



BLOOD GLUCOSE MONITORING

Eligibility Assessment & Order Guidance Tool

- This guidance is based on requirements for **traditional Medicare Beneficiaries**. Although other insurers may have less or more stringent requirements, including potential need for prior authorization, CMS policies serve as the reference standard. For questions, please call Valley Mission Homecare Pharmacy[†] at (509) 928-6400.

STEP 1: Verify the patient's medical condition meets Medicare coverage criteria -- ALL BELOW ARE REQUIRED:

- ✦ Patient must have diabetes with ICD-10 code(s) in E11 category
- ✦ Patient has been evaluated **face-to-face** for diabetes management within the past 6 months and has a care plan for ongoing evaluation at least every 6 months.
- ✦ Prescriber has determined that the patient (or patient's caregiver) has sufficient training, cognitive and functional ability for effective use of blood glucose testing supplies
- ✦ **Permitted testing frequencies:**
 - If the patient does **not** use insulin (with or without oral medications), the typical maximum permitted testing is **ONCE** daily
 - For patients who **are** using insulin, the typical maximum permitted testing is **3 times** daily
 - Any exception to these limits require additional certification for **EXTRAORDINARY** or **HIGH UTILIZATION**
- ✦ If **EXTRAORDINARY** or **HIGH UTILIZATION** is indicated for a patient, explicit justification must be addressed in patient record and ample test logs must be maintained on an ongoing basis. In addition, CMS requires that the continued need for **HIGH UTILIZATION** must be reviewed and renewed every 6 months.

STEP 2: Complete all sections of the BLOOD GLUCOSE MONITORING Detailed Written Order (see page 2)

STEP 3: Print and Fax the following documents to (509) 928-6441:

1. The most recent face-to-face visit summary pertaining to diabetes. This must include documentation of required qualifications outlined in STEP 1 above.
2. Demographic face-sheet for the patient

[†] Valley Mission Homecare Pharmacy specializes in the provision of Durable Medical Equipment (DME) and Supplies to Medicare beneficiaries. Information provided here is intended solely to facilitate communication between the Ordering Provider and the DME Supplier to help ensure medical criteria are sufficient for presumptive coverage. This does NOT in any manner replace formal guidance located in the relevant Local Coverage Determination (LCD) specified by the Medicare Administrative Contractor.

**Valley Mission Homecare Pharmacy**

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BLOOD GLUCOSE MONITORING

Detailed Written Order

Patient Information

Last Name		First Name		Middle Name		Date of Birth	
Physical Address				City		State	Zip Code
Billing Address (if different)				City		State	Zip Code
Phone			Alternate Phone				

Prescriber Information

Last Name		First Name		Credential Type		NPI	
Practice Location Address			City		State	Zip Code	Tax ID
Practice Location Phone		Practice Location Fax		Supervising Provider Name and NPI if applicable			

Order Detail

Rx ➤ Fingerstick-type blood glucose testing strips ➤ Lancing device ➤ Lancets (30g unless otherwise specified)
Blood Glucose testing frequency and additional instructions
Diagnosis (ICD-10) – list all codes pertinent to diabetes
Insulin regimen (only required if ordered testing frequency is greater than once per day)
(As applicable) Indication for EXTRA-ORDINARY or HIGH UTILIZATION testing requirements

I certify that I am the ordering prescriber specified above and hereby attest that information on this page is true, accurate and complete to the best of my knowledge and that the patient has suitable medical criteria documented in his/her patient record indicating medical necessity for the items listed above. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil or criminal liability. The patient (and his/her caregivers, when applicable) is capable of using this equipment and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Prescriber Signature	Date
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