



# Continuous Glucose Monitors on Medicare — Dexcom and Libre for Beginners

Dexcom and Libre for Beginners — Coverage and Setup

————— An Extended Guide · No. 1747 —————

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## SUMMARY

## The 60-Second Version

If you read one page first, make it this one. A continuous glucose monitor (CGM for short) is a little sensor, about the size of a couple of stacked quarters, that sticks to your upper arm. A tiny soft thread sits just under the skin and reads your sugar around the clock. The reading shows up on your phone or on a small handheld reader.

- Medicare Part B helps pay for a CGM when your doctor prescribes it — but a diabetes diagnosis by itself is not enough to qualify.
- You generally qualify if you take insulin, or if you've had dangerous low-blood-sugar episodes, plus a recent doctor visit and some training.
- You get it through a Medicare-enrolled supplier or pharmacy, not from a stranger who calls you.
- After your yearly Part B deductible you usually pay 20%, and a supplement plan may cover that share.

## WATCH OUT

This is information, not medical advice. I help you set up and use the device — the sensor, the app, the phone. Your doctor decides whether a CGM is right for you, sets your sugar targets, and makes every decision about your care. If you ever feel truly unwell, call your doctor — or 911 in an emergency.

## THE BASICS

## 1. What a Continuous Glucose Monitor Is

*A sensor that checks your sugar so you don't have to poke.*

For years, checking your blood sugar meant pricking a fingertip, squeezing out a drop of blood, and touching it to a test strip. A continuous glucose monitor does away with most of that. You wear a small sensor on your arm, and it reads your sugar on its own, all day and all night, without a single finger stick for the reading.

The sensor is a little round or oval patch with a soft, hair-thin thread that rests just under the skin — you barely feel it once it's on. It measures the sugar in the fluid between your cells, which tracks closely with your blood sugar, and it sends a new number every few minutes to your phone or a small handheld reader.

**GOOD TO KNOW**

"Continuous" just means it never stops reading. Instead of a snapshot a few times a day, you get a moving picture — a number now, plus an arrow showing whether you're steady, rising, or falling.

**THE PARTS**

## 2. The Pieces: Sensor, Transmitter, and Phone

*Three simple parts, and the phone you already have.*

A CGM is really just a few pieces working together. Once you've seen them named, the whole thing stops feeling mysterious.

- The sensor — the patch on your arm with the thread under the skin. This is the part that does the reading.
- The transmitter — the bit that sends the number out. On most systems today it's built right into the sensor; on some it's a small reusable piece that snaps on.
- The display — where you see the number. That's your smartphone app, or a separate handheld reader if you'd rather not use a phone.
- The adhesive — the sticky backing that holds the sensor on for the days it lasts.

**WATCH OUT**

You don't need to memorize these words. But when you call the supplier or the help line, knowing "sensor" from "reader" saves a lot of back-and-forth on the phone.

**UNDER THE SKIN**

## 3. How It Reads Without Drawing Blood

*A soft thread, not a needle that stays in.*

People often worry there's a needle jabbing them all day. There isn't. To put the sensor on, a spring-loaded applicator briefly uses a thin needle to place a soft, flexible filament under the skin, and then that needle withdraws. What stays behind is the bendy thread, thinner than a strand of hair.

That thread sits in the fluid just beneath your skin and reads the sugar there. Because it's reading fluid rather than blood straight from a vein, there's a slight lag — the CGM number can run a few minutes behind a finger-stick reading, especially when your sugar is moving fast. That's normal and nothing to fuss over.

**GOOD TO KNOW**

The pinch when you apply a sensor is usually mild — most people say it's less than a finger stick, and many feel almost nothing. After that, you forget it's there.

**TWO PATHS**

## 4. The Prescription Path vs. the Drugstore Kind

*This guide is about the covered, prescribed one.*

There are now two very different ways to get a CGM, and it's easy to mix them up. The newer drugstore kind — sold under names like Stelo, Lingo, and Libre Rio — you can buy over the counter without a prescription. You pay for those yourself; Medicare does not cover them, and they're meant more for general wellness.

This guide is about the other path: the prescription CGM your doctor orders, that Medicare Part B helps pay for when you qualify. It's the same basic technology, but the route to getting it, and who pays, are different. If you want the drugstore kind, there's a separate guide in this series just for those.

