DOCUMENTATION CHECKLIST

JURISDICTIONS B &C

GLUCOSE MONITORS AND SUPPLIES

REQUIRED DOCUMENTATION

☐ **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., wheelchair or hospital bed), 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 ordered supplies that are separately billed (List each separately)
- ○ 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
- ○ Any changes or corrections have been initialed/signed and dated by the ordering practitioner.

☐ **Refill Request**

For dates of service prior to January 1, 2024

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) ☐ Description of each item being requested ☐ 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) ☐ 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

For dates of service on and after January 1, 2024	
Items Were Obtained In Person at a Retail Store	**Delivered Refill Communications**
☐ Signed delivery slip or copy of itemized sales receipt ☐ Delivery slip/receipt should indicate items were picked up at store front	☐ Beneficiary name and/or authorized representative (Suggested: if someone other than the beneficiary include this person's relationship to the beneficiary) ☐ Date of Request ☐ Description of each item requested ☐ Documentation of affirmative response indicating a need for the refill ☐ Contact must occur no sooner than 30 calendar days prior to the expected end of the current supply ☐ Shipment/delivery occur no sooner than 10 calendar days prior to expected end of current supply

☐ **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.

☐ **Medical Records**

○ Medical records verify that the beneficiary has diabetes which is being treated by a qualified practitioner.

☐ Signatures on medical records meet **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

Claims for Quantities Above the Normal Monthly Allowances

☐ Basic coverage criteria are met;
☐ The treating practitioner 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 demonstrate that within the six (6) months prior to ordering quantities of strips and lancets that exceed the utilization guidelines, the treating practitioner has had an in-person visit with the beneficiary to evaluate their diabetes control and their need for the specific quantity of supplies that exceeds the usual utilization; and,
- ☐ Documentation includes a copy of the beneficiary's testing log or treating practitioner record with a specific narrative statement, dated within six months of the date of service billed, which adequately documents the frequency at which the beneficiary is actually testing.
- ☐ New documentation to support supply quantities exceeding utilization guidelines is obtained every 6 months.
- ☐ Signatures on documents meet CMS Signature Requirements https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

Claims for Glucose Monitors with Integrated Voice Synthesizer (E2100)

- ☐ Beneficiary's condition meets basic coverage criteria; and
- ☐ Treating practitioner certifies that the beneficiary 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)

- ☐ Beneficiary's condition meets basic coverage criteria; and
- ☐ Treating practitioner certifies that the beneficiary 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 practitioner certifies that the beneficiary 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 beneficiary 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 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 and each related supply on every claim submitted.
- Items with no physician or other licensed health care provider order must be submitted with an "EY" modifier added to each affected HCPCS code.

ONLINE RESOURCES

- **Blood Glucose Monitors Documentation Resources**
  - **JB:** https://www.cgsmedicare.com/jb/mr/glucose_monitors.html
  - **JC:** https://www.cgsmedicare.com/jc/mr/glucose_monitors.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.