REQUARED DOCUMENTATION

☐ For claims that include a glucose monitor (HCPCS code E0607)
  ○ 5 Element order contains:
    □ Beneficiary’s name
    □ Prescribing physician/practitioner’s NPI
    □ A description of the item of DME ordered - 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
    □ Order date
    □ Signature of the prescribing physician/practitioner
  ○ The 5EO must be completed within six (6) months after the required face-to-face examination
  ○ The date of the written order shall be on or before the date of 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
  ○ Prescribing physician/practitioner’s name
  ○ Date of the order
  ○ Prescribing physician/practitioner’s signature (if a written order) or supplier signature (if verbal 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
  ○ All items, options or additional features that are separately billed or require an upgraded code. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
  ○ Quantity to dispense
  ○ The specific frequency of testing (“as needed” or “prn” orders are not acceptable)
  ○ Prescribing physician/practitioner’s signature (and date if applicable*)

* Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor’s LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.

  ○ 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

  [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/]
## 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>☐ Date</td>
<td>☐ Description of each item being requested</td>
<td>☐ Name of person contacted (if someone other than the beneficiary include this person’s relationship to the beneficiary)</td>
</tr>
<tr>
<td>☐ List of items purchased</td>
<td>☐ Date of request</td>
<td>☐ Description of each item being requested</td>
</tr>
<tr>
<td>☐ Quantity received</td>
<td>☐ Quantity of each item beneficiary still has remaining</td>
<td>☐ Date of contact</td>
</tr>
<tr>
<td>☐ Signature of person receiving the items</td>
<td>☐ Request was not received any sooner than 14 calendar days prior to the delivery/shipping date</td>
<td>☐ Quantity of each item beneficiary still has remaining</td>
</tr>
<tr>
<td>OR</td>
<td>☐ Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product</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>☐ Beneficiary’s name</td>
<td>☐ Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product</td>
</tr>
<tr>
<td>☐ Beneficiary’s name</td>
<td>☐ Date</td>
<td></td>
</tr>
<tr>
<td>☐ Date</td>
<td>☐ Detailed list of items purchased</td>
<td></td>
</tr>
<tr>
<td>☐ Quantity received</td>
<td>☐ Signature of person receiving the items</td>
<td></td>
</tr>
</tbody>
</table>

## 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>☐ 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.</td>
<td>☐ 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.</td>
<td></td>
</tr>
<tr>
<td>☐ Delivery date</td>
<td>☐ Quantity shipped</td>
<td>☐ Quantity shipped</td>
</tr>
<tr>
<td>☐ Signature of person accepting delivery</td>
<td>☐ Tracking slip</td>
<td>☐ Date shipped</td>
</tr>
<tr>
<td>☐ Relationship to beneficiary</td>
<td>☐ References each individual package</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Delivery address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Package I.D. #number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Date shipped</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Date delivered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ 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)</td>
<td></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 beneficiary 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 beneficiary 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 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

### Claims for Glucose Monitors with Integrated Voice Synthesizer (E2100)

- Beneficiary's condition meets basic coverage criteria; and
- Treating physician 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 physician 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 physician 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

**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.