testosterone undecanoate (Aveed, $850/vial).

Document hypogonadism diagnosis.

Growth hormone — J2941 somatropin (1mg, $50); pediatric GHD dose 0.3mg/kg/week = ~$3,000/month.

Adult GHD dose 0.2mg/day = ~$300/month. PA mandatory.

Bisphosphonates (osteoporosis) — J3486 zoledronic acid (Reclast, 1mg, $18); J1743 denosumab (Prolia, 60mg, $1,850).

Annual infusion (Reclast) or 6-month SC injection (Prolia).

Highest-revenue endo drug: Prolia (denosumab) is the highest-volume endo drug — $1,850/dose every 6 months = $3,700/year per osteoporosis patient. 100-patient panel = $370K/year drug revenue.

$3–$850 — Testosterone therapy cost per dose range (J1070 → Aveed)

~ $3,000 /mo — Pediatric growth hormone therapy monthly cost (J2941)

$1,850 — Prolia (denosumab) per dose — 6-month SC injection

$370K /yr — 100-patient Prolia panel annual revenue

PILLAR 04 · THYROID PROCEDURES

Thyroid Biopsy, Ultrasound & Radioactive Iodine

Thyroid procedures include fine-needle aspiration biopsy (FNA), thyroid ultrasound, and radioactive iodine therapy for hyperthyroidism and thyroid cancer. FNA requires modifier -26/-TC split between pathologist and radiologist.

Thyroid Ultrasound 01

76536 thyroid ultrasound, complete ($185). Billed for thyroid nodule evaluation, goiter follow-up, post-thyroidectomy surveillance. Modifier **-26** (professional) or **-TC** (technical).

FNA Biopsy 02

10004 FNA, first lesion with ultrasound guidance ($425); 10005–10012 each additional lesion ($75). Pathology interpretation (88372) separately billable.

Radioactive Iodine Therapy 03

79005 radioactive iodine therapy, I-131 ($575); A9500–A9505 radiopharmaceutical codes for I-131 dosing. Used for hyperthyroidism and thyroid cancer ablation.

Thyroid Surgery (referral) 04

60200 thyroid lobectomy ($1,800); 60220 subtotal thyroidectomy ($2,200); 60240 total thyroidectomy ($2,800). Billed by endocrine surgeon; endocrinologist manages pre/post-op.

$185 Thyroid ultrasound reimbursement (76536)

$425 FNA biopsy w/ US first lesion (10004)

$575 +drug Radioactive iodine therapy (79005)

⚠ **Modifier -26/-TC discipline is critical**

ENDOCRINOLOGY · BILLING CODES

Top CPT/HCPCS Codes & 2026 Reimbursement

Most-billed codes across the four endocrinology pillars.

Code	Service	Modifier	Avg $	Notes
99213	Est. E/M, low MDM	—	$92	Most common endo E/M
99214	Est. E/M, moderate MDM	—	$131	Diabetes/thyroid management
99490	CCM, first 20 min/month	—	$62.60	Monthly recurring revenue
99439	CCM, add'l 20 min/month	—	$47.40	Max 2 add'l per month
95249	Personal CGM, ≥72 hr, init	—	$185	PA mandatory
95250	Professional CGM, ≥72 hr	—	$185	Clinic-owned device
95251	CGM interpretation/report	—	$55	Monthly analysis
76536	Thyroid ultrasound, complete	-26/-TC	$185	Modifier split critical
10004	FNA biopsy, 1st lesion, w/ US	—	$425	Thyroid nodule workup
79005	Radioactive iodine I-131 therapy	—	$575	+ A9500–A9505 radiopharmaceutical
J2941	Somatropin (growth hormone), 1mg	—	$50	PA mandatory; pediatric/adult GHD
96372	Therapeutic SC/IM injection	—	$35	Hormone/bisphosphonate admin

MODIFIERS

-26 -TC 25

CODE FAMILY NOTES

CCM

CGM

ENDOCRINOLOGY · DENIAL PREVENTION

Top 8 Endocrinology Denial Reasons & How Aethera Prevents Each

Endocrinology denial rates average 15–19%; each denied claim costs $35–80 to rework. CGM PA denials drive 40%+ of revenue loss.

RED
CGM PA missing or insufficient — 27%

ROOT CAUSE
CGM billed without PA on file or PA documentation incomplete (missing diabetes type, monitoring frequency, MDI failure)

AETHERA PREVENTION
PA tracker auto-submits with required documentation checklist before scheduling

RED
Insulin pump PA denied — 19%

ROOT CAUSE
Pump therapy billed without documented MDI failure or A1C target not met

AETHERA PREVENTION
Insulin-pump candidacy verification before PA submission

AMBER
CCM time documentation insufficient — 14%

ROOT CAUSE
99490/99439 billed without 20-minute time log supporting monthly threshold

AETHERA PREVENTION
CCM time-tracking platform with auto-billing at 20-min threshold

AMBER
Modifier -26/-TC errors — 11%

ROOT CAUSE
Thyroid ultrasound or FNA billed with wrong modifier (both -26 and -TC, or modifier missing)

AETHERA PREVENTION
Modifier rules engine enforces correct -26/-TC per provider/facility setup

AMBER
DSMES frequency exceeded — 9%

ROOT CAUSE
97802/97803 billed beyond 10-hour initial benefit or 2-hour annual follow-up

AETHERA PREVENTION
DSMES frequency tracker enforces CMS annual limits

GREEN
Growth hormone PA denied — 7%

ROOT CAUSE
J2941 billed without documented growth hormone deficiency diagnosis

AETHERA PREVENTION
PA documentation checklist requires IGF-1 + stimulation test results

GREEN
Bisphosphonate PA missing — 6%

ROOT CAUSE
J3486 (Reclast) or J1743 (Prolia) billed without documented osteoporosis diagnosis (DEXA T-score ≤-2.5)

AETHERA PREVENTION
DEXA result verification before bisphosphonate billing

GREEN
Modifier 25 documentation insufficient — 5%

ROOT CAUSE
E/M + procedure same day without separate documentation supporting E/M significance

AETHERA PREVENTION
Modifier 25 documentation checklist before claim release

CUMULATIVE IMPACT · Aethera reduces endocrinology denial rate from industry avg **17%** to **< 6%** — recovering ~ **$150K/year** per $1.5M practice revenue.

