

## Fact Sheet: Helping Medicare Beneficiaries Access Supplies for Treating Diabetes

To help clients access Medicare coverage of diabetes supplies, it is important to know which part of Medicare covers the supplies they need and which providers or suppliers to use. Diabetes supplies may be covered under Medicare Part B (medical insurance) or under Medicare Part D (prescription drug benefit).

### Part B-covered supplies

<b>Testing equipment</b>	<p>Glucose monitors, blood glucose test strips, lancet devices and lancets, and glucose control solutions are covered by Part B under Medicare’s durable medical equipment (DME) benefit. These items are covered at 80% of the Medicare-approved amount.</p> <p>Many individuals prefer certain brands for the test strips and glucose monitors they use. To ensure they get the supplies they need, individuals should ask their doctors to write their preferred brand in the prescription.</p>
<b>Insulin pumps and the insulin for them</b>	<p>Insulin used with a pump and the pump together may be covered by Part B under Medicare’s DME benefit. The pump and insulin used with the pump are covered at 80% of the Medicare-approved amount. Note that starting in July 2023, Part B-covered insulin copays will be limited to \$35 per month, with no deductible.</p>
<b>Therapeutic shoes</b>	<p>One pair of therapeutic shoes each calendar year are covered by Part B under Medicare’s DME benefit if a beneficiary has severe diabetic foot disease. The beneficiary’s doctor must certify that they need therapeutic shoes or inserts before Medicare will provide coverage. The fitting of the shoes or inserts should be included in Medicare’s payment and are covered at 80% of the Medicare-approved amount.</p>

Part B covers diabetes supplies under Medicare’s durable medical equipment (DME) benefit. In order to get coverage, a individual will need to get a prescription or order from their doctor and use the right type of supplier.

If a beneficiary has **Original Medicare**, they should use a supplier that is Medicare-approved and takes assignment. Take assignment means the supplier accepts Medicare’s approved amount as

full payment. Beneficiaries pay the least if they use suppliers that take assignment. Visit [www.medicare.gov/supplier](http://www.medicare.gov/supplier) to find Medicare-approved suppliers.

If a beneficiary has a **Medicare Advantage (MA) Plan**, they should use a supplier that is in-network for their plan. Contact a plan directly for a list of in-network suppliers.

## Part D-covered supplies

<p><b>Injectable insulin and supplies</b> (including syringes, needles, alcohol swabs, and gauze)</p>	<p>Insulin and medications that contain insulin are covered by Part D when they are not used with a DME-covered pump. Part D should cover the medications and supplies needed to treat your diabetes at home as long as they are on the plan’s formulary. As of January 2023, insulin copays are limited to \$35 per month, with no deductible. Check with your plan for exact cost information.</p> <p>Medical supplies used to inject insulin (syringes, fillable pens, gauzes, and alcohol swabs) can be covered by Part D with a prescription, as long as they are on the plan’s formulary. These medical supplies are not subject to the \$35 cap.</p>
<p><b>Tubeless, disposable insulin pumps</b></p>	<p>Some people use disposable insulin pumps, like the Omnipod, to inject their insulin. These disposable pumps are covered by Part D. This equipment is not subject to the \$35 per month cap and a deductible may apply. However, the \$35 cap applies to the insulin someone puts into these supplies.</p>

A beneficiary should use **in-network and preferred pharmacies** and make sure that their insulin or disposable insulin pump is on the plan’s **formulary**. A formulary is a list of drugs a plan covers.

## Troubleshooting tips

This section summarizes common issues beneficiaries may encounter and how you can help to address them.

### Billing issues

Sometimes a pharmacy may be confused as to whether a beneficiary’s insulin should be billed to Part B or Part D of Medicare. Incorrect billing can lead to denials or incorrect cost-sharing.

- Speak with the pharmacy about the correct way to bill. Part B covers insulin used with an insulin pump. Part D covers insulin that individuals inject themselves or insulin used with a disposable patch pump. You can also provide them with educational materials, such as the Medicare Learning Network article, [Current Medicare Coverage of Diabetes Supplies](#).

### **Prescription and documentation requirements**

Some providers have difficulty putting together the required medical documentation for Medicare to cover durable medical equipment, such as blood glucose monitors or therapeutic shoes. If a provider has questions, they can use the following resources to learn more:

- **Supplier:** DME suppliers are trained by Medicare to understand the coverage criteria and make assessments to determine when someone qualifies for diabetes supplies. Providers can reach out to the supplier for help in understanding what documentation they need to supply and how to complete it correctly.
- **Medicare:** Medicare has created educational materials for providers that lay out the coverage criteria and documentation requirements for diabetes supplies.
- **Medicare Advantage Plan:** MA Plans process claims for diabetes supplies for their plan members. Providers can reach out to the plan to discuss coverage criteria, documentation requirements, and any other coverage-related questions. In addition, providers, suppliers, and plan members can all request pre-service organization determinations from the plan. An organization determination is the plan's decision about whether it will cover the diabetes supplies. An individual or their provider can appeal an unfavorable organization determination.

### **Supplier-provider communication**

Sometimes there is a breakdown in communication between the ordering provider and the supplier. When encountering these kinds of situations, an individual can:

- **Advocate:** The individual or their advocate can educate themselves on the coverage criteria and then reach out to the provider and suppliers to make specific, actionable requests.
- **Complain:** Suppliers should have grievance processes that individuals can use to try to escalate a problem internally.
- **Escalate:** Individuals in Original Medicare can contact 1-800-MEDICARE to file a complaint. Individuals in an MA Plan can call member services at the plan, file a grievance with their plan, or file a complaint against their plan with 1-800-MEDICARE.
- **Choose a different provider or supplier:** Sometimes the easiest resolution is simply to find a different prescribing provider (perhaps one more familiar with helping their patients

secure diabetes supplies) or supplier (perhaps one that specializes in diabetes supplies or a larger store that sells a large volume of diabetes supplies).

### **Additional test strips for manual blood glucose testing**

Medicare covers 100 lancets and 100 test strips per month for individuals being treated with insulin injections (and 100 every three months for those who are not being treated with insulin injections). Individuals with Original Medicare who need more test strips will need to keep a log of how often they test themselves, including the date, time, and the results. They will also need to meet with their doctor no more than six months before ordering additional supplies. The doctor must document the need for additional supplies in the individual's medical record.

If an individual has an MA Plan, they should contact their plan to learn how to get additional test strips.

### **Getting coverage for a continuous glucose monitor (CGM)**

As of 2023, Medicare has expanded the criteria for coverage of CGMs. Insulin-treated individuals with diabetes and certain non-insulin-using individuals with problematic hypoglycemia who meet the other coverage criteria may qualify for Medicare coverage of a CGM.

CGMs must include a durable receiver even if it also transmits to a smart phone or other non-DME receiver. Coverage is not available if the CGM data is only accessed via a smart phone or other non-DME device.

If a beneficiary has Original Medicare and needs a CGM, they should speak with their doctor about the coverage criteria and getting a prescription for one of the brands that Medicare covers. Medicare Advantage Plans may have different coverage rules for CGMs. An individual with an MA Plan should contact their plan to learn more.

### **Finding a plan that covers disposable pumps**

Some individuals use tubeless, disposable patch pumps, such as the Ominpod, for their insulin. Unlike most prescription drugs, individuals cannot use Medicare's Plan Finder to see which Part D plans covers the Omnipod. However, individuals can:

- Look up prospective plans' online formularies or call plans directly
- File a formal request to ask the plan to make an exception and cover the Omnipod
- Contact the manufacturer to ask which Part D and MA Plans in their area provide coverage