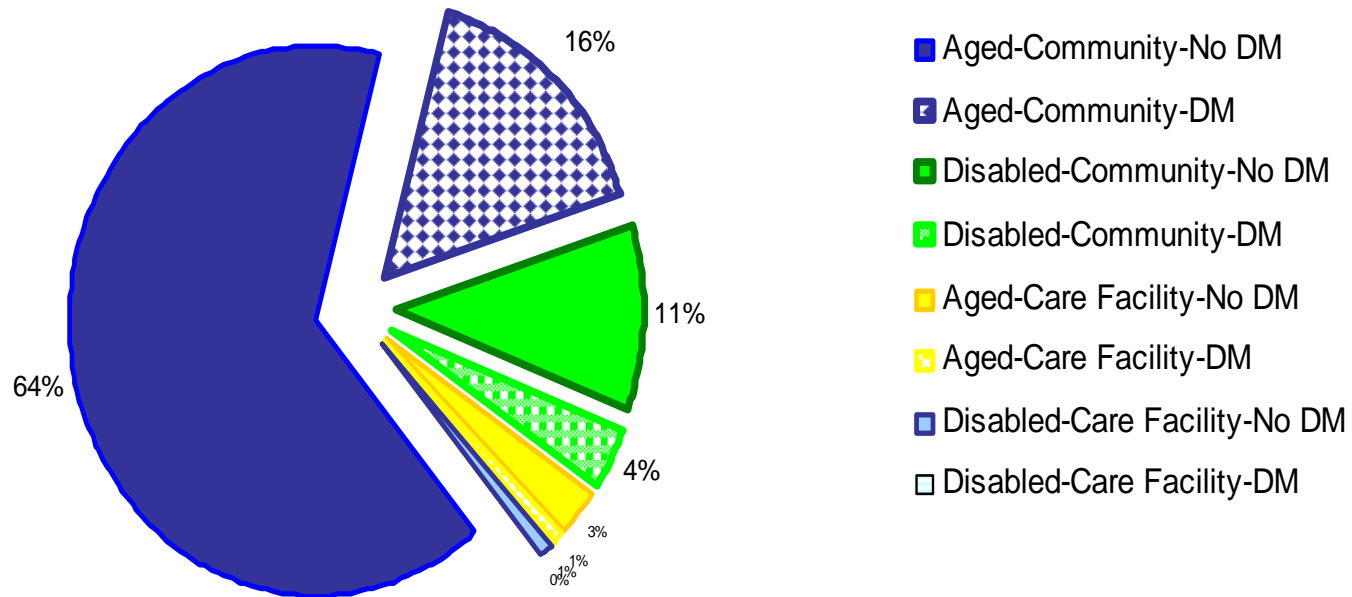


DIABETES CONSIDERATIONS FROM A MEDICARE CONTRACTOR

**MCAC
BALTIMORE, MARYLAND
AUGUST 30, 2006**

**Medicare & Diabetes:
Relative Distribution by Patient Population**



Type of Diabetes

Estimates using self-report data:

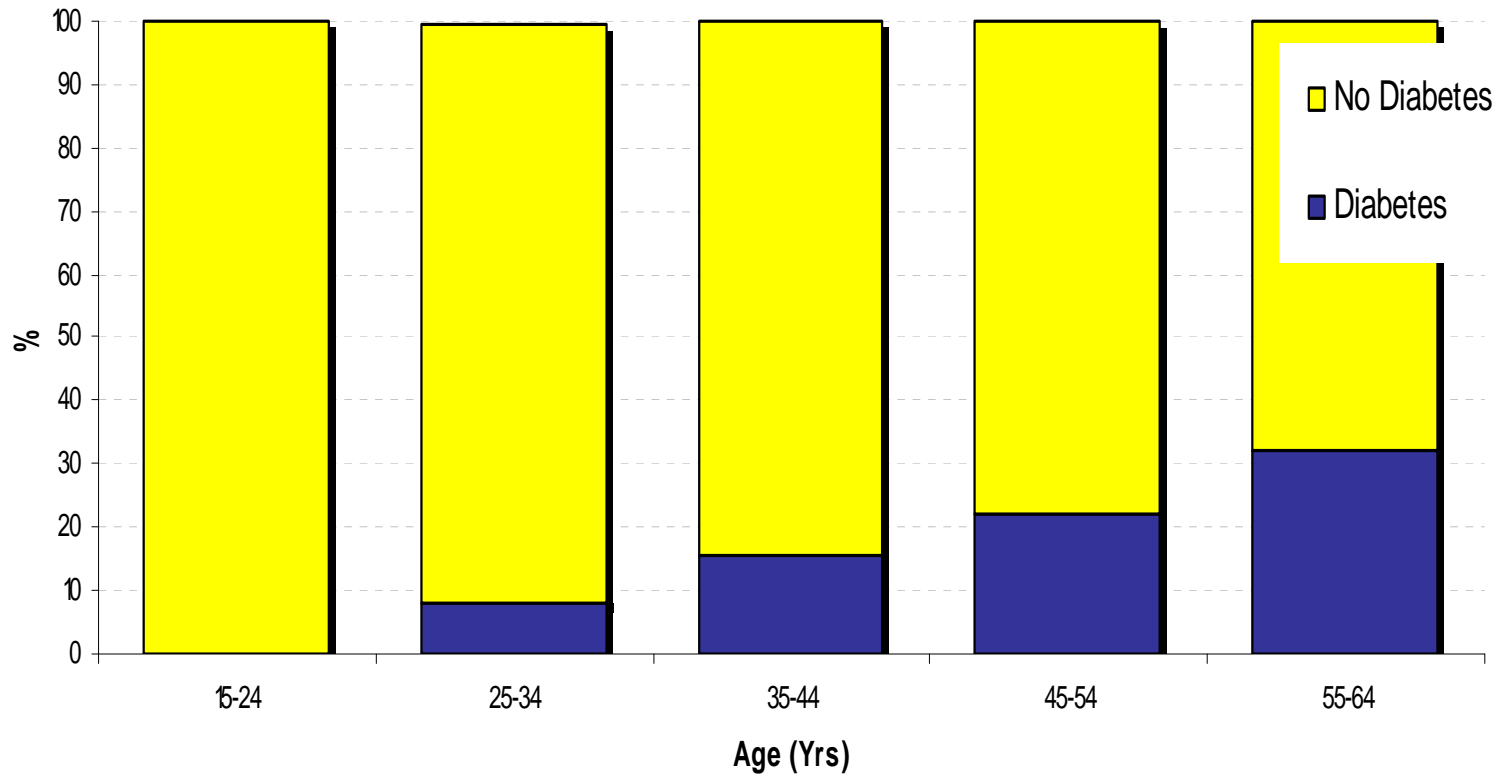
Type 1 or insulin-dependent or juvenile-onset vs other categories:

