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 SEO was obtained prior to delivery.
☐ 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

### Glucose Monitors and Supplies

#### REFILL REQUEST

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

#### 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.
- Medical records verify that the patient has diabetes which is being treated by a physician.
- Signatures on medical records meet CMS Signature Requirements

#### 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

#### DELIVERY DOCUMENTATION

<table>
<thead>
<tr>
<th>Direct Delivery</th>
<th>Shipped/Mail Order Tracking Slip</th>
<th>Shipped/Mail Order Return Post-Paid Delivery Invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Beneficiary’s name</td>
<td>□ Shipping invoice</td>
<td>□ Shipping invoice</td>
</tr>
<tr>
<td>□ Delivery address</td>
<td>□ Beneficiary’s name</td>
<td>○ Beneficiary’s name</td>
</tr>
<tr>
<td>□ Quantity delivered</td>
<td>□ Delivery address</td>
<td>○ Delivery address</td>
</tr>
<tr>
<td>□ Detailed description of item(s)</td>
<td>□ Detailed description of item(s) shipped</td>
<td>○ Detailed description of item(s) shipped</td>
</tr>
<tr>
<td>□ Brand</td>
<td>□ Brand</td>
<td>○ Brand</td>
</tr>
<tr>
<td>□ Serial number</td>
<td>□ Serial number</td>
<td>○ Serial number</td>
</tr>
<tr>
<td>□ Delivery date</td>
<td>□ Delivery date</td>
<td>○ Date shipped</td>
</tr>
<tr>
<td>□ Signature of person accepting delivery</td>
<td>□ Signature of person accepting delivery</td>
<td>○ Signature of person accepting delivery</td>
</tr>
<tr>
<td>□ Relationship to beneficiary</td>
<td>□ Relationship to beneficiary</td>
<td>○ Relationship to beneficiary</td>
</tr>
<tr>
<td>□ Delivery date</td>
<td>□ Delivery date</td>
<td>○ Delivery date</td>
</tr>
</tbody>
</table>

- A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by supplier)
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

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:
  https://www.cgsmedicare.com/jc/mr/glucose_monitors.html
- DME MAC Jurisdiction C Supplier Manual:

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.