

Use of this template is voluntary / optional

Basic Home Blood Glucose Monitor and Supplies

Order Template Guidance

Purpose

The “Basic Home Blood Glucose Monitor and Supplies Order Template” is designed to assist the physician / allowed Non-Physician Practitioner (NPP)¹ in documenting essential and pertinent information in a Written Order Prior to Delivery (WOPD) which is required for a basic home glucose monitor. This template is available to the clinician and can be kept on file with the patient’s medical record or can be used to develop an order template for use with the system containing the patient’s electronic medical record.

Specific Durable Medical Equipment, Prosthetic, and Orthotic Supplies (DMEPOS), referenced in 42 CFR 410.38(c)(4) and 410.38(g)(2), require a WOPD. The supplier must have a WOPD that has been signed and dated by the treating physician or an allowed NPP in their records prior to the delivery of the DMEPOS item to the Medicare beneficiary. The basic home blood glucose monitor [represented by Healthcare Common Procedure Coding System (HCPCS) code E0607] is the only glucose monitor that requires a WOPD. Specialty glucose monitors for the visually impaired or Medicare beneficiaries with impairment of manual dexterity (HCPCS codes E2100 and E2101) are not required to have a WOPD. (77 Federal Register 68892)

Coverage of Medicare Home Blood Glucose Monitor and Supplies

Coverage of a home blood glucose monitor (E0607) under Medicare requires the ordering physician/NPP to complete an in-person or face-to-face (F2F) examination documenting, in the medical record, that the Medicare beneficiary has a diagnosis of diabetes and indicate whether he/she is insulin or non-insulin treated. The diagnosis of diabetes is the medical condition that supports the need for the home blood glucose monitor. [42CFR410.38 (C) 3b] This helps to ensure the home blood glucose monitor and supplies to be provided are consistent with the provider’s prescription and supported in the beneficiary’s medical record.

Completing the “Basic Home Blood Glucose Monitor and Supplies Order Template” does not guarantee coverage. It provides guidance in support of home blood glucose monitor and related supplies ordered and billed to Medicare. This template may be used with the “Home Blood Glucose Monitor and Supplies Laboratory Test Results Template” and “Home Blood Glucose Monitor and Supplies F2F Encounter Template”.

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

What needs to be specified on the order?

- Beneficiary's name;
- Items of DME ordered;
- National Provider Identifier (NPI) of the ordering physician or an allowed NPP;
- Signature of the ordering practitioner; and
- Date of the order.
- When appropriate for periodically ordered diabetic testing supplies or a change in utilization:
 - Frequency of use of diabetic test strips and lancets,
 - Quantity to be dispensed,
 - Number of refills.

Who can complete the Basic Home Blood Glucose Monitor and Supplies Order?

The physician or allowed NPP

Note: If the order template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in *blue Times New Roman* are recommended but not required

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Basic Home Blood Glucose Monitor and Supplies Order	
Patient information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____	
Provider (physician/allowed NPP) who performed the face-to-face examination:	
Check here if same as ordering provider: <input type="checkbox"/>	
Last name: _____ First name: _____ MI: _____ Suffix: _____	
NPI: _____ Date of face-to-face encounter (DD/MM/YYYY): _____	
Patient diagnosis: Diabetes Mellitus: <input type="checkbox"/> Insulin treated <input type="checkbox"/> Non-insulin treated	
<input type="checkbox"/> Other (describe) _____	
Device order: <i>Description (or brand name and model number) of home blood glucose monitor:</i>	

Patient or caregiver has, or will be provided, sufficient training to use the home blood glucose monitor ordered above: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency of use for Diabetic Test Strips (DTS) and lancets:	
Non-insulin treated: <input type="checkbox"/> daily <input type="checkbox"/> >1x daily: indication: _____	
Insulin treated: <input type="checkbox"/> up to 3x daily <input type="checkbox"/> >3x daily: indication: _____	
Time of testing: <input type="checkbox"/> fasting, Q AM <input type="checkbox"/> before a meal (AM, Noon, Eve) _____ before bedtime, Q HS	
<input type="checkbox"/> Other: _____	
Supply order: Diabetic Test Strips (DTS) / lancets:	
Non-insulin treated: <input type="checkbox"/> 30-day supply (30) <input type="checkbox"/> 90-day supply (100) additional qty.: _____	
Insulin treated: <input type="checkbox"/> 30-day supply (100) <input type="checkbox"/> 90-day supply (300) additional qty.: _____	
Additional quantities in multiples of 30 or 100 must be justified above and supported by the medical record	
Physician or allowed NPP signature, name, order date and NPI:	
Signature: _____	
Name (printed): _____	
Date (MM/DD/YYYY): _____ NPI: _____	