**WATCH OUT**

Don't assume a CGM you saw advertised on TV is the covered one. The prescription, Medicare-paid CGM comes through your doctor and a medical supplier — not off a shelf and not from an ad. Ask your doctor which path fits you.

**THE COVERAGE**

## 5. Who Medicare Part B Covers in 2026

*The plain-English version of the rules.*

Medicare covers a prescribed CGM under Part B, treating it as durable medical equipment — the same category as a walker or a home oxygen machine. But Medicare doesn't cover it for just anyone with diabetes. There are a few boxes that have to be checked, and your doctor's office handles proving most of them.

- Your doctor prescribes the CGM for use the way its FDA label intends.
- You either take insulin, or you have a history of problematic low blood sugar (hypoglycemia).
- You've had an in-person or telehealth visit with the prescribing provider within the past six months.

- You (or your caregiver) have been trained to use the device.

**GOOD TO KNOW**

You don't track any of these rules yourself. Your doctor's office documents them when they write the order. Your job is just to show up for the visit and the training.

**THE CATCH**

## 6. Why a Diabetes Diagnosis Alone Isn't Enough

*The piece that surprises most people.*

This is the part people most often get wrong, so I'll be plain about it. Having diabetes — even for years, even with a clear diagnosis in your chart — does not by itself qualify you for a Medicare-covered CGM. Many folks assume it does, and are puzzled when the answer is no.

Medicare looks for something more: that you're treated with insulin, or that you've had dangerous low-sugar episodes. The idea is that a CGM makes the biggest safety difference for people whose sugar can swing to risky lows. If that's you, the coverage is there. If it isn't, talk with your doctor about what does fit your situation.

**WATCH OUT**

I can explain the coverage rules in plain words, but whether you medically qualify — and whether a CGM is right for your health — is your doctor's call, not mine and not something you should guess at from a brochure.

**THE VISIT**

## 7. The Doctor Visit Within Six Months

*A recent appointment is part of the rule.*

One of the coverage boxes is a visit with the provider who prescribes the CGM, within the six months before the order. It can be in person or a telehealth visit — a video or, in some cases, a phone appointment. The point is that someone who knows your case has looked at it recently.

Then, to keep the coverage going, your doctor will want to see you from time to time to confirm the CGM is still helping and still the right tool. These aren't hoops to trip you up; they're the normal rhythm of care that keeps the equipment covered.

**TIP**

If it's been a while since you saw the doctor who manages your diabetes, book that visit first and mention you're interested in a CGM. Getting the visit on the calendar is often the single step that unsticks everything else.

**THE TRAINING**

## 8. The Training Step — and Why It Helps

*Someone shows you how before you're on your own.*

Medicare also expects that you, or the person who helps you, have been shown how to use the CGM. That training might come from a diabetes educator, a nurse, a pharmacist, or the supplier. It covers putting a sensor on, reading the app, and knowing what to do when it alarms.

Far from a nuisance, this is the step that makes the whole thing work. A good hour of training up front saves weeks of confusion. Bring your questions, and don't be shy about asking them to slow down or repeat a step — that's exactly what the time is for.

**GOOD TO KNOW**

The medical training is about your sugar and your health. The technology side — getting the app on your phone, the notifications set, the sharing turned on — is the part I'm glad to sit with you for, at your own pace.

**GETTING IT**

## 9. Getting One Through a Supplier or Pharmacy

*The order goes to a Medicare-enrolled source.*

Once your doctor writes the order, it goes to a supplier — either a medical-equipment company that mails your sensors, or a pharmacy that fills them like a prescription. The key is that the supplier is enrolled with Medicare. If they aren't, Medicare may not pay its share, and you could be stuck with the whole bill.

- 1 Ask your doctor's office which supplier or pharmacy they send CGM orders to.
- 2 Confirm that supplier is enrolled with Medicare (the office or the supplier can tell you).
- 3 Ask whether sensors come by mail on a schedule or you pick them up at the pharmacy counter.
- 4 Write down the supplier's phone number and keep it with the device.

**TIP**

Many pharmacies now fill CGM sensors right alongside your other prescriptions. If that's easier for you than waiting on a mail shipment, ask your doctor to send the order to your regular pharmacy instead.

