**INTRODUCTION**

Follow the simple steps on this document to ensure coverage for your patient.

Home glucose monitors and Diabetic Testing Supplies (DTS) are covered by Medicare for persons with a diagnosis of diabetes, when certain criteria are met. Insufficient documentation is the top reason for improper payments for glucose monitors, which include DTS.

**STEP ONE: CONFIRM PATIENT ELIGIBILITY**

Verify these two criteria are met before prescribing DTS:

1. The patient is diagnosed with diabetes.
2. The patient knows how to use the particular device.

**STEP TWO: DETERMINE THE NUMBER OF TEST STRIPS & LANCETS**

There are limits to how many strips and lancets a patient can receive in a 3-month period, depending on their diabetes treatment. Make sure to document quantity for every prescription.

If a patient is eligible, per Step One, the usual utilization of testing strips and lancets is:

- **INSULIN TREATED:** Up to 300 test strips in a 3-month period
- **NON-INSULIN TREATED:** Up to 100 test strips in a 3-month period

If you need to prescribe higher quantities, the following criteria must also be met:

1. The treating practitioner has an in-person visit with the beneficiary within the 6 months prior to ordering their supplies, to evaluate their diabetes control and determine their need for a specific quantity of supplies that exceeds the usual utilization.
2. Every 6 months, for continued prescriptions that exceed the usual utilization amounts, the treating practitioner must verify the patient’s adherence to the testing regimen.

**STEP THREE: ENSURE DOCUMENTATION REQUIREMENTS ARE MET**

The medical record must contain the following:

- A dated and signed standard written order (SWO).
- Proof the beneficiary/caregiver has the necessary training on the device, which is met by the order above.
- Evidence that the patient has diabetes.

For patients testing more than usual, the medical record must also contain the following information:

- Documentation of an in-person visit within the 6 months prior to the prescription.
- Documentation to support their need for the specific quantity of supplies prescribed.
- Documentation that the practitioner verifies the patient’s adherence to the testing regimen every 6 months for continued prescriptions.

Important – Once the medical record documentation is complete, provide the necessary documentation to the appropriate supplier or Medicare contractor if requested for an audit.

**RESOURCES**

1. Find Your Medicare Administrative Contractor (MAC):
   https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html
2. Local Coverage Determinations (LCDs) for Noridian Healthcare Solutions, LLC
   https://med.noridianmedicare.com/web/jddme/policies/lcd
3. Local Coverage Determinations (LCDs) for CGS Administrators, LLC (CGS)
   https://www.cgsmedicare.com/jc/coverage/lcdinfo.html
4. Medicare Coverage Database:
5. Comprehensive Error Rate Testing (CERT): 2021 Medicare Fee-for-Service Supplemental Improper Payment Data

**DON'T GET STUCK ON DIABETIC TEST SUPPLIES**

A Step-By-Step Guide to Ordering Diabetic Testing Supplies for Medicare Patients Using Home Glucose Monitors

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