



JUL 20 2016

*Administrator*  
Washington, DC 20201

Robert L. Wergin, MD  
American Academy of Family Physicians  
1133 Connecticut Ave, NW  
Suite 1100  
Washington, DC 20036

Dear Dr. Wergin:

Thank you for your letter about diabetes testing supplies (DTS) for people with Medicare. We agree with you that diabetes is one of the costliest and deadliest of all chronic diseases. Your letter raises a few concerns on DTS.

The Centers for Medicare & Medicaid Services (CMS) is tasked with maintaining the delicate balance between protecting the Medicare Trust Fund from abuse or fraud, while also ensuring access to quality care for Medicare beneficiaries and minimizing provider burden. CMS and the Department of Health and Human Services (HHS), Office of Inspector General's (OIG's) investigations and prior studies have found that diabetes test strips is an area vulnerable to fraud, waste, and abuse.<sup>1</sup> Accordingly, CMS has created DTS documentation requirements that include documentation requirements for diabetes test strips commensurate with the risks inherent in this benefit. Specifically if the physician is prescribing DTS in quantities above the maximum monthly allowances, CMS requires additional supporting documentation for Medicare coverage.

In your letter, you suggest that “[i]deally, it should be acceptable for a physician to write for ‘diabetic supplies’ which would encompass syringes, needles, test strips, lancets, glucose testing machine, etc., with only a need to provide a diagnosis and an indication such a prescription is good for the patient's lifetime.” We note that coverage of DTS under the Medicare Part B durable medical equipment (DME) benefit is limited to those DME supplies that are reasonable and medically necessary. While Medicare Part B includes coverage for DME such as blood glucose monitors and blood-testing strips, supplies that are not medically necessary for the effective use of a blood glucose monitor, such as syringes and needles, are not covered under the Medicare Part B DME benefit. Additionally, CMS believes that itemized information is necessary to support claims payment. However, CMS is always interested in reducing any burden on providers and would like to meet with you to discuss ways to minimize documentation requirements while maintaining the integrity of the Medicare Trust Fund. Please contact Melanie Combs-Dyer, Director of CMS's Provider Compliance Group, to set up a phone or in-person meeting. Melanie can be reached at 410-786-7683 or [melanie.combs-dyer@cms.hhs.gov](mailto:melanie.combs-dyer@cms.hhs.gov).

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<sup>1</sup><http://oig.hhs.gov/oei/reports/oei-04-11-00330.pdf>