**THE COST**

## 10. What It Costs You

*The deductible, the 20%, and who may cover it.*

Here's how the money usually works with Original Medicare. First you meet your yearly Part B deductible — a few hundred dollars in 2026. After that, Medicare generally pays 80% of the approved amount for your sensors and supplies, and you pay the other 20%. Because sensors are an ongoing supply, that 20% shows up each time they're refilled, not just once.

If you have a Medigap (supplement) plan, it often picks up that 20% share, so your out-of-pocket can be little or nothing. People with Medicaid or a Medicare Savings Program may also get help with the cost. A Medicare Advantage plan has its own rules and amounts.

**WATCH OUT**

Exact dollar amounts change year to year, and plans differ. Before you start, ask the supplier for a plain estimate of your cost per shipment, and check Medicare.gov or call 1-800-MEDICARE to confirm the current figures.

**THE SYSTEMS**

## 11. The Covered Systems You'll Hear About

*A few brand names, demystified.*

You'll run into a handful of brand names, and they can sound like alphabet soup. Here are the main ones Medicare has covered, in plain terms, so the names don't throw you.

- Dexcom G6 and G7 — a small sensor worn on the arm or belly, read on a phone app or a separate reader.
- Abbott FreeStyle Libre 2 and Libre 3 — a round sensor on the back of the upper arm, read on a phone or a reader.

- Eversense — a longer-wearing sensor placed just under the skin by a provider, read through a phone app and a small worn transmitter.

**GOOD TO KNOW**

They all do the same basic job: read your sugar and show it with a trend arrow. The differences are in how long each sensor lasts and the little details of the app — nothing you have to decide alone.

**YOUR MODEL**

## 12. Confirm Your Exact Model Before You Rely on It

*Small differences matter, so check.*

Brands update their devices often, and the one your neighbor has may not be the one you get. A Libre 2 and a Libre 3 work a little differently; a Dexcom G6 and G7 aren't identical either. So before you lean on any instructions — even these — confirm which exact model you've been given.

- The box and the sensor packaging name the exact model.
- The app's name and look tell you too — each system has its own app.
- Your supplier and the training session will confirm it.
- When you search for help videos, add the exact model name so you watch the right one.

**TIP**

Snap a photo of your device's box with your phone and keep it. When you call for help, reading off the exact model and lot number gets you the right answer fast.

**PUTTING IT ON**

## 13. Applying a Sensor, Step by Step

*The general rhythm — follow your model's card.*

The exact steps vary a little by brand, but they all follow the same gentle rhythm. The applicator does the work; you mostly just line it up and press. Here's the general flow so nothing feels like a surprise.

- 1 Wash your hands, then clean the spot on your arm with an alcohol wipe and let it dry fully.
- 2 Peel the backing off the sensor applicator without touching the sticky part.
- 3 Press the applicator firmly against your skin and push the button or plunger — it places the sensor in one quick motion.

- 4 Lift the applicator away and smooth the adhesive down around the edges with your finger.
- 5 Open the app and follow the prompt to start or scan the new sensor.

**GOOD TO KNOW**

It's over in a second or two. Many people are surprised they built it up in their minds — the applicator does everything, and there's nothing to aim or inject by hand.

**THE SPOT**

## 14. Picking a Good Spot and Prepping the Skin

*Where it goes, and why clean dry skin matters.*

Where the sensor goes depends on the model — most go on the back of the upper arm, some on the belly. Your instructions show the allowed spots. Picking a good one, on clean dry skin, is most of what makes a sensor stay put for its full life.

- Choose a flat, fleshy area, away from bones, scars, and the spot your last sensor used.
- Avoid places a waistband, bra strap, or seatbelt rubs all day.
- Clean with an alcohol wipe and let it dry completely — sticking to damp or lotiony skin is the top reason a sensor peels early.
- Rotate sites each time so the same patch of skin gets a rest.

**TIP**

If your skin is oily or you use lotion, wash with plain soap first, then the alcohol wipe. Letting it dry an extra minute does more for staying power than any fancy tape.

**WARM-UP**

## 15. The Warm-Up Wait After You Apply

*A short quiet stretch before numbers appear.*

When you first start a sensor, it doesn't show numbers right away. There's a warm-up period — often an hour or two, depending on the model — while the sensor settles in and gets its bearings. The app will count it down and tell you when readings begin.