- Of community-living beneficiaries with diabetes
11.8% = 8.4% (≥ 65) + 3.4% (< 65)
- Of community-living diabetic patients ≥ 65 > 10.3%
Of community-living diabetic patients < 65 > 18.9%

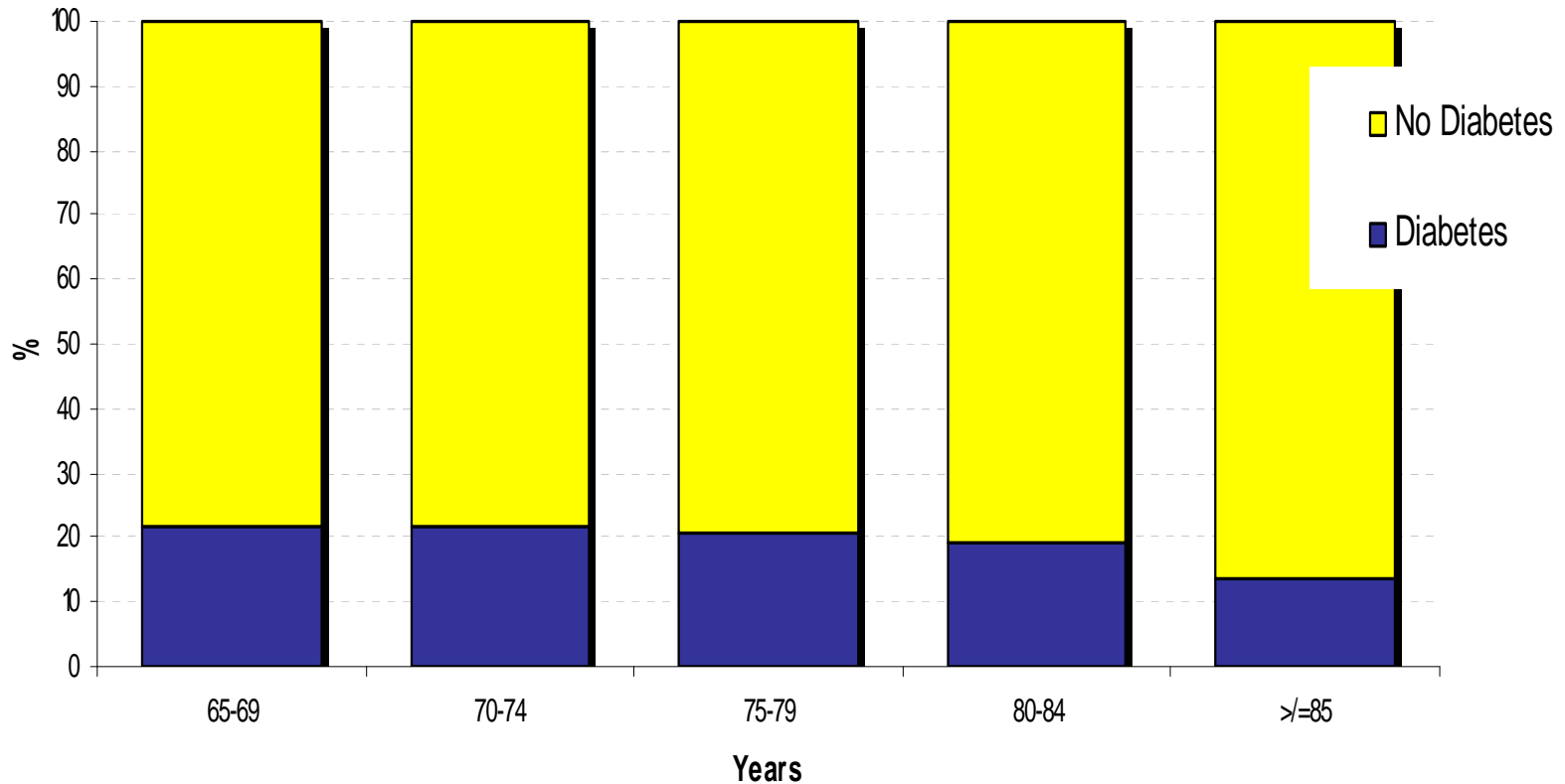
(Insulin-using may be confused with IDDM; ~19% of insulin users use ≥ 3 injections/day.

ESRD cohort may skew IDDM proportion in younger patients)

