

Glucose Monitors and Supplies

DOCUMENTATION CHECKLIST

REQUIRED DOCUMENTATION IN SUPPLIER'S FILE

For claims that include a glucose monitor (HCPCS code E0607), a 5 Element Order must be obtained prior to delivery which includes:

- Beneficiary's name
- Treating practitioner's NPI
- General description of the item
- Order date
- Signature of treating practitioner (handwritten or electronic)
- The date of the order is on or after a face-to-face encounter between the ordering physician and the beneficiary.
- The 5EO was obtained prior to delivery.
- A date stamp (or similar) clearly indicates the supplier's date of receipt.
- Any changes or corrections have been initialed/signed and dated by the ordering physician.

All Claims for Glucose Supplies

Written documentation of a dispensing order (written, fax, or verbal order) that includes:

- Description of the item
- Name of the beneficiary
- Name of the physician
- Date of the order
- Signature of physician (for written order) or supplier (for verbal/telephone order)

NOTE: A dispensing order for related supplies is only required if the items are dispensed prior to obtaining the detailed written order.

Detailed Written Order that includes:

- Beneficiary's name
- Treating physician's name
- A list of all separately billed item(s) to be dispensed
- Quantity to dispense
- Refill frequency or number of refills
- The specific frequency of testing ("as needed" or "prn" orders are not acceptable)
- The treating physician's signature
- The date the treating physician signed the order (personally entered by physician)
- The order date
- Any changes or corrections have been initialed/signed and dated by the ordering physician
- Physician's signature on the written order meets **CMS Signature Requirements**
<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

REFILL REQUEST		
Items Were Obtained In Person at a Retail Store	Written Refill Request Received from the Beneficiary	Telephone Conversation Between Supplier and Beneficiary
Signed Delivery Slip Beneficiary's name Date List of items purchased Quantity received Signature of person receiving the items OR Itemized Sales Receipt Beneficiary's name Date Detailed list of items purchased Quantity received	Name of beneficiary or authorized rep (indicate relationship) Statement that the beneficiary is requesting a refill Description of each item being requested Signature of requestor Date of request Quantity of each item beneficiary still has remaining Request was not received any sooner than 14 calendar days prior to the delivery/shipping date Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product	Beneficiary's name Name of person contacted (if someone other than the beneficiary include this person's relationship to the beneficiary) Statement that the beneficiary is requesting a refill Description of each item being requested Date of contact Quantity of each item beneficiary still has remaining Contact was not made any sooner than 14 calendar days prior to the delivery/shipping date Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product

DELIVERY DOCUMENTATION		
Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
Beneficiary's name Delivery address Quantity delivered Detailed description of item(s) Brand Serial number Delivery date Signature of person accepting delivery Relationship to beneficiary Delivery date	Shipping invoice Beneficiary's name Delivery address Detailed description of item(s) shipped Tracking slip References each individual package Delivery address A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by supplier)	Shipping invoice Beneficiary's name Delivery address Detailed description of item(s) shipped Quantity shipped Brand Serial number Date shipped Signature of person accepting delivery Relationship to beneficiary Delivery date

Medical Records

If the claim includes a blood glucose monitor (E0607) the medical records include a face-to-face examination by the treating physician that meets the following requirements:

The examination occurred within 6 months prior to the date of the written order that was obtained prior to delivery; and

The examination documents that the beneficiary was evaluated and/or treated for a condition that supports the need for the glucose monitor.

A date stamp or similar indicator verifies that the supplier received a copy of the F2F note on or before the date of delivery.

Medical records verify that the patient has diabetes which is being treated by a physician.

The beneficiary's physician has concluded that the beneficiary (or 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

Signatures on medical records meet **CMS Signature Requirements**

<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

Claims for Quantities Above the Normal Monthly Allowances

Basic coverage criteria are met;

The treating physician ordered the frequency of testing that exceeds utilization guidelines and has documented in the medical record the specific reason for the additional materials for this particular beneficiary;

Medical records dated within 6 months of the start date on the order confirm that the treating physician saw the patient and evaluated his/her diabetes control prior to ordering the quantities of supplies exceeding utilization guidelines; and

Documentation includes a copy of the beneficiary's testing log or physician record such as a narrative statement, dated within six months of the date of service billed, which adequately documents the frequency at which the patient is actually testing.

New documentation to support supply quantities exceeding utilization guidelines is obtained every 6 months.

Physician's signature on the written order meets **CMS Signature Requirements**

<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

Claims for Glucose Monitors with Integrated Voice Synthesizer (E2100)

Patient's condition meets basic coverage criteria; and

Treating physician certifies that the patient has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse in both eyes) requiring use of this special monitoring system.

Claims for Glucose Monitors with Integrated Lancing/Blood Sample (E2101)

Patient's condition meets basic coverage criteria; and

Treating physician certifies that the patient has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse in both eyes) requiring use of this special monitoring system; **or**

Treating physician certifies that the patient has an impairment of manual dexterity severe enough to require the use of this special monitoring system.

Reminders

- The diagnosis code describing the condition that necessitates glucose testing must be included on each claim for the monitor, accessories and supplies.
- If the patient is being treated **with** insulin injections, the **KX** modifier must be added to the code for the monitor and each related supply on every claim submitted. The KX modifier must not be used for a patient who is not treated with insulin injections.
- If the patient **is not** being treated with insulin injections, the **KS** modifier must be added to the code for the monitor and each related supply on every claim submitted.

Online Blood Glucose Monitoring Resources

- Blood Glucose Monitors Documentation Resources:
http://www.cgsmedicare.com/jc/coverage/mr/glucose_monitors.html
- DME MAC Jurisdiction C Supplier Manual:
<http://www.cgsmedicare.com/jc/pubs/supman/index.html>

NOTE

It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC, but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Jurisdiction C Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.