Medicare Criteria

Insulin Pump Therapy

According to the U.S. Centers for Medicare & Medicaid Services (CMS), patients may be eligible for an insulin pump covered by Medicare if the patient has Type 1 or Type 2 diabetes who: (1) either meet the fasting C-Peptide testing requirement or are beta cell autoantibody positive; and, (2) satisfy the remaining criteria as described below. Patients must meet either Criteria A or B as follows:

Criteria A: New Insulin Pump Patient

The patient has completed a diabetes education program, and has been taking at least three (3) injections per day and has been doing so for the past six (6) months, and has documentation of testing blood glucose at least four (4) times per day and has been doing so for the past two (2) months, and meets one or more of the following criteria:

- HbA1c >7%;
- History of reoccurring hypoglycemia;
- Wide fluctuations in blood glucose levels prior to meals;
- Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl; or,
- History of severe glycemic excursions.

Criteria B: Upgrade Pump Patient

- Patient with diabetes has been on a pump prior to enrollment in Medicare and has documentation of testing blood glucose at least four (4) times per day and has been doing so for the past two (1) month prior to Medicare enrollment.

Medicare Required Documentation

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 six (6) months**. These notes must:

- Contain the ICD-10 Diabetes Diagnosis Code
- State that the patient completed comprehensive diabetes education
- List the patients' criteria as listed above (please list all criteria patient has met)
- 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 to remain eligible for Medicare to cover the insulin pump

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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:

1. Electronic office notes must have an electronic signature with a date and time stamp. Handwritten office notes must be clearly signed and dated.
2. To remain eligible, the patient must have an in-person visit with his/her treating practitioner every three (3) months to evaluate adherence to their insulin pump and diabetes treatment plan.

Contact Information:

Edwards Health Care Services, Diabetes Care Advisor Team

Phone: 800-951-1725

Email: DCA@myehcs.com

EHCS
Edwards Health Care Services

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