CONTINUOUS GLUCOSE MONITORS AND SUPPLIES

REQUIRED DOCUMENTATION

All Claims for Continuous Glucose Monitors and Supplies

- ☐ **Standard Written Order (SWO)**
  The SWO contains all of the following elements:
  - ☐ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - ☐ Order Date
  - ☐ General description of the item
    - ☐ The description can be either a general description (e.g., continuous glucose monitor), a HCPCS code, a HCPCS code narrative or a brand name/model number
    - ☐ For equipment – In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately)
    - ☐ For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently order supplies that are separately billed (K0553 is an all-inclusive supply allowance)
  - ☐ Quantity to be dispensed, if applicable
  - ☐ Treating Practitioner Name or NPI
  - ☐ Treating Practitioner's signature
  - ☐ The practitioner's signature on the standard written order meets **CMS Signature Requirements:** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

NOTE:

- Refill requirements do not apply to CGM supply allowances (K0553)
- The supplier must monitor usage and verify the beneficiary has sufficient supplies to last 30 days
- If there are insufficient supplies to be able to last 30 days, additional supplies must be provided before the supply allowance is billed
- Only 1 unit of service (1 UOS = 30 days) may be billed at a time
- Do not bill with a span date

☐ **Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Delivery date ☐ Signature of person accepting delivery ☐ Relationship to beneficiary	☐ Shipping invoice ☐ Beneficiary's name ☐ Delivery address ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Quantity shipped ☐ Tracking slip ☐ References each individual package ☐ Delivery address ☐ Date shipped ☐ Date delivered ☐ Package I.D. #number ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	☐ Shipping invoice ☐ Beneficiary's name ☐ Delivery address ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Quantity shipped ☐ Date shipped ☐ Signature of person accepting delivery ☐ Relationship to beneficiary ☐ Delivery date

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

All Claims for Continuous Glucose Monitors (CGM) and Supplies

☐ **Medical Records**

- ☐ The beneficiary has diabetes mellitus, **and**
- ☐ The beneficiary has been using a home blood glucose monitor (BGM) and performing frequent (four or more times a day) BGM testing, **and**
- ☐ The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump, **and**
- ☐ The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results, **and**
- ☐ Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that the above criteria have been met, **and**
- ☐ Every six (6) months **following** the initial order of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan

☐ The practitioner's signature on the standard written order meets **CMS Signature Requirements:** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

REMINDERS

- The diagnosis code describing the condition that necessitates glucose testing must be included on each claim for the monitor and supply allowance.
- The CGM receiver is an inexpensive routinely purchased (IRP) item, the NU, UE, or RR modifier must be added to the monitor (K0554) on every claim submitted.
- If the CGM receiver is a Class III device, the KF modifier must be added to the monitor (K0554) and the supply allowance (K0553) on every claim submitted.

- If the beneficiary is being treated with insulin injections, the KX modifier must be added to the monitor (K0554) and supply allowance (K0553) on every claim submitted. The KX modifier must not be used for a beneficiary who is not treated with insulin injections.
- If the beneficiary is not being treated with insulin injections, the KS modifier must be added to the code for the monitor (K0554) and the supply allowance (K0553) on every claim submitted.
- Never bill both the KX and the KS modifier on the same claim line.
- The CG modifier must be added to claim lines for both K0553 and K0554 **only** if all of the coverage criteria for a CGM have been met.
- Submit claims with the correct unit of service for the supply allowance (K0553).
  - **One unit of service equals 30 days (1 UOS = 30 days)**

ONLINE RESOURCES

- **Glucose Monitors LCDs and PA**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/lcdinfo.html
- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html

NOTE: It is expected that the beneficiary'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 Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.