Use of this template is voluntary / optional

External Insulin Infusion Pump

Laboratory Test Results Template Guidance

Purpose

This template is designed to assist a clinician in completing laboratory test results documentation to meet Medicare requirements for beneficiary eligibility for the use of an external ambulatory infusion pump to assist with insulin dependent diabetic management. The laboratory test results must be documented to meet Medicare requirements for E0784 external ambulatory Continuous Subcutaneous Insulin Infusion (CSII) Pump, administering continuous subcutaneous insulin infusion. 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 a test results template for use with the system containing the patient's electronic medical record.

The laboratory testing required by Medicare for the E0784 must be performed prior to completion of a Written Order Prior to Delivery (WOPD) for the start of external infusion pump therapy of Medicare approved insulin indicated for the treatment of the Medicare beneficiary's confirmed diagnosis of diabetes.

Completing the External Insulin Infusion Pump Laboratory Test Results Template does not guarantee eligibility and payment, but it does provide guidance in support of external ambulatory infusion services ordered and billed to Medicare. The External Insulin Infusion Pump Laboratory Test Results Template may be used with the External Infusion Pump F2F Encounter Template and External Infusion Pump Order Template.

Patient Eligibility

Eligibility for coverage of external ambulatory infusion therapy under Medicare requires a physician/Non-Physician Practitioner (NPP)[1] to establish that coverage criteria are met. This helps to ensure the external ambulatory infusion pump, related drugs, and supplies provided are consistent with the physician's prescription and supported in the documentation of the patient's medical record.

The physician/NPP must document that the patient has a confirmed diagnosis of diabetes supporting the need for use of an E0784-external ambulatory infusion (CSII) pump to deliver insulin subcutaneously in the management of their medical condition. The National Coverage Determination (NCD – 280.14) and the Local Coverage Determination (LCD L33794) provide Laboratory Testing criteria supporting the use of E0784 in a Medicare beneficiary with confirmed insulin treated diabetes while on the multiple daily injection regimen.

[1] A Medicare allowed NPP is defined as a nurse practitioner, clinical nurse specialist, certified midwife 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.

Testing Requirements

The following laboratory tests may be required: (See Appendix A for additional specific criteria.)

- Fasting plasma glucose
- Creatinine clearance
- Fasting C-peptide
- Beta cell auto antibody
- Glycosylated hemoglobin level (HgbA1c)

Who can complete the laboratory test results template?

- Medicare qualified provider or supplier of laboratory testing services, or
- Physician / NPP who may have performed the test.

Note: If this 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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External Insulin Infusion Pump – Laboratory Test Results

Patient information:

Last name: _____ First name: _____ MI: _____

DOB (MM/DD/YYYY):_____ Gender: ____M ___F ___Other Medicare ID:_____

Provider (physician/NPP) who performed the face-to-face evaluation (if available):

Last name:_____ First name: _____ MI: ___ Suffix: ____

NPI: _____ Date of face-to-face evaluation (MM/DD/YYYY):_ _____

Person performing testing:

Laboratory: _____ NPI: _____

Name of tester: _____ Tester credentials:_____

Test Date (MM/DD/YYYY): _____

Fasting plasma glucose level:_____ mg/dl

C-peptide level: _____ng/ml C-peptide normal range lower limit:_____ng/ml

Beta cell autoantibody test: _____positive _____negative _____indeterminate

A1c level: _____ % A1c normal range lower limit:_____%

Creatine clearance _____ mg/dL

Physician or allowed NPP signature, name, date completed, and NPI

Signature:_____

Name (printed):_____

Date (MM/DD/YYY): _____ NPI: _____