



References: L33822, A52464

**Glucose Monitor (E0607)** ☐ Face -to-Face Examination (F2F) ☐ Date stamp indicating supplier's date of receipt of F2F on or before date of delivery. ☐ Written Order Prior to Delivery (WOPD) Date stamp indicating supplier's date of receipt for WOPD on or before date of delivery. All Accessories and Supplies Related to the Glucose Monitor ☐ Dispensing Order, if applicable ☐ Detailed Written Order (DWO) ☐ Refill Requirements All Glucose Monitors, Accessories, and Supplies ■ Beneficiary Authorization ☐ Proof of Delivery (POD) ☐ Method 1 - Direct Delivery to the Beneficiary by the Supplier The date the beneficiary/designee signs for the supplies is to be the date of service of the claim. ☐ Method 2 - Delivery via Shipping or Delivery Service The shipping date is to be the date of service of the claim. □ Continued Need ☐ Continued Use **Medical Records** ☐ Basic Coverage Criteria ☐ Criterion 1: Beneficiary has diabetes; **and** ☐ Criterion 2: Physician has concluded beneficiary/caregiver has sufficient training using the device as evidenced by prescribing the appropriate supplies and frequency of testing. ■ Usual Utilization ☐ Not treated with insulin injections, up to 100 test strips and 100 lancets every three months are

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covered if basic criteria above are met.

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		Treated with insulin injections, up to 300 test strips and 300 lancets every three months are covered if basic criteria above are met.	
	Hiç	gh Utilization (billing over usual utilization)	
		Basic coverage criteria are met; <b>and</b>	
		Physician has seen and evaluated the beneficiary's diabetes within six months of ordering quantities of supplies above the normal utilization and has documented the specific reason for the additional supplies; <b>and</b>	
		Medical records document the frequency of actual testing by the beneficiary	
		☐ Specific narrative that documents the frequency the beneficiary is actually testing; <b>or</b>	
		☐ Copy of the beneficiary's log.	
		☐ New documentation must be present every six month if the beneficiary is regularly using quantities of supplies that exceed utilization guidelines.	
Gl	uco	se Monitors with Special Features – E2100 and E2101	
	Vis	ual Impairment	
		Basic coverage criteria are met; <b>and</b>	
		Treating physician certifies that the beneficiary has a severe visual impairment	
	Ma	Manual Impairment	
		Basic coverage criteria are met; <b>and</b>	
		Treating physician certifies that the beneficiary has an impairment of manual dexterity severe enough to require the use of this special monitoring system	

## **Billing Reminders**

- The ICD diagnosis code must be included on each claim for the monitor, accessories and supplies.
- KX modifier must be added to the code for the monitor and each related supply on every claim submitted for beneficiaries being treated with insulin.
- KS modifier must be added to the code for the monitor and each related supply on every claim submitted for beneficiaries not being treated with insulin.
- Glucose monitors not designed for home use must be coded A9270 and will be denied as statutorily noncovered.
- The following items are noncovered:
  - Alcohol or peroxide (A4244, A4245), betadine or phisoHex (A4246, A4247) since they are not required for the proper functioning of the device.
  - Urine test reagent strips or tablets (A4250) since they are not used with a glucose monitor.
  - Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings since their need for frequent professional re-calibration makes them unsuitable for home use.
  - Home blood glucose disposable monitor, including test strips (A9275) because they do not meet the definition of durable medical equipment (DME).
  - Continuous glucose monitors (A9276-A9278) because they are considered precautionary and therefore not covered under the DME benefit.

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