This is perfectly normal and happens with every new sensor. Plan to change sensors at a calm time, not right before something where you'll want your numbers — like a long drive or bed, if your sugar tends to dip then. During warm-up, if you need to know your sugar, a finger-stick meter still works.

**GOOD TO KNOW**

Keep a simple finger-stick meter and a few strips on hand even with a CGM. It's your backup during warm-up, if a sensor fails early, or any time a reading doesn't match how you feel.

**THE APP**

## 16. The Phone App Basics

*What you'll see when you open it.*

Each system has its own free app you install on your smartphone. Once it's set up, opening it shows you the heart of the whole thing: your current sugar number, big and clear, with a trend arrow beside it and a little graph of the last few hours.

- The big number is your sugar right now.
- The arrow shows direction — pointing up means rising, down means falling, sideways means steady.
- The graph is your recent history, so you can see where you've been, not just where you are.
- A menu or gear icon holds your settings, including the alarms.

**TIP**

Setting up the app the first time — the account, the permissions, letting notifications through — is fiddly, and it's exactly the kind of thing I set up with people so it just works from then on. After that, you only ever open and glance.

**NO SMARTPHONE**

## 17. If You'd Rather Not Use a Phone

*A handheld reader is an option.*

You do not have to own a smartphone to use a CGM. Most systems offer a small dedicated reader — a little handheld device, a bit like an old-style glucose meter — that shows the same number and arrow. You turn it on or wave it near the sensor, and there's your reading.

The trade-off is that the reader doesn't send your numbers to family or your care team the way a phone can, and you have to keep the reader charged and nearby. But if a phone feels like one gadget too many, the reader is a perfectly good way to use a CGM.

**GOOD TO KNOW**

Ask your supplier whether a reader comes with your system or costs extra, and whether Medicare covers it. The answer depends on the model, so it's worth a direct question before you decide.

**THE ALARMS**

## 18. The Alarms and What They're For

*The feature that makes a CGM a safety net.*

The alarms are the heart of why a CGM is such a help. You can set it to buzz or chime when your sugar goes too low or too high — even while you're asleep. For someone who's had a scary low in the night, that alert can be genuinely life-changing peace of mind.

- A low alarm warns you when your sugar drops below a set point, so you can treat it before it gets dangerous.
- A high alarm flags when you're running too high for too long.
- Some systems have an urgent-low alarm you can't turn off, as a last-resort safety catch.
- You can usually set quiet hours or adjust the sound, but check with your doctor before loosening a safety alarm.

**WATCH OUT**

The alarm levels are set to numbers your doctor chooses for you — not ones to pick on your own. If an alarm feels too frequent or too quiet, that's a conversation for your care team, not a setting to guess at.

**YOUR TARGETS**

## 19. Your Targets Are the Doctor's to Set

*The numbers are yours; the meaning is theirs.*

A CGM will happily show you a number every few minutes, and it's natural to start wondering what's "good" and what's "bad." Here's the honest answer: the right range for you is set by your doctor, based on your health, your age, and your other conditions. One person's fine is another person's worry.

So when you set your alarms and look at your graph, you're working from targets your care team gave you — not a one-size number off the internet. If no one has told you your target range yet, that's the first thing to ask at your next visit.

**WATCH OUT**

I can show you how to read the number and the arrow and how to set the device. I can't tell you what your numbers mean for your health or what to do about them — that is squarely your doctor's and nurse's job. There's also a separate guide in this series just on reading the numbers.

**FINGER STICKS**

## 20. Do You Still Need Finger Sticks?

*Sometimes yes — here's when.*

A big draw of modern CGMs is that many are approved to make treatment decisions without routine finger sticks. But "fewer" isn't always "never," and it depends on your model and what your doctor advises.

- If a reading doesn't match how you feel — you feel low but the CGM says you're fine — check with a finger stick and trust your body.
- During a sensor's warm-up, before numbers appear, a finger stick covers the gap.
- Some older systems ask for occasional calibration finger sticks; newer ones usually don't.
- Your doctor may want confirming sticks in certain situations — follow their guidance.

**GOOD TO KNOW**

Keeping a backup meter isn't a sign the CGM failed. Even people who love their CGM keep a meter and a few strips in a drawer, just in case.

**DAILY LIFE**

## 21. Showering, Sleeping, and Everyday Wear

*You can live your normal life with it on.*

A common worry is that a sensor will get in the way. In practice, you quickly forget it's there. These sensors are built to be worn through everyday life — showers, sleep, chores, and most of what you'd normally do.