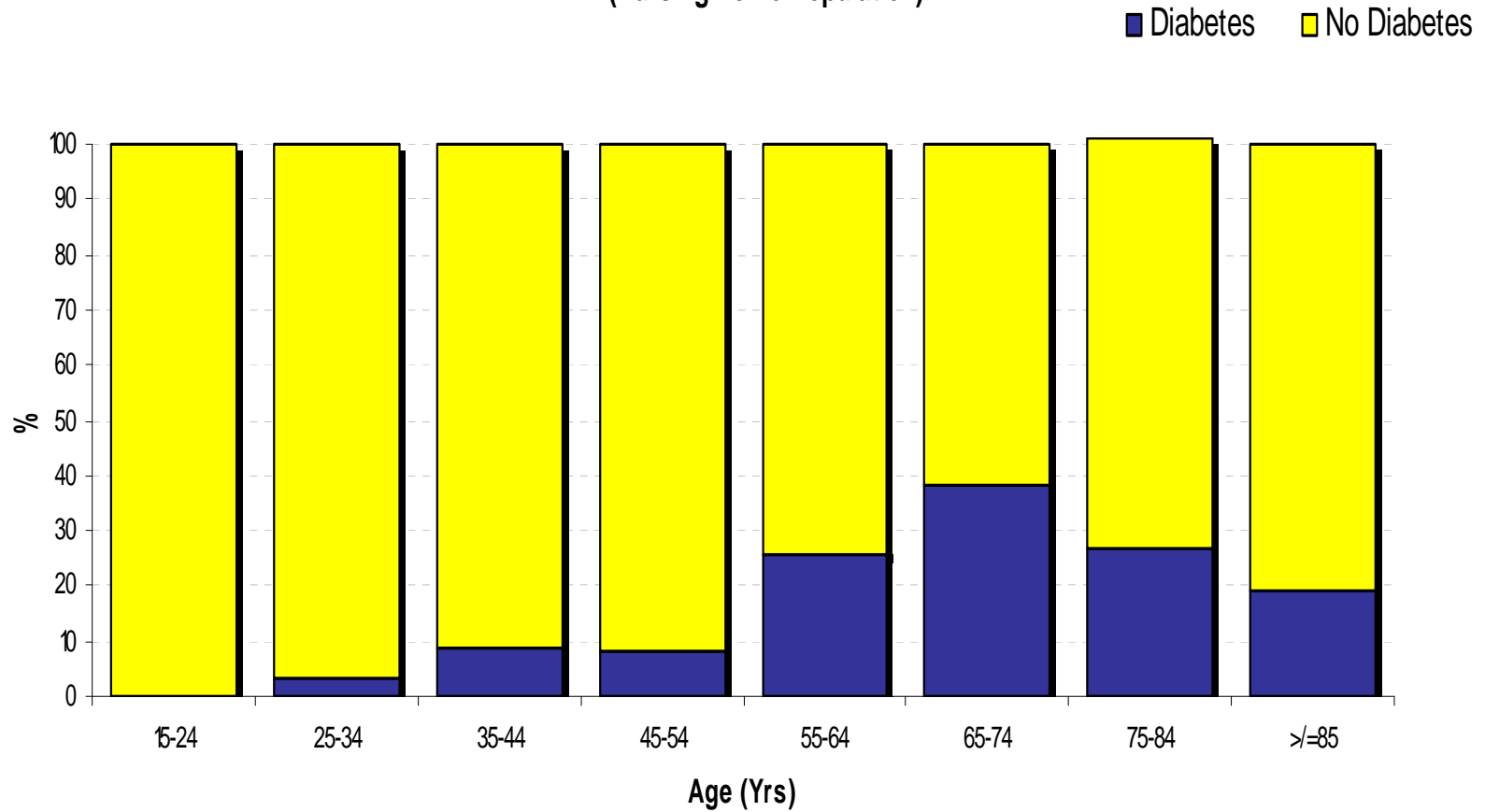
**Percentage with Diabetes by Age
(Community-living Medicare Beneficiaries <65)**



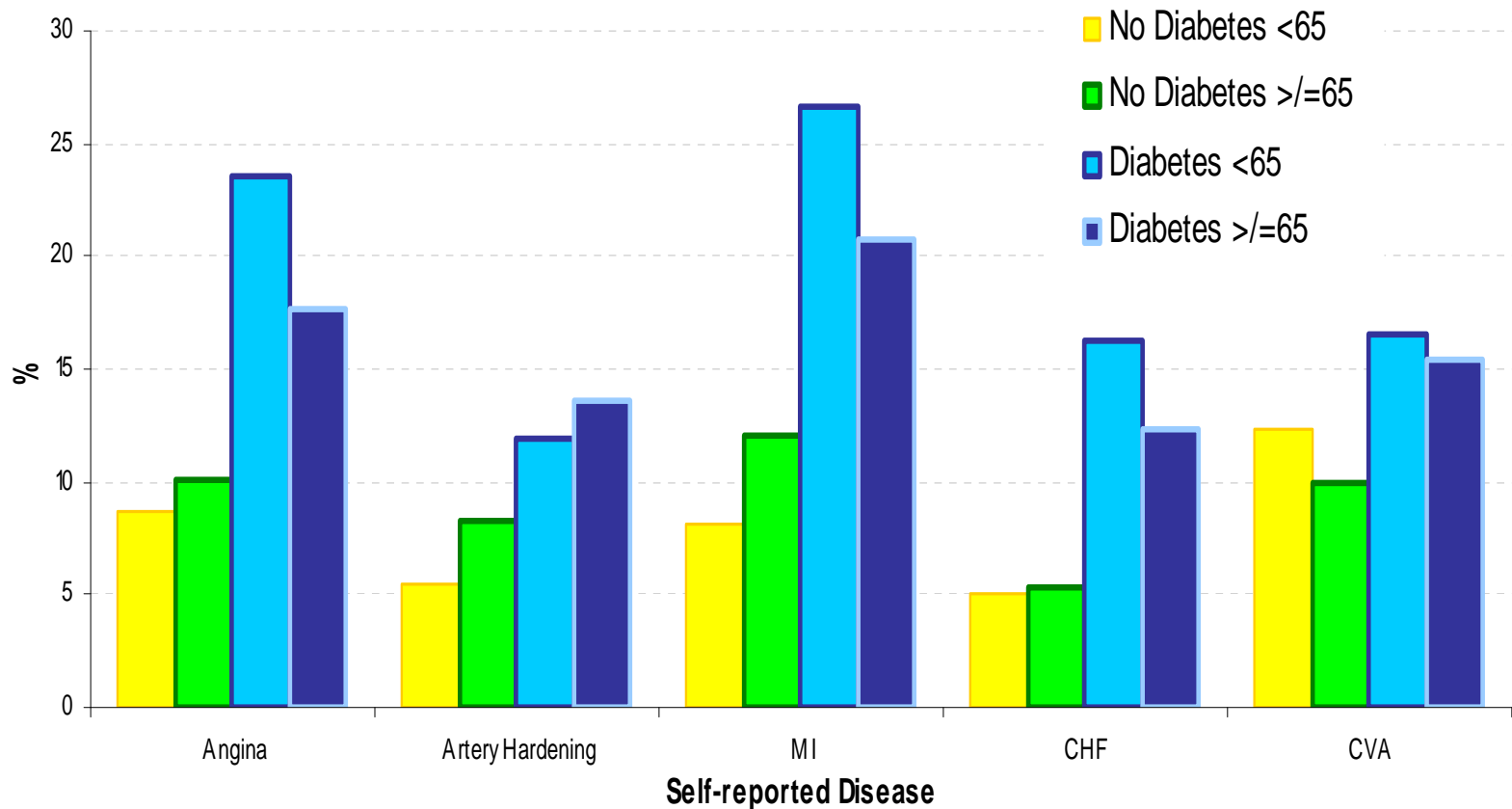
**Percentage with Diabetes by Age
(Community-living Medicare Beneficiaries ≥ 65)**



