



## Medicare Coverage of Diabetes Supplies



### What's Changed?

We added coverage information on continuous glucose monitors. (page 2)

Substantive content changes are in dark red.

Medicare covers diabetes supplies under Medicare Part B and Medicare drug plans (Part D).

## Part B Coverage

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Part B covers these if the patient has diabetes:

- Blood glucose self-testing equipment and supplies
- Durable insulin pumps and the insulin used in those pumps
- Therapeutic shoes and inserts

Generally, for DME covered under Part B:

- We pay 80% of the Medicare-approved amount after the patient meets their [annual Part B deductible](#).
- The patient pays 20% of the Medicare-approved amount (after they meet the deductible). This amount can be higher if the patient's medical equipment supplier doesn't accept assignment, and the patient may have to pay the entire amount at the time of service. We'll then send payment to the patient.

## Blood Glucose Self-Testing Equipment & Supplies

### What We Cover

Part B covers blood glucose self-testing equipment and supplies for all diabetes patients, even if they don't use insulin. These include:

- Blood glucose monitors (BGMs)
- Blood glucose test strips
- Lancet devices and lancets
- Glucose control solutions for checking the accuracy of testing equipment and test strips

The amount of BGM supplies covered varies. If the patient:

- **Uses insulin** – They may get up to 300 test strips and 300 lancets every 3 months and 1 lancet device every 6 months
- **Doesn't use insulin** – They may get up to 100 test strips and 100 lancets every 3 months and 1 lancet device every 6 months

Part B covers continuous glucose monitors (CGMs), supplies, and accessories for all diabetes patients who have:

- A CGM prescribed by following its FDA indications for use
- Met 1 of the following criteria:
  - The patient is insulin-treated
  - The patient has a history of problematic hypoglycemia
- A visit with their doctor 6 months before ordering the CGM to evaluate diabetes control and confirm the above criteria

The covered CGM supplies include CGM sensors and transmitters.

Part B covers:

- Additional BGM test strips and lancets only if the patient's doctor documents why they're medically necessary.
- Blood glucose self-testing equipment and supplies only if the patient gets a prescription from their doctor. The prescription should include:
  - That they have diabetes
  - The kind of blood glucose monitor they need and why they need it (for example, the doctor must explain if the patient needs a special monitor because of vision problems)
  - Whether they use insulin
  - How often they should test their blood glucose

A patient who needs blood glucose testing equipment and supplies:

- Must ask for refills for their supplies
- Can order and pick up their supplies at their pharmacy
- Can order their supplies from a medical equipment supplier, but they'll need a prescription from their doctor to place that order

See [Diabetic Accessories & Supplies \(including Glucose Monitors\)](#) for more information on coverage indications and guidelines.

### Claims & Payment

- All Medicare-enrolled pharmacies and medical equipment suppliers must submit claims for blood glucose self-testing equipment and supplies. Patients can't submit a claim for equipment and supplies themselves.
- The patient should make sure the pharmacy or medical equipment supplier accepts assignment for Medicare-covered supplies.
  - If the pharmacy or medical equipment supplier:
    - **Accepts assignment** – We pay the pharmacy or medical equipment supplier directly. The patient only pays the coinsurance amount.
    - **Doesn't accept assignment** – Charges may be higher, and the patient may pay more. They may also have to pay the entire charge at the time of service and wait for us to send them payment.
  - If the patient can't find a Medicare-enrolled pharmacy or medical equipment supplier in their area that accepts assignment, they may want to order their supplies through the mail to save money.
  - Before the patient gets supplies, it's important for them to ask the pharmacy or medical equipment supplier:
    - Are you enrolled in Medicare?
    - Do you accept assignment?

If the answer is “No,” they can make sure we cover their purchase and save money by finding another pharmacy or medical equipment supplier in their area who answers “Yes.”

### What’s Not Covered

We won’t pay for any supplies:

- Not asked for.
- Sent to the patient automatically from medical equipment suppliers, including:
  - Blood glucose monitors
  - Test strips
  - Lancets
- Provided by a pharmacy or medical equipment supplier that’s not enrolled in Medicare. The patient will have to pay the entire bill for any supplies from non-enrolled pharmacies or non-enrolled medical equipment suppliers.

## Durable Insulin Pumps

### What We Cover

Part B covers durable insulin pumps worn outside the body (external), including the insulin used with the pump. If the patient needs to use a durable insulin infusion pump, their doctor must prescribe it.