- Showering and bathing are fine; the sensors are water-resistant to a depth and time your instructions spell out.
- You can sleep on it, though many people favor the arm they don't sleep on.
- Loose sleeves slide right over it; it's slim enough not to show much.
- Pat it dry after a shower rather than rubbing, to keep the edges stuck down.

**TIP**

Going for a scan at the hospital — an MRI, CT, or X-ray — can affect a sensor. Tell the staff you're wearing a CGM; you may need to remove it and apply a fresh one after.

**STAYING ON**

## 22. Keeping a Sensor Stuck for Its Full Life

*A few tricks when the edges want to peel.*

Now and then a sensor edge lifts before the sensor's done — usually from sweat, water, or a sleeve catching it. A little planning keeps it on for the full run, which also saves you from wasting a sensor.

- Start with truly clean, dry, lotion-free skin — this matters more than anything else.
- If edges lift, a strip of medical tape or an over-patch (ask your supplier) can hold it down. Don't cover the center opening.
- Avoid thick creams and oils right where the sensor sits.
- In hot weather, extra drying time before you apply pays off.

**GOOD TO KNOW**

If a sensor falls off early or fails on its own, call the manufacturer's help line. Brands often replace a sensor that didn't last its promised time — but you have to ask.

**THE REFILLS**

## 23. Changing Sensors and Keeping Supplies Coming

*A quiet routine every week or two.*

Each sensor lasts a set number of days — the exact number depends on your model — and then you swap in a fresh one. The app warns you as the end nears, so you're rarely caught off guard. Changing a sensor becomes a quick, familiar routine.

- Keep your next sensor on hand before the current one expires.
- Set a reminder for refill day so a shipment or pickup never lapses.
- Store spare sensors as the instructions say — usually at room temperature, out of heat and cold.
- If supplies run short, call the supplier early; don't wait until you're down to your last sensor.

**TIP**

Mail-order shipments can slip around holidays. If you see a gap coming, call a week ahead. A CGM only helps if there's always a sensor ready to go on.

**SHARING**

## 24. Letting Family See Your Numbers

*A grown child can keep half an eye out.*

One of the kindest features is sharing. With a phone app, you can let a trusted family member see your numbers on their own phone, wherever they are. For a worried daughter three states away, being able to glance and see Mom's sugar is steady can mean the world.

- You invite followers from your app; they install a companion app and accept.
- You choose who sees what, and you can turn sharing off anytime — it's your decision.
- Followers can get their own alerts if your sugar goes low, so someone knows even if you're asleep.
- This needs the phone app, not the handheld reader.

**GOOD TO KNOW**

Sharing is a comfort, not surveillance. You stay in control of who's invited and what they see, and you can change your mind whenever you like.

**YOUR CARE TEAM**

## 25. Sharing Reports With Your Care Team

*Your doctor can see the whole picture.*

Your CGM quietly builds a record of your sugar over days and weeks, and that record is gold at a doctor's visit. Instead of trying to remember how you've been, your care team can look at a clear report and see the real pattern.

Most systems have a companion online account that your clinic can connect to, or you can bring a printed summary. Your doctor's office will tell you which they prefer. Either way, it turns a rushed appointment into a focused one, because the data does the remembering for you.

**TIP**

Ask the office how they'd like your data — a linked account, an emailed report, or a printout — before your next visit. Getting it set up once means every future visit starts from real numbers.

**PRIVACY**

## 26. Who Can See Your Numbers

*Your data goes where you say — not to the world.*

It's fair to wonder where all these readings end up. The honest answer: your numbers go to the device maker's secure system so the app can show them, to the followers you personally invite, and to the care team you choose to connect. They're not broadcast to the world or sold to the pharmacy down the street.

- You control who you invite as a follower, and you can remove them anytime.
- Connecting to your clinic is your choice, the same as any medical record.
- Read the app's privacy notice if you want to know exactly what's stored and shared.
- You can stop using the CGM and close sharing whenever you decide.

**GOOD TO KNOW**

If a privacy screen asks whether to share data for "research" or "product improvement," you can usually say no and still use every feature. Take your time with those choices; there's no rush.