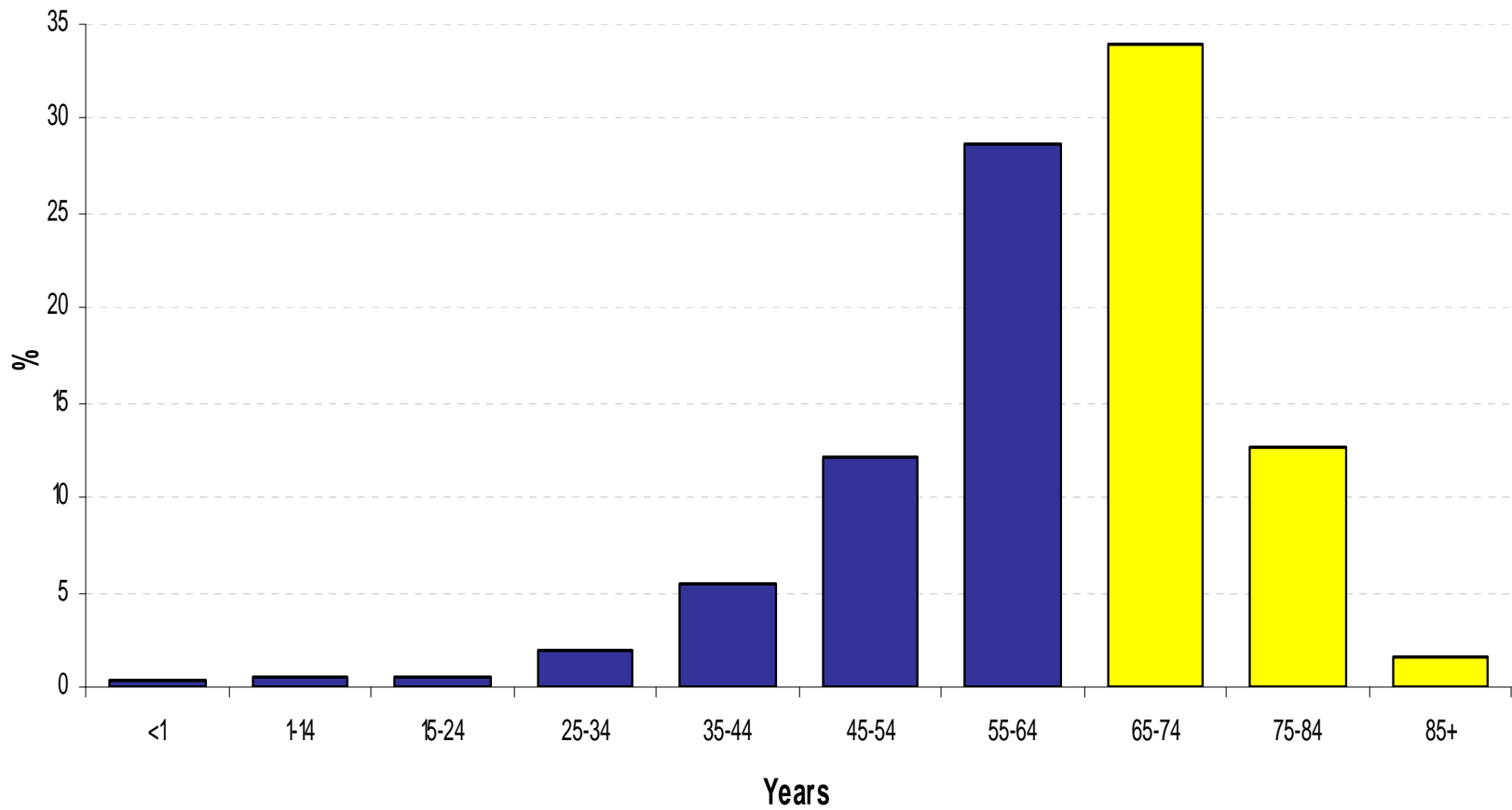
Percentage with Diabetes by Age
(Nursing Home Population)



