

Use of this template is voluntary / optional

Home Blood Glucose Monitor and Supplies Laboratory Test Results Template Guidance

Purpose

This template is designed to assist the clinician in documenting pertinent and essential information “Home Blood Glucose Monitor and Supplies Laboratory Test Results Template” to meet Medicare beneficiary coverage for home blood glucose monitors, related accessories and supplies used in the management of Diabetes Mellitus or abnormal glucose metabolism. 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 laboratory test results template for use with the system containing the patient’s electronic medical record.

Patient eligibility

Eligibility for coverage of a home blood glucose monitor under Medicare requires the ordering physician or allowed Non-Physician Practitioner (NPP)¹ to complete an in-person visit or face-to-face (F2F) encounter with the patient to establish that coverage criteria are met. This helps to ensure the home blood glucose monitor, related accessories and supplies to be provided are consistent with the provider’s prescription and supported in the patient’s medical record.

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

If provider is confirming the diagnosis of Diabetes Mellitus on this visit, the provider may use either the laboratory report template or the laboratory results section of the progress note to record the blood glucose results. Diabetes Mellitus may be confirmed, but is not limited to, using one of the following tests:

- Fasting plasma glucose level of 126 mg/dL or greater on 2 different occasions;
- Random plasma glucose level of 200 mg/dL or greater with symptoms of uncontrolled diabetes;
- A two-hour oral glucose tolerance test with a plasma glucose level of 200 mg/dL or greater; or
- A1c level of 6.5% or greater

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.

Who can complete the laboratory test results template?

- Physician / NPP who performed the test, or a
- Medicare allowed provider or supplier of laboratory testing services.

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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Home Blood Glucose Monitor and Supplies – 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 in person visit (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: _____
One initial and, if applicable, one confirmatory test result (see guidance)
<i>Initial test: Date (MM/DD/YYYY): _____</i> <i>Fasting plasma glucose level: _____ mg/dl</i> <i>Random plasma glucose level: _____ mg/dl</i> <i>Two-hour oral glucose tolerance test, plasma glucose level: _____ mg/dl</i> <i>A1c level: _____ %</i>
<i>Confirmatory test, if applicable (see guidance): Date (MM/DD/YYYY): _____</i> <i>Fasting plasma glucose level: _____ mg/dl</i> <i>Random plasma glucose level: _____ mg/dl</i> <i>Two-hour oral glucose tolerance test, plasma glucose level: _____ mg/dl</i> <i>A1c level: _____ %</i>
Physician or allowed NPP signature, name, date completed and NPI Signature: _____ Name (printed): _____ Date (MM/DD/YYYY): _____ NPI: _____