### Claims & Payment

For the **durable insulin pump**:

- The patient pays 20% of the Medicare-approved amount after the annual Part B deductible
- Part B pays 80% of the cost of the durable insulin pump

Part B also pays for the **insulin used with the durable insulin pump**, and we limit the Part B coinsurance for insulin to \$35 per month. View [Billing Medicare Part B for Insulin with New Limits on Patient Monthly Coinsurance](#) for details on this limit.

To help pharmacies and medical equipment suppliers correctly bill Part B for the insulin, doctors should specifically state in the order that it’s insulin for a durable pump. For example, for a patient using a Medtronic durable pump, the doctor’s order should include “Insulin for Durable Insulin Pump” or similar language for the type of pump on the order. This makes sure the pharmacy bills the correct payer and avoids unnecessary claim denials for your patient.

## What's Not Covered

Part B doesn't cover these items, but a [Medicare drug plan](#) may cover them:

- Disposable pumps, sometimes referred to as “patch” insulin pumps, such as OmniPod, V-Go, or other similar items
- Insulin used in disposable pumps
- Insulin for patients that inject it with a needle (syringe)

## Therapeutic Shoes & Inserts

### What We Cover

Part B covers therapeutic shoes if the patient and doctor meet these basic coverage criteria:

- The qualified doctor or a podiatrist prescribes the shoes
- The doctor or other qualified person (like a pedorthist, orthotist, or prosthetist) fits and provides the shoes to the patient
- The patient has:
  - At least 1 of the following conditions in 1 or both feet:
    - Partial or complete foot amputation
    - Past foot ulcers
    - Calluses that could lead to foot ulcers
    - Nerve damage because of diabetes with signs of problems with calluses
    - Poor circulation
    - Deformed foot
  - A comprehensive diabetes care plan and needs therapeutic shoes and inserts because of diabetes

The types of shoes and inserts covered each year include 1 of these:

- One pair of depth shoes **and** 3 pairs of inserts (not including the non-customized removable inserts provided with them)
- One pair of custom-molded shoes (including inserts provided with them) **and** 2 more pairs of inserts

In certain cases, we may also cover shoe modifications instead of inserts.

### Claims & Payment

- We pay for 1 pair of therapeutic shoes and inserts per CY
- The Medicare payment includes the cost for fitting the shoes or inserts

## Drug Plan (Part D) Coverage

If a patient wants Medicare prescription drug coverage, they must join a Medicare drug plan. Drug plans provide coverage for Medicare patients who have or are at risk for diabetes, including these medications and supplies:

- Diabetes supplies
- Insulin for syringe injection or in disposable patch insulin pumps
- Anti-diabetic drugs

### Diabetic Supplies

Drug plans cover diabetic supplies for administering insulin, including:

- Syringes
- Needles
- Alcohol swabs
- Gauze
- Inhaled insulin devices

### Insulin

Drug plans cover:

- Injectable insulin **not** associated with using a durable insulin infusion pump and any other medications to treat diabetes at home if the drug is on the plan's formulary
- The supplies necessary to inject insulin, including syringes, needles, alcohol swabs, and gauze

We limit drug plan coinsurance for insulin to \$35 per month.

To help pharmacies and medical equipment suppliers correctly bill drug plans for insulin **not** associated with using a durable insulin infusion pump, the doctor's order should include "Insulin for Disposable Pump" or similar language. This makes sure the pharmacy bills the correct payer and avoids unnecessary claim denials for your patients.

### Anti-Diabetic Drugs

Drug plans cover these anti-diabetic drugs:

- Sulfonylureas (like Glipizide and Glyburide)
- Biguanides (like metformin)
- Thiazolidinediones (like Starlix® and Prandin®)
- Alpha glucosidase inhibitors (like Precose®)

## Supplies & Services We Don't Cover

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Part B and Medicare drug plans don't cover everything. We don't cover these diabetic supplies and services:

- Eye exams for glasses (eye refraction)
- Orthopedic shoes
- Weight loss programs

Find your [Medicare Administrative Contractor's website](#).

## Resources

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- [Local Coverage Determination: Glucose Monitors \(L33822\)](#)
- [Diabetic Shoes](#)
- [National Institutes of Health Diabetes Information](#)
- [Medicare Claims Processing Manual, Chapter 20](#), section 140.1.1
- [Medicare National Coverage Determinations Manual, Chapter 1, Part 4](#), section 280.14

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