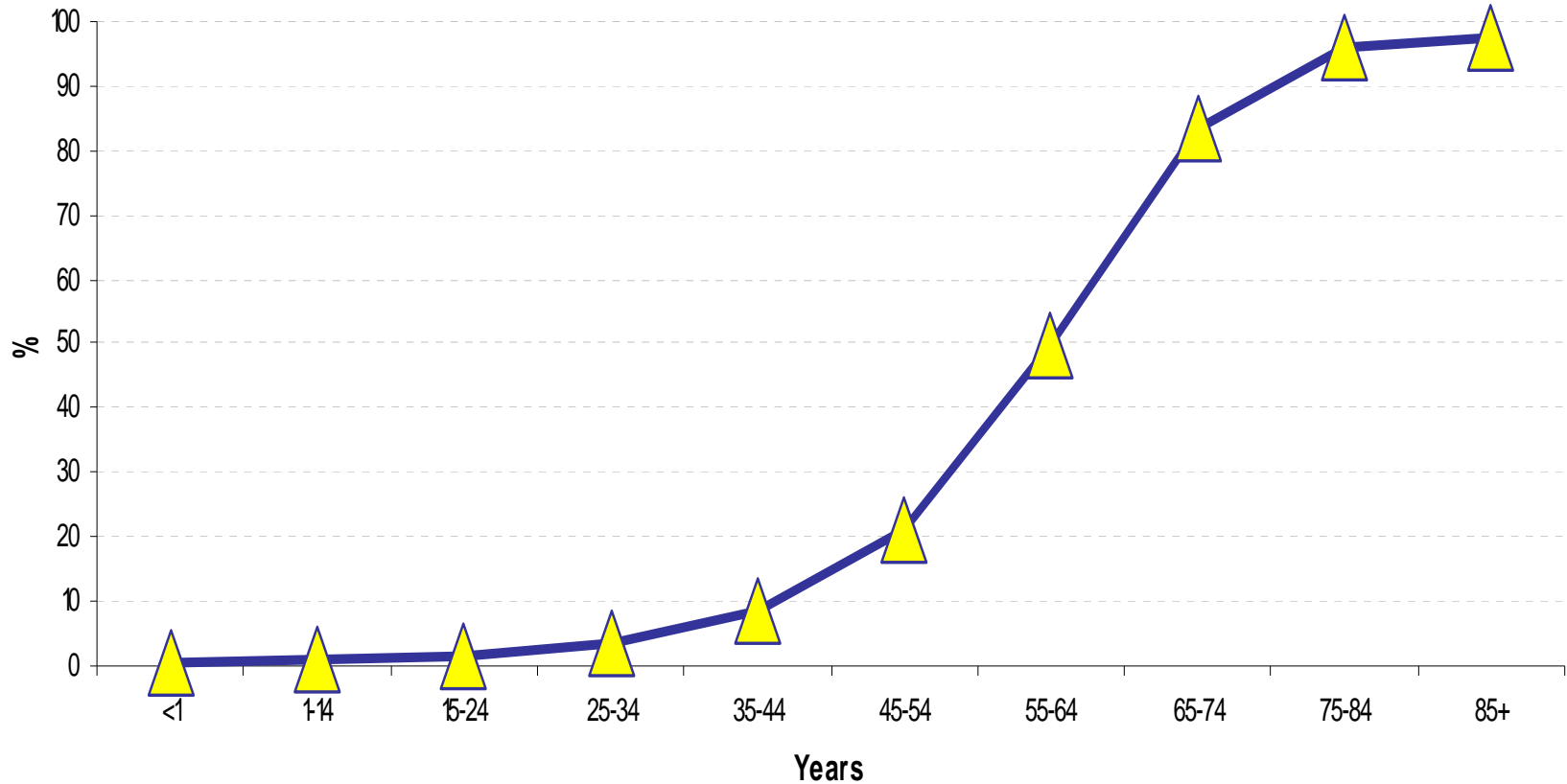
Cardiovascular Disease Burden by Medicare Population



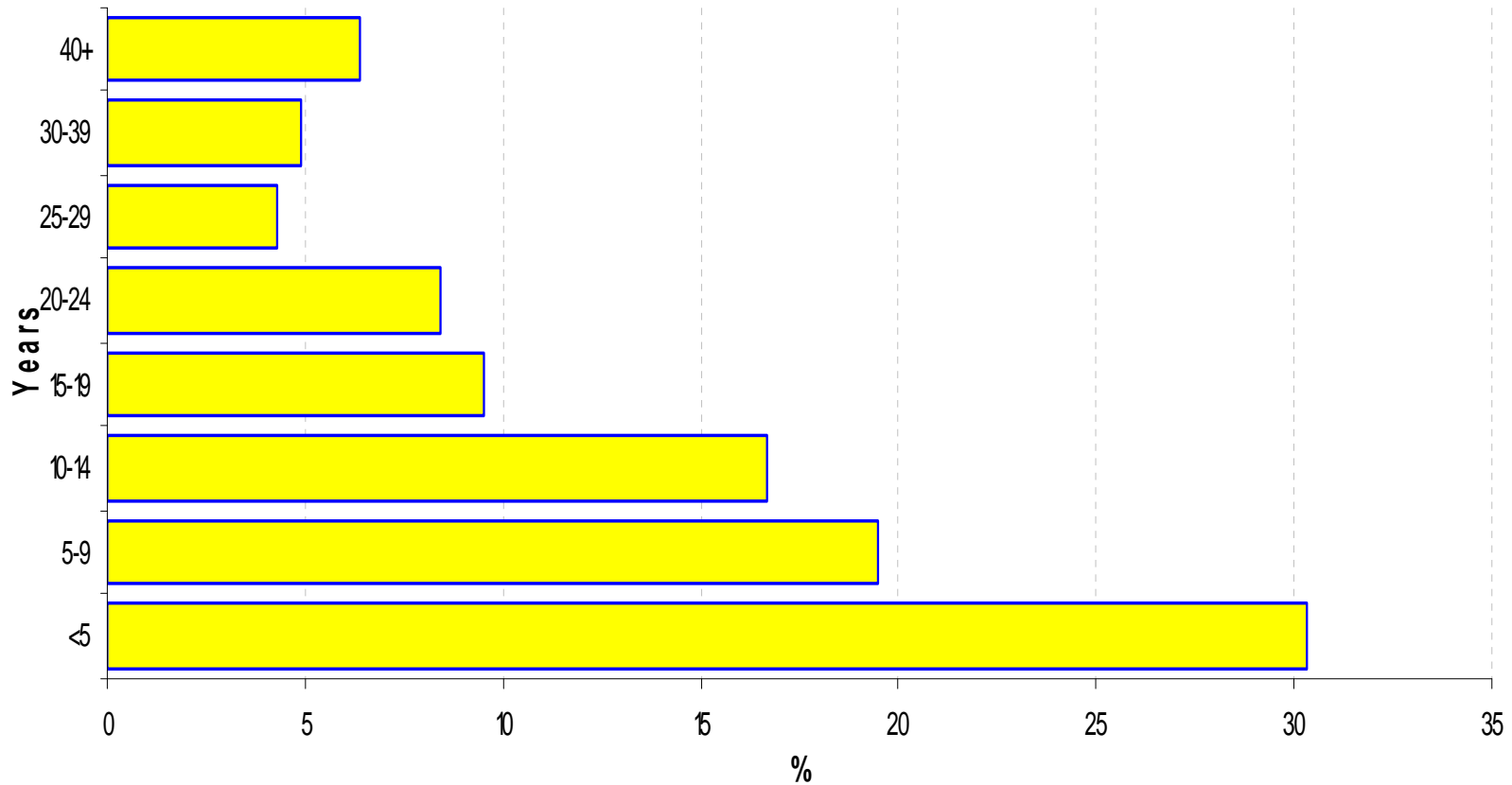
Age at Diabetes Diagnosis
(Community-living Medicare Beneficiaries ≥ 65)



