Dear Physician,

The following information is intended to provide you with summary guidance on Medicare's coverage criteria and documentation requirements for home blood glucose monitors (BGMs) and related accessories and supplies.

Coverage Criteria

For BGMs and related accessories and supplies to be eligible for coverage, your patient must meet both of the following basic criteria (1)-(2):

1. The beneficiary has diabetes; and,
2. The beneficiary's treating practitioner has concluded that the beneficiary (or the beneficiary's caregiver) has sufficient training using the particular device prescribed as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing.

The following table shows the usual utilization guidelines for the quantities of testing supplies covered when the above basic criteria (1)-(2) have been met:

Treatment regimen	**Basic coverage Test strips and lancets**
Insulin treated	300 per 3 months
Non-insulin treated	100 per 3 months

Medical Necessity Documentation

CMS expects that the treating practitioner's documentation in the medical record will reflect the care provided to the patient, including evidence of the medical necessity for the prescribed frequency of testing. You are not required to fill out additional forms from suppliers or to provide additional information to suppliers unless specifically requested of the supplier by the DME MAC.

For usual utilization of testing supplies, the treating practitioner must document the medical necessity for the BGM and the quantity of item(s) ordered and dispensed. This includes the following elements:

- A diagnosis of diabetes; and,
- The patient's treatment regimen (insulin treated versus non-insulin treated); and,
- Evidence the patient is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed (e.g., a specific narrative statement that adequately documents the frequency at which the beneficiary is actually testing or a copy of the beneficiary's log).

For quantities that exceed the usual utilization for testing supplies, the treating practitioner must document the above, as well as document sufficient information in the beneficiary's medical record to determine that:

- The treating practitioner had an in-person or Medicare-approved telehealth visit to evaluate the beneficiary's diabetes control within the six (6) months prior to ordering quantities of testing supplies that exceed the usual utilization guidelines; and,
- Every six (6) months, for continued dispensing of quantities of testing supplies that exceed the usual utilization amounts, the treating practitioner must verify adherence to the high utilization testing regimen; and,

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- The specific quantities of testing supplies ordered are reasonable and necessary. This may contain some of the following elements (not all-inclusive):
    - Names, dosages and frequency of administration of medications used;
    - Frequency and severity of symptoms related to hyperglycemia and/or hypoglycemia;
    - Review of patient-maintained log of glucose self-testing values;
        - Logs of self-testing values including the date, time, and results;
        - Information about medication changes as a result of your review of the patient's glucose self-testing values;
        - Dosage adjustments the patient should make on their own as a result of your review of the patient's glucose self-testing results;
        - Other changes made to the patient's treatment regimen as a result of your review of the patient's glucose self-testing values;
    - Laboratory tests indicating the level of glycemic control (e.g., hemoglobin A1C);
    - Other therapeutic interventions and results.

Not every patient's medical record will contain all of these elements; however, there must be enough information in the patient's medical record to support the medical necessity for the quantity of item(s) ordered and dispensed.

Orders

All durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) require a written order/prescription which must be received by the supplier prior to billing Medicare. Someone other than the treating practitioner may complete the standard written order (SWO) for the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise; however, the prescribing practitioner must review the content and sign the document.

Note: A new order for diabetic testing supplies is required only if:

- there is a change in the frequency of testing/quantity to be dispensed; or
- when replacing a BGM; or
- there is a change in supplier and the new supplier is unable to obtain a copy of the order from the transferring supplier.

Note: If the supplier provides you with a prepared SWO for your signature, you should inspect this document carefully. Suppliers must not add unrelated items to the SWO, whether requested by the patient or not, in the absence of your explicit approval.

This article is intended to be a general summary. It is not intended to take the place of the written law, regulations, national coverage determinations (NCDs) or local coverage determinations (LCDs). Coverage, coding and documentation requirements may be found in the Glucose Monitors LCD (https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDid=33822) and LCD-related Policy Article (https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52464), located in the Medicare Coverage Database on the CMS website at http://www.cms.gov/medicare-coverage-database.

Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers are your partners in caring for your patient. They will not receive payment from Medicare for the items that are ordered for your patient if you do not provide information from your medical record to the supplier when it is requested. Furthermore, if you do not provide the requested information to the supplier, your patient may have to pay for the item. Finally, your cooperation is a legal requirement as outlined in the Social Security Act which is the law governing Medicare. Help your DMEPOS

supplier provide the highest quality of service to your patient by promptly providing them with the requested information.

Your participation and cooperation with the supplier in this process will allow your patient to receive the most appropriate type of equipment. We appreciate all your efforts in providing quality services to your Medicare patients.

Sincerely,

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