



# DETAILED WRITTEN ORDER

Homecare Dimensions

Document #: **09.DWO.HCD.18b**  
Effective: **09/15/2009**

Rev.: **B**

Title: **Home Blood Glucose Monitor and Accessories**  
E0607, A4253, A4259

Page #: **1 of 2**

Initial Date of Medical Necessity: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Length of Need: \_\_\_\_\_ (99 = Lifetime)

Diagnosis Code: \_\_\_\_\_

Frequency of Testing: \_\_\_\_\_

**Medical records:** The patient's medical record, **to be supplied with this order**, must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).

The Medical Records will need to document that **ALL** of the following coverage criteria are met:

- The patient has diabetes (*ICD-9 codes 249.00-250.93*) which is being treated by a physician; **and**
- The glucose monitor and related accessories and supplies have been ordered by the physician who is treating the patient's diabetes and the treating physician maintains records reflecting the care provided including, but not limited to, evidence of medical necessity for the prescribed frequency of testing; **and**
- The patient (or the patient's caregiver) has successfully completed training or is scheduled to begin training in the use of the monitor, test strips, and lancing devices; **and**
- The patient (or the patient's caregiver) is capable of using the test results to assure the patient's appropriate glycemic control; **and**
- The device is designed for home use.

**Quantity of Supplies:** The quantity of test strips and lancets that are covered depends on the usual medical needs of the diabetic patient according to the following guidelines:

- For a patient who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets **every 3 months** are covered.
- For a patient who is currently being treated with insulin injections, up to 100 test strips and up to 100 lancets **every month** are covered.
- For quantities above covered amounts, the medical records, **supplied with this order**, must document the specific medical reasons for the additional materials and supplies for this particular patient.

**Equipment Ordered:** All Glucose Monitors and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	<b>E0607</b>	Home blood glucose monitor
	<b>A4253</b>	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
	<b>A4259</b>	Lancets, per box of 100

Treating Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treating Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

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### Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

**Claims for a Home Blood Glucose Monitor (E0607):** To be eligible for coverage of home blood glucose monitors, the patient must meet **ALL** of the following basic criteria:

- The patient has diabetes (*ICD-9 codes 249.00-250.93*) which is being treated by a physician; **and**
- The glucose monitor and related accessories and supplies have been ordered by the physician who is treating the patient's diabetes and the treating physician maintains records reflecting the care provided including, but not limited to, evidence of medical necessity for the prescribed frequency of testing; **and**
- The patient (or the patient's caregiver) has successfully completed training or is scheduled to begin training in the use of the monitor, test strips, and lancing devices; **and**
- The patient (or the patient's caregiver) is capable of using the test results to assure the patient's appropriate glycemic control; **and**
- The device is designed for home use.

**Supplies for Insulin Dependant Patients (A4253, A4259):** For a patient who is currently being treated with insulin injections, up to 100 test strips and up to 100 lancets **every month** are covered if:

- Coverage criteria for a glucose monitor are met.
- The supplier of the test strips and lancets maintains in its records the order from the treating physician.
- The beneficiary has nearly exhausted the supply of test strips and lancets previously dispensed.

**Supplies for Non-Insulin Dependant Patients (A4253, A4259):** For a patient who is **NOT** being treated with insulin injections, up to 100 test strips and up to 100 lancets **every three months** are covered if:

- Coverage criteria for a glucose monitor are met.
- The supplier of the test strips and lancets maintains in its records the order from the treating physician.
- The beneficiary has nearly exhausted the supply of test strips and lancets previously dispensed.

**Overutilization Supplies for Patients:** If quantities of test strips or lancets that exceed the utilization guidelines listed above are provided, the following must be met:

- The treating physician has documented in the patient's medical record the specific reason for the additional materials for that particular patient.
- The treating physician has seen the patient and has evaluated their diabetes control within 6 months prior to ordering quantities of strips and lancets exceed the utilization guidelines.
- If refills of quantities of supplies that exceed the utilization guidelines are dispensed, there must be documentation in the physician's records of:
  - A specific narrative statement that adequately documents the frequency at which the patient is actually testing or a copy of the beneficiary's log) or
  - Documentation that the patient is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed.
- If the patient is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least **every six months**.

**End of Document**