

Medicare CGM Coverage 2025: Complete Guide for Seniors

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What is a CGM?

A **Continuous Glucose Monitor (CGM)** is a small device that tracks your blood sugar levels 24/7 without fingersticks. It consists of:

- **Sensor:** A tiny filament inserted under your skin (usually on your arm or abdomen)
- **Transmitter:** Sends glucose readings to your receiver
- **Receiver:** Your smartphone or dedicated device that displays readings

Why CGMs Matter for Seniors

- **No more painful fingersticks** (3-4 times daily)
 - **Alerts for dangerous highs and lows**
 - **Better A1C control**
 - **Improved quality of life**
 - **Peace of mind for you and your family**
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Medicare Coverage Overview

 **Great News for 2025!**

Medicare has expanded CGM coverage significantly. You may qualify even if you:

- Don't use insulin
- Have Type 2 diabetes
- Only take oral medications

What Medicare Covers

- **Part B Coverage:** CGMs are covered under Medicare Part B as Durable Medical Equipment (DME)
- **Coverage includes:**
 - CGM receiver/reader
 - Sensors (monthly supply)
 - Transmitters
 - Initial training

Coverage Updates for 2025

- **No more 3x daily insulin requirement**
- **Expanded qualifying conditions**
- **Simplified prior authorization**
- **Coverage for FreeStyle Libre 3**

Eligibility Requirements

Basic Requirements

You must have:

1. **Medicare Part B** (active coverage)
2. **Diabetes diagnosis** (Type 1 or Type 2)
3. **One of the following:**
 - Use insulin (any amount)
 - History of hypoglycemia (low blood sugar)
 - Impaired hypoglycemia awareness
 - High glycemic variability

Documentation Needed

Your doctor must document:

- Diabetes diagnosis (ICD-10 codes: E10.x or E11.x)
- Treatment plan requiring glucose monitoring
- One qualifying condition from above
- Face-to-face visit within 6 months

Who Might NOT Qualify

- Pre-diabetes only
 - Gestational diabetes only
 - No documented hypoglycemia events
 - Refusal to check blood sugar regularly
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Covered CGM Brands

FreeStyle Libre Systems

✔ FreeStyle Libre 3 (Newest)

- 14-day wear
- No fingerstick calibration
- Smallest sensor
- Real-time readings

✔ FreeStyle Libre 2

- 14-day wear
- Optional alarms
- Bluetooth connectivity

Dexcom Systems

✔ Dexcom G7

- 10-day wear
- 30-minute warmup
- Customizable alerts

✔ Dexcom G6

- 10-day wear
- No calibration required
- Share feature for caregivers

Which One Should You Choose?

Peak Medical Supplies specializes in FreeStyle Libre systems because:

- Easier for seniors to use

- Longer wear time (14 vs 10 days)
 - More affordable copays
 - Better Medicare coverage
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How to Get Your CGM Through Medicare

Step-by-Step Process

Step 1: Doctor's Appointment

- Schedule with your primary care or endocrinologist
- Discuss CGM benefits
- Ensure they document qualifying conditions
- Get prescription and supporting documents

Step 2: Choose a DME Supplier

- Select a Medicare-approved DME supplier
- **Peak Medical Supplies** is one of only 15 DMEs with direct FreeStyle Libre pricing
- Beware of companies that only do mail-order

Step 3: Prior Authorization

Your DME supplier will:

- Submit paperwork to Medicare
- Handle prior authorization
- Follow up on approval
- Timeline: Usually 5-10 business days

Step 4: Receive Your CGM

- Initial shipment includes receiver and first month's sensors
- Training materials included
- Follow-up support available

Step 5: Ongoing Supplies

- Monthly sensor shipments
 - Automatic refills available
 - Annual reauthorization required
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Costs and Copayments

Original Medicare (Part B)

After meeting your deductible (\$240 in 2025):

- **Medicare pays:** 80%
- **You pay:** 20%
- **Monthly cost:** Typically \$30-60 for sensors

With Supplemental Insurance

- **Medigap Plans:** May cover the 20% copay
- **Plan F, G, or N:** Often full coverage
- **Check your specific plan**

