

Use of this template is voluntary / optional

Specialty Home Blood Glucose Monitor and Supplies

Order Template Guidance

Purpose

The “Specialty 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 Detailed Written Order (DWO) when required for the order of a specialty monitor, periodically ordered supplies or a change in utilization. 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.

All Durable Medical Equipment, Prosthetic, and Orthotic Supplies (DMEPOS) (other than those referenced in 42 CFR 410.38(c)(4) and 410.38(g)(2)) require a DWO. The supplier must have a DWO that has been signed and dated by the treating physician/ NPP in their records before they submit a claim to Medicare. Specialty glucose monitors for the visually impaired or Medicare beneficiaries with impairment of manual dexterity, (HCPCS codes E2100 and E2101), require a DWO. For periodically ordered supplies, or a change in utilization, the order must contain the frequency of utilization, quantity of supplies being ordered, and number of refills. (An order indicating the number of refills is “as needed” or “PRN” is not acceptable under Medicare.)

Coverage of Medicare Home Blood Glucose Monitor and Supplies

Coverage of a home blood glucose monitor under Medicare requires the ordering physician/NPP to have documentation 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 and supplies. The physician/NPP must also have documentation in the medical record that the beneficiary is visually impaired or has impairment of manual dexterity, (HCPCS codes E2100 and E2101), supporting the use of the monitor. (42CFR410.38 (C) 3b) This helps to ensure the home blood glucose monitor and diabetic testing supplies to be provided are consistent with the provider’s prescription and supported in the beneficiary’s medical record.

Completing the “Specialty 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;
- Ordering Physician or allowed NPP signature and signature date;
- Date of order if different than signature date
- Start date if different than 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 Specialty 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

Version R1.0a

DRAFT

Use of this template is voluntary / optional

Specialty 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: _____	
<i>Start date of order (MM/DD/YYYY): _____ (if different than date of order)</i>	
<i>Date of order (MM/DD/YYYY): _____ (if different than date of signature)</i>	
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, date and NPI:	
Signature: _____	
Name (printed): _____	
Date (MM/DD/YYYY): _____ NPI: _____	