CASE STUDY · INTEGRATED ENDO RCM

3-Endocrinologist Practice — Annual Revenue Impact

A $2.6M-revenue practice models the combined upside of CGM PA recovery, CCM enrollment, and Prolia/bisphosphonate capture.

CGM PA Recovery

- 800 CGM-eligible patients, ~ 3,200 CGM claims/year
- Pre-Aethera PA denial rate: 28%
- Post-Aethera PA denial rate: 8%
- Recovered CGM claims: 640/year
- Avg CGM claim value: $185

ANNUAL REVENUE
$118,400

CCM Enrollment Pipeline

- 2,400 active diabetes patients (most qualify for CCM)
- Pre-Aethera CCM enrollment: 12% (288 patients)
- Post-Aethera: 60% (1,440 patients)
- Recovered patients: 1,152
- Avg annual CCM per patient: $110/yr (99490 + 99439)

ANNUAL REVENUE
$126,720

Prolia & Bisphosphonate Capture

- 350 osteoporosis patients on Prolia
- Pre-Aethera Prolia PA denial rate: 18%
- Post-Aethera: 5%
- Recovered doses: 91/year (2 doses/year each)
- Avg Prolia dose value: $1,885 ($1,850 drug + $35 admin)

ANNUAL REVENUE
$171,535

COMBINED IMPACT · *Annual revenue recovery: $416,655 · Implementation cost (year 1): ~$96K (Aethera RCM fees + CGM PA workflow + CCM platform) · Year-1 net: $320,655 · ROI: 334%.*

ENDOCRINOLOGY · COMPLIANCE HOTSPOTS

Where OIG, Medicare RAC, and Commercial Payers Audit First

Top compliance risks across the four endocrinology pillars. Quarterly self-audits recommended.

E/M + Chronic Care

RED
CCM time documentation fraud
Billing 99490/99439 without contemporaneous time logs totaling ≥20 minutes; OIG Work Plan 2025-2026.

AMBER
CCM eligibility not verified
Patient enrolled in CCM without ≥2 chronic conditions documented in chart.

GREEN
Modifier 25 misuse
Appending to E/M when CGM setup on same day does not represent significant, separately identifiable service.

Diabetes Devices

RED
CGM without PA
Billing 95249/95250/95251 without prior auth on file; full denial + clawback risk.

AMBER
CGM coverage criteria not met
Billing CGM for patient not on insulin or not testing ≥4x/day; coverage violation.

LOW
Insulin pump candidacy not documented
Billing pump therapy without documented MDI failure or A1C target not met.

Hormone Therapy

HIGH
Growth hormone without documented deficiency
Billing J2941 without IGF-1 levels + stimulation test supporting GHD diagnosis.

MEDIUM
Testosterone therapy without documented hypogonadism
Billing J1070 without 2 separate low testosterone lab results.

LOW
Bisphosphonate without DEXA
Billing J3486/J1743 without DEXA T-score ≤-2.5 or fragility fracture history.

Thyroid Procedures

RED
Modifier -26/-TC double-billing
Billing both professional AND technical components on same thyroid ultrasound/FNA claim.

AMBER
FNA pathology unbundled
Billing 88372 separately from 10004 when pathology bundled per NCCI edits.

LOW
Radioactive iodine without hyperthyroidism/cancer diagnosis
Billing 79005 without supporting ICD-10 diagnosis code.

OIG Work Plan 2025–2026 explicitly lists CGM PA documentation and CCM time logging as active audit targets. Medicare RACs have recovered **> $120M** from endocrinology practices since 2021.

CLOSING · KEY TAKEAWAYS

Three Actions to Capture Endocrinology Revenue

For endocrinology practice administrators and revenue cycle directors leading the next 90 days.

01

Automate CGM PA workflow

Build EHR template that auto-submits PA at CGM scheduling. Document diabetes type, treatment intensity, monitoring frequency, MDI failure (if applicable) before PA submission. CGM PA denial rate drops from **28%** to **<8%** — recovering ~$118K per 800-patient CGM panel.

02

Stand up a CCM enrollment pipeline

Query EHR for patients with ≥2 chronic conditions (most endo patients qualify). Assign care coordinator to enroll 50 patients/week. Target **60%** enrollment of eligible panel. 1,000-patient CCM panel = ~$110K/year of recurring monthly revenue at near-zero marginal cost.

03

Enforce bisphosphonate documentation discipline

Verify DEXA T-score ≤-2.5 (or fragility fracture) before billing **J3486** (Reclast) or **J1743** (Prolia). Implement pre-submission rules engine that blocks bisphosphonate claims without supporting DEXA. Recovers ~$170K/year per 350-patient osteoporosis panel.

Questions & Discussion

Optimizing Endocrinology Revenue Across E/M, Devices, Hormones & Thyroid

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