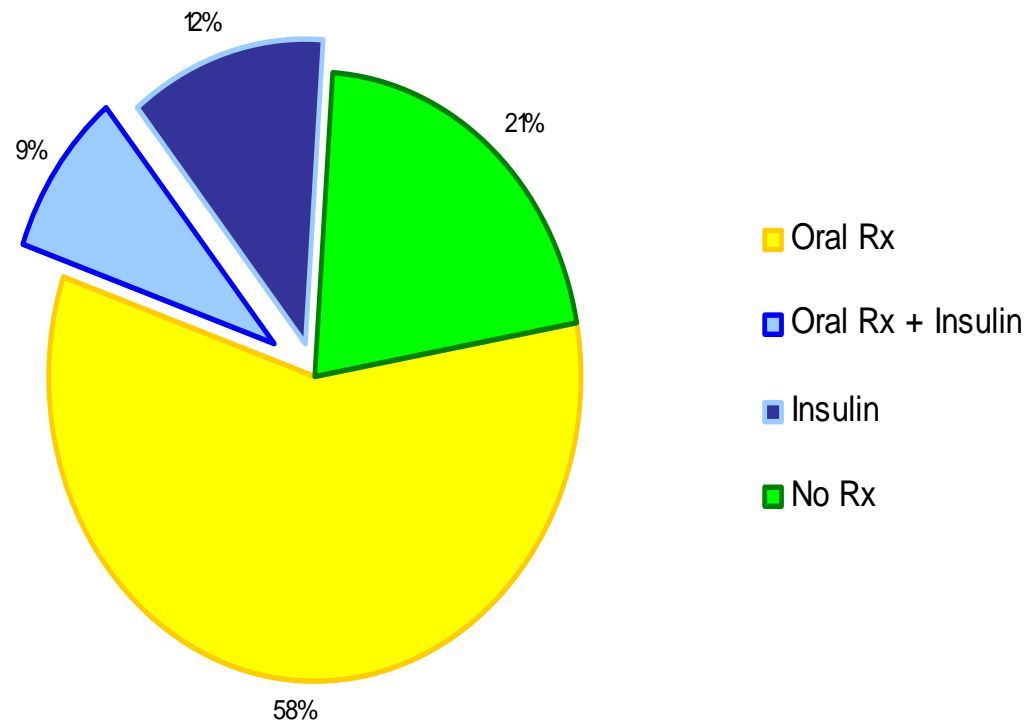
**Cumulative Percent of Age at Diabetes Diagnosis
(Community-living Medicare Beneficiaries ≥ 65)**



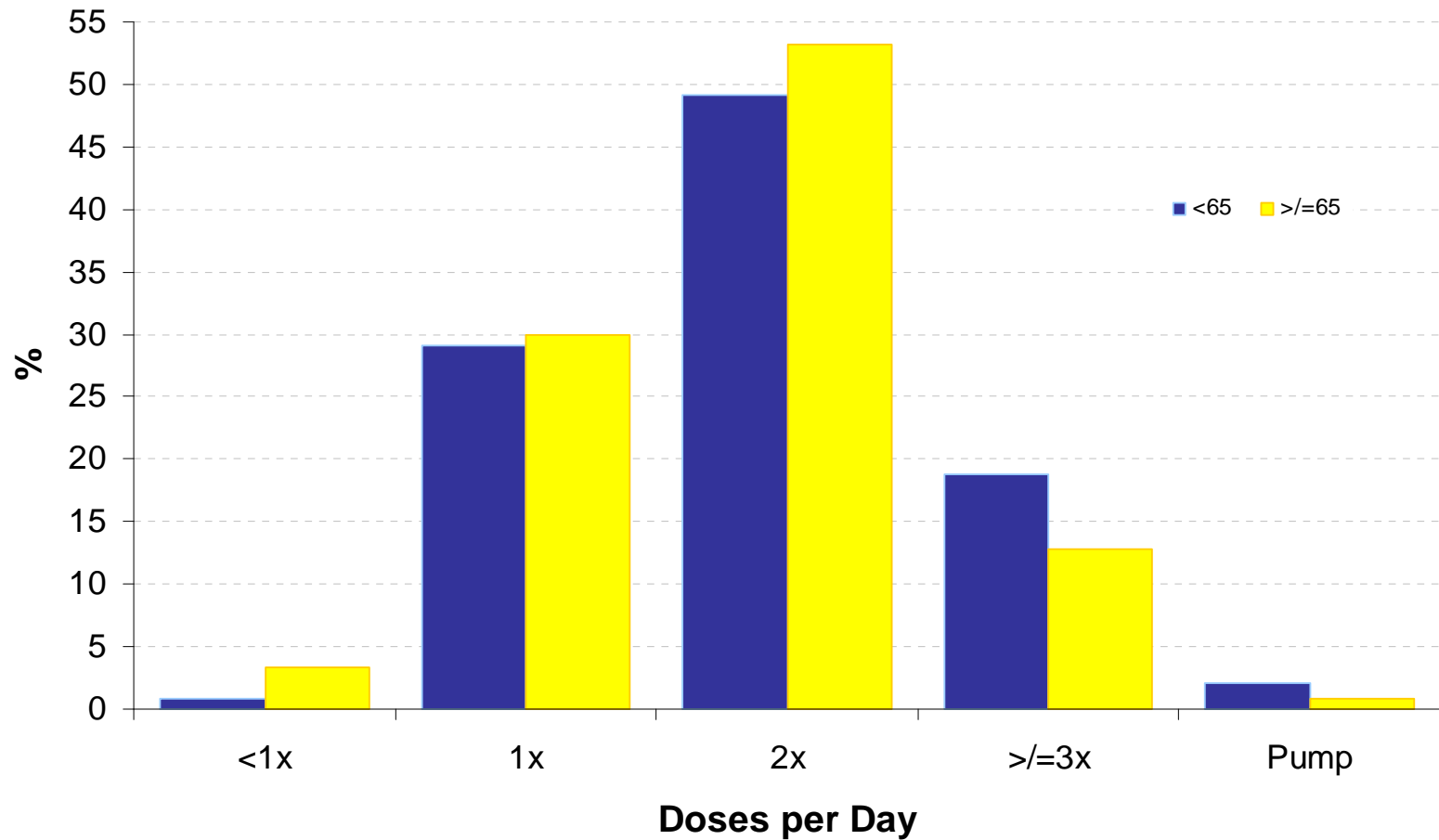
Duration of Diabetes
(Community-living Medicare Beneficiaries ≥ 65)



