

Medicare Criteria

Insulin Pump Therapy

According to the U.S. Centers for Medicare & Medicaid Services (CMS), patients must have Type 1 or Type 2 diabetes, intensively manage their insulin, and meet all of the following eligibility criteria to be eligible for an insulin pump covered by Medicare.

The physician must submit a completed [Insulin Pump Certificate of Medical Necessity/Letter of Medical Necessity](#) and office/progress notes* from a **visit within the last three (3) months**.

These notes must:

- ◆ Contain the ICD-10 Diabetes Diagnosis Code
- ◆ State that the patient completed comprehensive diabetes education
- ◆ Be submitted by a physician who manages multiple patients on insulin pumps and works closely with a team of nurses, diabetes educators, and dietitians familiar with insulin pump therapy
- ◆ Note that the physician has advised the patient that he/she must be seen every three (3) months by their physician for Medicare to cover the insulin pump

Medicare Required Documentation

For All Insulin Pumps, Office Notes Must State:

Patient must meet at least ONE of the following qualifications, and it must be stated in the office note.

- ◆ HbA1c >7%
- ◆ History of reoccurring hypoglycemia
- ◆ History of severe glycemic excursions
- ◆ Wide fluctuations in blood glucose levels prior to meals
- ◆ Dawn phenomenon
- ◆ One of the following:
 - C-peptide < or = 110% of lower limit of lab reference range / Fasting blood sugar obtained at same time that is < or = 225
 - C-peptide < or = 200% of lower limit of lab reference range with documentation of creatinine clearance (a test of renal insufficiency) < or = 50 ml/minute / Fasting blood sugar obtained at same time that is < or = 225
 - Positive Islet cell cytoplasmic autoantibodies test (ICA)

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For New Insulin Pumps, Office Notes Must State:

- ◆ Patient is testing blood glucose at least four (4) times per day and has been doing so for the past two (2) months
- ◆ Patient is taking at least three (3) injections per day and has been doing so for the past six (6) months
- ◆ Patient is making self-adjustments in insulin according to blood sugars or carbs

For Insulin Pump Upgrades, Office Notes Must State:

- ◆ Patient is testing at least four (4) times per day and has been doing so for the past two (2) months
- ◆ Patient is on insulin pump therapy.
- ◆ Patient is making self-adjustments in insulin according to blood sugars or carbs

Important Notes:

Electronic office notes must have an electronic signature with a date and time stamp. Handwritten office notes must be clearly signed and dated.

Contact Information:

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