**ON THE GO**

## 27. Traveling With a CGM

*It's a good travel companion with a little prep.*

A CGM travels well — in some ways it's ideal for trips, since it keeps watch when your routine is off. The main thing is to pack enough sensors and to know a couple of airport details so nothing trips you up.

- Pack more sensors than the trip needs, in your carry-on, never a checked bag.
- Many sensors should not go through the airport body scanner or X-ray; ask for a hand-pat-down and a visual check instead.
- Carry a note or the box showing it's a medical device.
- Bring your charger if you use a phone or a reader, and your finger-stick backup.

**TIP**

Check your specific model's travel guidance before you fly — the rules on scanners differ by brand. A two-minute look at the maker's website saves a stressful moment at security.

**FIX-IT**

## 28. When the App Shows No Reading

*A calm checklist before you worry.*

Every so often the number disappears or the app says it's lost the signal. Nine times out of ten it's a small, fixable thing. Work down this list before assuming the sensor's bad.

- 1 Keep your phone or reader within arm's reach of the sensor — the signal is short-range.
- 2 Make sure the app is open or allowed to run, and that Bluetooth is turned on.
- 3 Check whether the sensor is still in its warm-up countdown.
- 4 Restart the phone, or turn Bluetooth off and back on.
- 5 Still nothing after a while? Call the manufacturer's help line — and use your finger-stick meter in the meantime.

**GOOD TO KNOW**

A lost signal is a technology hiccup, not a health emergency. If you feel fine, there's no need to panic over a blank screen — check with a finger stick and sort the device out when you can.

**SLIP-UPS**

## 29. Common Mistakes, and How to Dodge Them

*The little things that trip people up.*

After helping a lot of people get started, the same handful of slip-ups come up again and again. None are serious, and all are easy to avoid once you know them.

- Applying to damp or lotiony skin, then wondering why it peeled.
- Leaving the phone in another room and losing the signal.
- Turning off notifications, so the alarms never make a sound.
- Forgetting to start or scan the new sensor in the app after applying it.
- Letting supplies run out because no refill reminder was set.

**TIP**

If you hit a snag in the first couple of weeks, it's almost always one of these — not a broken device. Run through the list before you worry, and call for help if you're still stuck.

**SCAMS**

## 30. Watch Out for the "Free CGM" Call

*Real coverage comes through your own doctor.*

Here's one to burn into memory. If a company calls, texts, or mails you out of the blue offering a "free" glucose monitor and asking for your Medicare number, it's almost certainly a scam. Legitimate CGMs come through your own doctor and an enrolled supplier — never a cold call.

- Never give your Medicare number to someone who contacted you first.
- "Free" and "Medicare-approved" in a sales pitch are red flags, not reassurances.
- Hang up, and if you're curious whether a CGM is right for you, ask your own doctor instead.
- You can report suspected fraud to 1-800-MEDICARE.

**WATCH OUT**

Scammers prey on the fact that CGMs really are covered now. The coverage is real; the cold caller is not. When in doubt, hang up and call your doctor's office — or me — before you share a single number.

**QUESTIONS**

## 31. Common Worries, Answered

*The things people actually ask me.*

"Does it hurt to wear?" No. There's a tiny pinch when you apply it, then you forget it's there. The thread under your skin is softer and thinner than a hair.

"Will it get wet in the shower?" The sensors are water-resistant for normal bathing and showering. Deep or long swimming has limits — check your model.

"What if it reads differently from my old meter?" A small gap is normal, because the CGM reads fluid under the skin with a slight lag. If you feel off and the numbers disagree, trust your body and check with a finger stick.

"Can I stop if I don't like it?" Yes. It's your choice, and you can talk to your doctor about stopping anytime.

#### FOR THE HELPER

## 32. A Note for the Family Helper

*If you're setting this up for a parent.*

If you're the adult child or spouse helping make this work, you're in a wonderful spot to take the worry off your loved one's shoulders. The medical decisions stay with them and their doctor, but the technology and the routine are places you can really lighten the load.

- Get the app and sharing set up, so you can keep an eye out from your own phone.
- Turn on follower alerts for lows, especially overnight, if that eases everyone's mind.
- Help keep a refill rhythm so sensors never run out.
- Keep the supplier and help-line numbers somewhere you both can find them.

#### GOOD TO KNOW

The kindest setup is one your parent can manage on a normal day, with you as backup — not one that falls apart the week you're away. Set it up together once, and it runs itself.