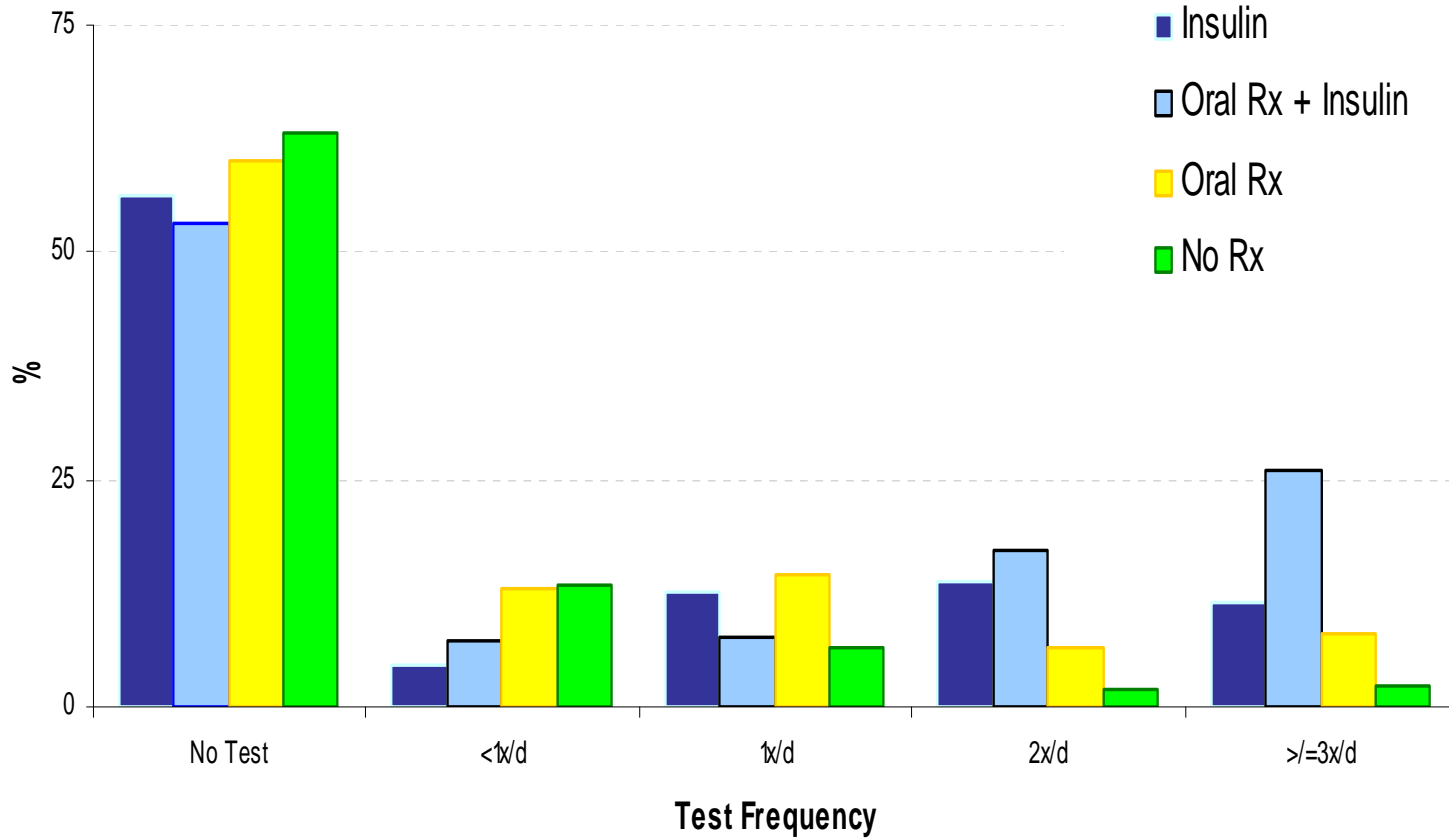
Diabetes Treatment
(Community-living Medicare Beneficiaries ≥ 65)



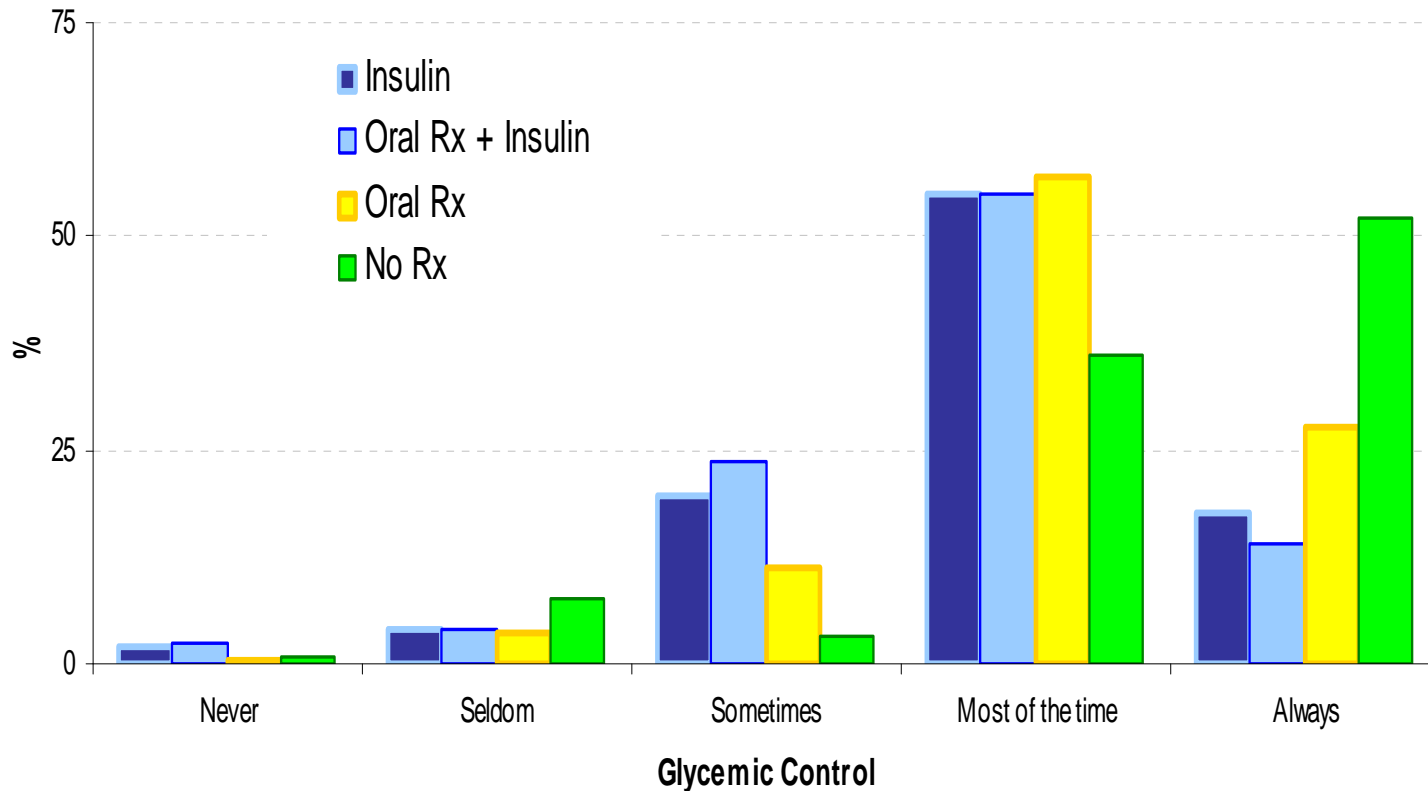
Insulin Doses per Day by Age Category (Community-living Medicare Beneficiaries)