Medicare Advantage Plans

- Varies by plan
- May have lower copays
- Check formulary and preferred suppliers

Financial Assistance

If you can't afford copays:

- Medicare Extra Help program
- State assistance programs
- Manufacturer patient assistance
- Non-profit foundations

Common Denial Reasons

Top 5 Denial Reasons

1. **Incomplete documentation** (45% of denials)
2. **Not meeting insulin requirement** (outdated reason)
3. **Using wrong supplier**
4. **Missing face-to-face visit**
5. **Incorrect diagnosis codes**

How to Avoid Denials

✅ Ensure doctor documents everything ✅ Use Medicare-approved DME supplier ✅ Submit all paperwork together ✅ Follow up within 48 hours ✅ Keep copies of everything

Appeals Process

If Medicare Denies Your CGM

Level 1: Redetermination (84% success rate)

- File within 120 days
- DME supplier can help
- Usually resolved in 30 days

Level 2: Reconsideration

- Independent review
- 60-day deadline
- Include new documentation

Level 3: Administrative Law Judge

- For denials over \$180
- Higher success rate
- Consider getting help

Appeal Letter Template

[Date]
Medicare Administrative Contractor
[Address]

Re: Appeal for CGM Coverage Denial
Beneficiary: [Your Name]
Medicare Number: [Your Number]
Date of Denial: [Date]

I am appealing the denial of coverage for my Continuous Glucose Monitor...
[Include specific medical reasons]
[Attach supporting documents]

Sincerely,
[Your Signature]

State-Specific Information

States with Best CGM Coverage

- **Florida:** Excellent Medicare Advantage options
- **California:** Strong patient protections
- **Texas:** Multiple DME suppliers
- **Pennsylvania:** Good supplemental programs
- **New York:** Expanded Medicaid coverage

Finding Your State Resources

1. Contact your State Health Insurance Program (SHIP)
 2. Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts)
 3. Call 1-800-MEDICARE
 4. Check with local Area Agency on Aging
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Frequently Asked Questions

Q: Do I need to use insulin to get a CGM?

A: No! As of 2025, Medicare covers CGMs for people with diabetes who have documented hypoglycemia or other qualifying conditions, even without insulin use.

Q: How often will Medicare replace my CGM sensors?

A: Medicare covers a monthly supply of sensors. For FreeStyle Libre, that's typically 2 sensors (each lasts 14 days).

Q: Can I shower or swim with my CGM?

A: Yes! Most CGMs are water-resistant. FreeStyle Libre can be worn while bathing, swimming, and exercising.

Q: What if I travel internationally?

A: CGMs are allowed through TSA. Request a hand inspection if concerned. Take extra supplies and a letter from your doctor.

Q: Will Medicare cover a backup glucose meter?

A: Yes, Medicare still covers traditional meters and test strips as backup, though you'll use them much less with a CGM.

Q: How accurate are CGMs compared to fingersticks?

A: CGMs are very accurate but measure interstitial fluid, not blood. There's a 5-15 minute lag time. Use fingersticks for treatment decisions if readings don't match symptoms.

Q: Can my caregiver see my CGM readings?

A: Yes! Most CGMs have sharing features. FreeStyle LibreLinkUp and Dexcom Follow apps let loved ones monitor your glucose remotely.

Q: What's the difference between DME suppliers?

A: Not all DME suppliers are equal. Peak Medical Supplies offers:

- Direct manufacturer pricing
- Dedicated senior support
- No outsourced call centers
- Help with Medicare paperwork

Take Action Today!

Next Steps

1. **Check your eligibility** with our free tool
2. **Talk to your doctor** about CGM benefits
3. **Choose Peak Medical Supplies** as your DME provider
4. **Call us at 888-649-5705** for personalized help

Why Choose Peak Medical Supplies?

- One of only 15 DMEs with direct FreeStyle Libre pricing
- Family-owned and operated
- Dedicated senior support team
- We handle all Medicare paperwork
- No automated phone systems

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Medical Disclaimer: This guide is for educational purposes only. Always consult with your healthcare provider about your specific medical needs. Medicare coverage policies may vary by location and individual circumstances.

About Peak Medical Supplies: We're a family-owned DME supplier specializing in CGMs for seniors.