#### MYTHS

## 33. A Few Myths, Cleared Up

*What a CGM is — and isn't.*

"There's a needle in my arm all day." No. The needle only places a soft thread and then withdraws. What stays is thinner than a hair and bends with you.

"A CGM treats my diabetes." It doesn't treat anything — it shows you information. What you and your doctor do with that information is the treatment.

"If I have diabetes, Medicare will just give me one." Not quite. You have to meet the coverage rules — a diagnosis alone isn't enough.

"I need a fancy new phone." Most ordinary smartphones work, and if you'd rather not use a phone at all, a handheld reader does the job.

## A DAY

## 34. A Day in the Life

*What wearing a CGM really adds up to.*

Strip away the technical words and here's an ordinary day. You wake up, and instead of fumbling for a lancet, you glance at your phone — there's your number and an arrow telling you you're steady. You have breakfast, and later you notice the number climbed a bit, then eased back down, all without a single poke.

In the afternoon you feel a touch shaky; a glance confirms you're heading low, so you have a snack before it becomes a problem. Overnight, the sensor keeps watch, and the alarm would wake you — or your daughter's phone — if your sugar dropped. Every week or two, you spend a quiet minute swapping in a fresh sensor. That's really the whole of it.

**GOOD TO KNOW**

The goal isn't to make you stare at your sugar all day. It's to let you worry about it less, because the CGM is keeping watch and will speak up if it needs to.

## SAFETY

## 35. When to Call the Doctor — or 911

*The CGM is a helper, not a lifeguard.*

This matters, so I'll say it plainly. A CGM warns you, but it does not treat you and it does not call for help on its own. If you have a severe low — confusion, shaking, you can't safely swallow, or someone can't wake you — that's an emergency. Treat a low the way your doctor taught you, and call 911 if it's severe or not improving.

**WATCH OUT**

Never wait on the device in an emergency. If you feel very unwell, or a helper finds you confused or unresponsive, call 911 — don't stop to check an app. For anything about your sugar targets, your insulin, or what a pattern means, that's your doctor or nurse, who knows your whole picture.

## FIRST WEEK

## 36. What the First Week Looks Like

*A gentle on-ramp, not a cram session.*

The first few days feel new, then quickly turn routine. Day one, someone helps you apply your first sensor and set up the app during training. By the end of the week, glancing at your number is as automatic as checking the time, and swapping a sensor feels like no big deal.

- Day one: apply the first sensor with help, install the app, and learn the alarms.
- Days two and three: get used to glancing at the number and the arrow; notice your own patterns.
- By the end of week one: sharing is set up if you want it, and the whole thing has faded into the background of your day.

**TIP**

If week one feels clumsy, that's normal and temporary. It's also the perfect time for a visit from me — we get the phone, the app, and the alerts set up together once, and then you've got it.

## YOU'RE NOT ALONE

## 37. You Don't Have to Do This Alone

*A friendly, patient person is one call away.*

I hope this guide made a continuous glucose monitor feel a little less daunting and a lot more doable. Keep it in a drawer with your other home papers, come back to a page whenever you need it, and don't worry about memorizing anything. Nobody expects you to.

When you'd rather have a hand, that's exactly what I do. I come to your home, work at your pace, and never make you feel rushed or silly for asking. A first visit is a flat ninety-nine dollars, and for the parts that don't need me on-site I can often help right on your screen for less. Every visit comes with a 30-day, come-back-free guarantee.

I'm a patient tech helper — not a doctor, nurse, or your insurance company — so I stick to the technology: the apps, the logins, the cameras, the gadgets and getting them talking to each other. Anything about your health, your medicines, or what a number means, I'll always point you back to your doctor or nurse.

**GOOD TO KNOW**

When you call, I answer — or Sophie, my friendly AI helper, takes a message so nothing gets lost. Sophie isn't a runaround; she's just making sure I call you back.

**TIP**

Call or text me at (330) 200-8042, or visit BillsHomeTech.com. Serving Atwater and all of Portage County, with 30+ years of patient, plain-English tech help. If you're ever not 100% happy with a visit, I'll make it right or refund it. That's a promise. — Bill

**CHEAT SHEET**

## Everyday Cheat Sheet

Keep this by your sensors.