**Relative Frequency of Glucose Testing by Treatment Type
(Community-living Medicare Beneficiaries ≥ 65)**



Self-reports of Glycemic Control Status
(HbA1c <7.5% or fasting glucose <140 mg/dl)
(Community-living Medicare Beneficiaries ≥65)



Medicare Beneficiaries & Pumps

- ~0.2% of Medicare diabetic population:
- # <65: ~5400-9,500 (~0.4-0.7% of diabetic age cohort)
- # \geq 65: ~4700-10,700 (~0.07-0.15% of diabetic age cohort)

(Estimates based on 2005 claims & 2004 survey data.
Changes to NCD implemented 2001 & 2005)

How does glucose monitoring differ from other equipment? What are the implications of being under Medicare Part A or Part B?

- 1) Traditional glucose monitors are reimbursed under 2 separate benefits (DME & Diabetic Supplies)**
- 2) 1997 Balanced Budget Act (Section 4105) expanded SMBG to all beneficiaries w diabetes. 1998 Program Memorandum B-98-26 (CR 565) implemented the act by expanding coverage to non-insulin using patients**
- 3) A National Coverage Determination exists: Medicare Coverage Manual; Chapter 1; Sec. 40.2**
- 4) Local Coverage Determinations also provide instructions on documentation & utilization**

What are current utilization guidelines for diabetic strips & lancets?

- 1) Usual coverage for insulin treatment is ≤ 100 strips & lancets per month.**
- 2) Usual coverage for non-insulin treatment is ≤ 100 strips & lancets per 3 months.**
- 3) Higher amounts are allowed & covered if justified with clinical documentation by the treating physician.**

What are the requirements for subcutaneous infusion insulin pumps? NCD Pub. 100.3, Chapter 1; Sec. 280

- Insulinopenia with low fasting C-Peptide levels OR beta cell autoantibody positive AND
- Seen by experienced pump MD with pump team q 3 months AND
- Meet Criterion A OR B

- **Criterion A**

Part 1: Comprehensive diabetic education or experience with multiple insulin injections & dose adjustments ≥ 6 months AND glucose testing ≥ 4 x/d ≥ 2 months

- **Part 2**

Despite Part 1 still has problems with 1 of following:

- Recurrent hypoglycemia OR
- Severe glycemic excursions OR
- Dawn phenomenon with FBS > 200 mg/dl OR
- HbA_{1c} $> 7\%$

Criterion B

On pump 4 months prior to Medicare AND testing > 4 x/d

What are the current costs to Medicare for glucose monitoring?

Glucose monitoring strips (HCPCS Code A4253)

2003 Allowed charges: \$908,835,200

(60% receiving services not using insulin)

Are there areas problematic to Medicare contractors?

- **SNF monitoring relatively stable type 2 elderly diabetics multiple times daily without changes in care, or notifying MD**
- **Home health agencies visiting elderly type 2 diabetics multiple times daily for testing & insulin administration without changing dose, without sliding scale, & tiny doses insulin.**
- **Heavy marketing of diabetic supplies to patient with little or no use of supplies by patients.**

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Address bar: https://www.libertymedical.com/info_blood_glucose_monitor.asp

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Insulin pumps

Frequently Asked Questions

Blood Glucose Monitors: 5 Questions to Ask

If your doctor has diagnosed you with diabetes, the amount of information you have to absorb may seem daunting. Choosing a blood glucose monitor should be an easy first step. Testing your blood glucose (sugar) is an important part of gaining control of your diabetes. By using a glucose monitor, you will know what your glucose level is and whether you should eat or have a snack. Knowing your level will help you determine how much medicine to take, as well as if and when you should exercise.

The following questions may help you to decide which blood glucose monitor is right for you:

- What size blood sample does the glucose monitor require?** A blood glucose monitor takes a reading from a drop of blood, which is usually obtained from a finger-stick . The blood is placed on a test strip and inserted into the monitor. (Some glucose monitors have a "wheel" of strips located inside.

Find out Medicare will help pay the cost of your diabetes testing supplies or if Liberty participates in your Prescription Drug plan. There is **NO CHARGE** for this service and no obligation.

Simply complete the form below or call **1-866-691-9277**.

First Name

Last Name

Phone Number

x:

one, but with errors on page.

Internet

Blood glucose test strips: Object of Office of Inspector General

- **Inappropriate Medicare Payments
OEI-03-98-00230**
- **Marketing to Medicare Beneficiaries
OEI-03-98-00231**
- **June Brown, Inspector General, HHS**



Thank you for listening