

Medicare Insulin Pump Documentation¹⁻³

Qualifying Lab Results | Option A, B, or C

OPTION A C-peptide test with concurrent fasting blood glucose	OPTION B C-peptide test with concurrent fasting blood glucose and documented renal insufficiency	OPTION C Positive beta cell autoantibody test only
C-peptide Test result is ≤ 110% of the lower limit of the test range	C-peptide Test result is ≤ 200% of the lower limit of the test range	Test examples <ul style="list-style-type: none"> • Islet Cell Autoantibody (ICA) • Glutamic Acid Decarboxylase (GAD-65) • Insulin Autoantibodies (IAA) • Islet Antigen 2 (IA-2) with results > lab range considered positive • Islet Cell Antigen 512 (ICA512) Autoantibodies • Zinc Transporter 8 (ZnT8A) Antibody
AND Fasting Blood Glucose Result is ≤ 225 mg/dL	AND Fasting Blood Glucose Result is ≤ 225 mg/dL	
AND Renal Insufficiency Dx Qualifying creatinine clearance result ≤ 50 mL/minute (Actual or calculated from age, weight and serum creatinine, eg, Cockcroft-Gault equation): $\text{CrCl} = \frac{(140 - \text{age}) \times \text{weight (kg)} \times (0.85 \text{ if female})}{\text{Serum creatinine (mg/dL)} \times 72}$		

Make it Easy!

Create a standing list of lab tests in your EMR system for reference

- | | | |
|--|---|---|
| <input type="checkbox"/> C-peptide | <input type="checkbox"/> Islet Cell Autoantibody (ICA) | <input type="checkbox"/> Islet Antigen 2 (IA-2) |
| <input type="checkbox"/> Fasting blood glucose | <input type="checkbox"/> Glutamic Acid Decarboxylase (GAD-65) | <input type="checkbox"/> Islet Cell Antigen 512 (ICA512) Autoantibodies |
| <input type="checkbox"/> Creatinine clearance | <input type="checkbox"/> Insulin Autoantibodies (IAA) | <input type="checkbox"/> Zinc Transporter 8 (ZnT8A) Antibody |

Standard Written Order (SWO)[†] | Completed by Treating Physician

Required elements of the SWO:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of item, may also include supplies and quantity to be dispensed
- Treating practitioner's name or National Provider Identifier (NPI)
- Treating practitioner's signature

[†]May be referred to by other names, eg, Physician Written Order (PWO) and come in varying formats

Medical Records | Required Documentation A or B

OPTION A

Comprehensive Diabetes Education Program Completed

AND

Has 3+ daily injections of insulin for 6+ months prior to initiation of the pump

AND

Documented glucose self-testing 4+ times/day for 2 months prior to initiation of the pump
(Medical records documentation of continuous glucose monitor [CGM] use meets the testing requirement)

AND

- Meets 1+ of the following while on multiple daily injection (MDI):
- Hemoglobin A1C greater than 7%
 - History of recurring hypoglycemia
 - Wide fluctuations in blood glucose before mealtime
 - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL
 - History of severe glycemic excursions

OPTION B

On an Insulin Pump Prior to Medicare

AND

Glucose testing 4x/day during prior month
(Medical records documentation of CGM use meets the testing requirement)

Continued coverage of an insulin pump and supplies requires:

- Every 3 months, beneficiary must be seen and evaluated by the treating physician
- Documentation of encounter in medical record

HCP Reimbursement Support:

Scan the QR code for additional reimbursement support for MiniMed diabetes devices.

Additional questions: Call 1-800-646-4633 (M-F 9:00 AM-6:00 PM CT)



References: 1. Medicare External Infusion Pumps Local Coverage Determination. Updated January 27, 2026. Accessed April 8, 2026. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33794&ver=164&contractorName=9&contractorNumber=140%7C2&lcdStatus=A&sortBy=title&bc=7>
2. Medicare External Infusion Pumps - Policy Article, Updated January 27, 2026. Accessed April 8, 2026. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52507&ver=156&contractorName=9&contractorNumber=140%7C2&articleStatus=A&sortBy=title&bc=4> 3. Medicare Standard Documentation Requirements for All Claims, Submitted to DME MACs. Updated May 22, 2025. Accessed April 8, 2026. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>

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