- A diabetes diagnosis alone doesn't qualify you — Medicare looks for insulin treatment or a history of dangerous lows, plus a recent visit and training.
- Get it through a Medicare-enrolled supplier or pharmacy, never a cold caller offering a "free" one.
- Apply to clean, dry, lotion-free skin and let it dry fully so it stays on.
- Keep your phone or reader near the sensor, and leave notifications on so alarms sound.
- Keep a finger-stick meter as backup — for warm-up, and any time a reading doesn't match how you feel.
- Your doctor sets your targets and alarm levels; a reading doesn't tell you what to do about it.
- Severe low, confusion, or can't wake someone? Call 911 — don't wait on the app.

## AT A GLANCE

## A Picture to Follow Along

## How a Covered CGM Works

From the sensor on your arm to your phone — automatically.

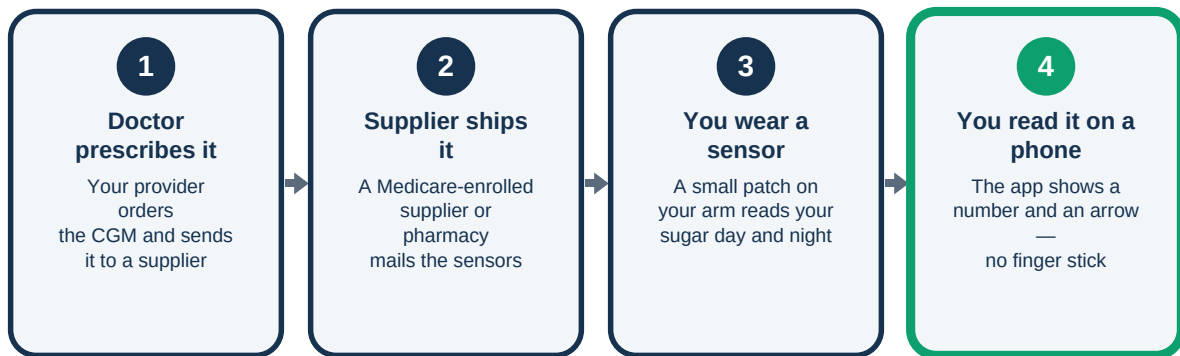


Illustration - a schematic, not to scale. Your setup may differ.

## AT A GLANCE

## A Second Look

## Three Covered Systems, Side by Side

Your doctor and supplier pick the one that fits you.

|                            | Where it goes          | How you read it         |
|----------------------------|------------------------|-------------------------|
| <b>Dexcom G6/G7</b>        | Sensor on arm or belly | Phone app or reader     |
| <b>FreeStyle Libre 2/3</b> | Sensor on upper arm    | Phone app or reader     |
| <b>Eversense</b>           | Placed under the skin  | Phone app + transmitter |

Illustration - a schematic, not to scale. Your setup may differ.

## BEFORE YOU GO

## A Note From Bill

A quick note from Bill. I write these guides to make home tech a little less frustrating, and I do my best to keep every step accurate and up to date. Still, every home, device, and setup is a bit different, so I can't promise a guide will match yours exactly or fix your particular problem. These guides are for general information only — they're not professional, legal, or financial advice, and they don't replace your device's own manual or the manufacturer's instructions. Please go slow, use your own good judgment, and use everything here at your own risk. If a step involves electrical wiring, a gas appliance, a water heater, plumbing, or climbing a ladder — or if anything just doesn't feel safe — please stop and call a licensed professional (or give me a call at 330-200-8042). Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results.



## HOW I CAN HELP

# Your Visit — and My Promise

**In-home visit — \$99 flat** for your first visit. No contracts and no surprise charges, and a 30-day follow-up is included.

**Remote Support — \$49** for a screen-share session. I only connect with your permission, you watch the whole time, and you can end anytime. If I can't fix it over the screen-share, I refund the \$49 — and if it turns out you need me in person, that \$49 goes toward your visit. It's included free for Support Plan members (\$39/mo).

### GOOD TO KNOW

My promise — If you're not 100% satisfied with your visit, I'll come back at no charge, or refund the full \$99. No questions, no awkwardness. That's how I'd want to be treated.

Call or text **(330) 200-8042** · Book a visit: [billshometech.com/book](https://billshometech.com/book) · [bill@billshometech.com](mailto:bill@billshometech.com)

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