

# Medtronic

## InPen™ Smart Insulin Pen, Pharmacy

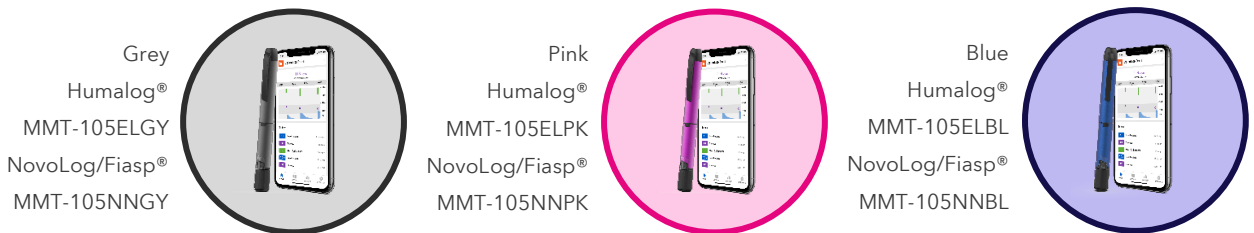
### National Drug Codes (NDCs)

Please report the appropriately associated National Drug Code (NDC), National Reimbursement Code (NRC), and/or applicable Current Procedural Terminology (CPT) codes for products and services reimbursed through the pharmacy. This Guide should not be viewed as inclusive of all coding, coverage, or payment details. It does not replace advice from your coding, billing, compliance, legal, or other applicable departments. The responsibility for correctness lies with the provider or supplier of services.

Documentation in the medical record must support the coding used and billing submitted to the payer(s). Coverage guidelines may differ by payer and are therefore encouraged to consult each payer for specific requirements.

### InPen™ Smart Insulin Pen System

If prescribing the InPen™ Smart Insulin Pen through an Electronic Medical Record (EMR), please note that the product is available in three (3) different colors and two (2) different models that are specific to the type of insulin being prescribed.



Product Name	InPen™, Grey NRC	InPen™, Pink NRC	InPen™, Blue NRC
InPen™ Humalog®	63000-0827-16	63000-0827-17	63000-0827-15
InPen™ NovoLog®/Fiasp®	63000-0827-19	63000-0827-20	63000-0827-18

### Compatible Insulin Cartridges

Patients will require a separate prescription for the needles as well as the insulin cartridges/PenFill cartridges associated with their use of the InPen™ System. Refills are typically expected every 30 days. See NDC-formatted reimbursement numbers for compatible insulin cartridge below.

Product Name	Specification	NDC
Humalog®	U-100 Cartridge, 3mL	00002-7516-59
NovoLog®	U-100 Cartridge, 3mL	00169-3303-12
Fiasp®	U-100 Cartridge, 3mL	00169-3205-15

Humalog® is a registered trademark of Eli Lilly and Company. Fiasp® and Novolog® are registered trademarks of Novo Nordisk A/S.

## Payer Coverage Considerations

### Medicare-covered insulin can be accessed in 2 ways:

1. Part D (Drug Coverage): Insulin covered by the Medicare Drug plan  
Patients will pay \$35 per month (or less) for each covered insulin drug, and no deductible for covered insulin. For a 3-months' supply, patients will generally pay no more than \$105.
2. Part B (Medical Insurance) or Part C (Medicare Advantage): When insulin is delivered through a pump that's covered under the durable medical equipment (DME) benefit).
  - a. Note: Medicare supplement Insurance (Medigap) that pays Part B coinsurance, the plan should cover the \$35/month (or less) cost for each covered insulin.

Commercial payer coverage policies may vary. Please contact the patient's health insurance company directly regarding their current policies for the intended product(s) and/or service(s) as well as any prior authorization, pre-certification requirements or annual payment limits on codes.

## Pharmacy Billing

Medication Therapy Management (MTM) is a service aimed at improving health outcomes for patients. It includes a variety of activities within a pharmacist's role and can be provided alongside medication. MTM involves assessing drug needs, identifying therapy issues, planning care, and following up. Billing for these services requires using specific CPT codes based on the level of care and face-to-face time involved.

CPT Code	Description	Payment Rate
<b>Medication Therapy Management (MTM) Services</b>		
When performed by Pharmacist		
99605*	Medication therapy management service(s) provided by a pharmacist, <b>individual, face-to-face</b> with patient, with assessment and intervention if provided; <b>initial 15 minutes, new patient</b>	Payer Priced
99606*	Medication therapy management service(s) provided by a pharmacist, <b>individual, face-to-face</b> with patient, with assessment and intervention if provided; <b>initial 15 minutes, established patient</b>	Payer Priced
+99607*	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; <b>each additional 15 minutes</b> (List separately in addition to code for primary service)	Payer Priced

\* = Non-Medicare Codes; + = Add-on Code

## Additional MTM Service Considerations

Pharmacists bill the appropriate CPT code along with the service modifier to receive the appropriate case rate reimbursement.

Targeted Disease States (e.g., Juvenile Diabetes): Modifier U1 - Medicaid level of care 1, as defined by each state

- a. Medium-High Risk: Modifier U2 - Medicaid level of care 2, as defined by each state
- b. Critical, High Risk: Modifier U3 - Medicaid level of care 3, as defined by each state
- c. Exceptions: Modifier U4 - Medicaid level of care 4, as defined by each state
- d. These codes are not to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities.

**For E-scribe information, click [here](#)**

This Pharmacy guide has been developed as an introductory reference guide to coding, coverage, and payment for professional service providers, not inclusive of pharmacy and/or durable medical equipment (DME) supplies that may be required for the care of patients with diabetes. This document should not be viewed as inclusive of all coding, coverage and payment information that may be needed. It does not replace advice from your coding, billing, compliance, legal, or other applicable departments. The responsibility for correctness lies with the provider or supplier of services. Documentation in the medical record must support the coding used and billing submitted to the payer(s). Payer coverage guidelines may vary from Medicare criteria therefore, each payer should be individually consulted for specific requirements.

### Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists, and/or legal counsel for interpretation of coding, coverage, and payment policies. This document aids with FDA-approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA-cleared or approved labeling (e.g., instructions for use, operator's manual, or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related services.

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## References

1. CPT® codes and descriptions only are copyright ©2024 American Medical Association. All rights reserved.
2. US Food & Drug Administration. Current through February 2025. <https://dps.fda.gov/ndc> Accessed 24 February 2025.
3. InPen™, RedBook. Micromedx; 2025. <https://www.micromedxsolutions.com/> Accessed 24 February 2025.
4. The Centers for Medicare and Medicaid Services (CMS). Medication Therapy Management (MTM) Program, 2025. <https://www.cms.gov/> Accessed 28 January 2025.

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