BECN 15279009686

BINSON'S Medical Equipment & Supplies Since 1953
586-755-2300

26834 Lawrence
Center Line, MI 48047
1-888-246-4447

Please Fax Completed Form To: 1-800-882-7071

reset form

Diabetes Supplies – Written Order

Patient Name _____ DOB _____ Account Number _____

Order Date _____ Length of Need, 99 (lifetime) or _____ months

Diagnosis _____

Is the patient treated with insulin injections and/or an insulin pump? ☐ Yes ☐ No

TESTING FREQUENCY (Based on a three-month order)

- ☐ 1 Time Per Day (100 Strips & 100 Lancets)
- ☐ 2 Time Per Day (200 Strips & 200 Lancets)
- ☐ 3 Time Per Day (300 Strips & 300 Lancets)
- ☐ 4 Time Per Day (400 Strips & 400 Lancets)
- ☐ 5 Time Per Day (500 Strips & 500 Lancets)
- ☐ Other: _____

BLOOD GLUCOSE MONITOR

- ☐ Glucose Monitor
- ☐ Glucose Monitor for Visually Impaired.

  Visual Acuity: _____ Necessary for the monitor for the visually impaired.

ACCESSORIES

- ☐ Test Strips
- ☐ Lancets
- ☐ Lancing Device
- ☐ Batteries (as requested)
- ☐ Control Solution

****Required For *MICHIGAN* Medicaid Patients Only ****
Reason for Medical Necessity (other than diagnosis): _____

Prescribers Printed Name & Credentials _____ **NPI** _____

Phone _____ **Fax** _____

Signature _____ **Date** _____

Diabetes Written Order 2/29/24

(888) 246-7667 I Contact Us
www.binsons.com

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If filled out completely, this form serves as the Written Order and proof that patient was seen by the physician within 6 months prior to the date of order. This must be received by supplier before over quantity is dispensed.

To be eligible for coverage of home blood glucose monitors and related accessories and supplies, the beneficiary must meet both of the following basic criteria (1) – (2):

1. The beneficiary has diabetes (Reference ICD – 10 Codes that Support Medical Necessity section for applicable ICD – 10 diagnoses);***and,***
2. The beneficiary's physician has concluded that the beneficiary (or the beneficiary's caregiver) has sufficient training using the particular device prescribed as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing.

For all glucose monitors and related accessories and supplies, if the basic coverage criteria (1) - (2) are not met, the item(s) will be denied as not reasonable and necessary.

Home blood glucose monitors with special features i.e., talking monitors are covered when the basic coverage criteria (1) - (2) are met and the treating physician certifies that the beneficiary has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse in both eyes) requiring use of this special monitoring system.

Lancets (A4259), blood glucose test reagent strips (A4253), glucose control solutions (A4256) and spring powered devices for lancets (A4258) are covered for beneficiaries for whom the glucose monitor is covered.

The quantity of test strips (A4253) and lancets (A4259) that are covered depends on the usual medical needs of the beneficiary and whether the beneficiary is being treated with insulin, regardless of their diagnostic classification as having Type 1 or Type 2 diabetes mellitus. Coverage of testing supplies is based on the following guidelines:

Usual Utilization

1. For a beneficiary who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if the basic coverage criteria (1) – (2) (above) are met.
2. For a beneficiary who is currently being treated with insulin injections, up to 300 test strips and up to 300 lancets every 3 months are covered if basic coverage criteria (1) – (2) (above) are met.

High Utilization

1. For a beneficiary who is not currently being treated with insulin injections, more than 100 test strips and more than 100 lancets every3 months are covered if criteria (a) – (c) below are met.
2. For a beneficiary who is currently being treated with insulin injections, more than 300 test strips and more than 300 lancets every3 months are covered if criteria (a) – (c) below are met.
    a. Basic coverage criteria (1) – (2) listed above for all home glucose monitors and related accessories and supplies are met; ***and,***
    b. The treating physician has seen the beneficiary, evaluated their diabetes control within 6 months prior to ordering quantities of strips and lancets that exceed the utilization guidelines and has documented in the beneficiary's medical record the specific reason for the additional materials for that particular beneficiary; ***and,***
    c. If refills of quantities of supplies that exceed the utilization guidelines are dispensed, there must be documentation in the physician's records (e.g., a specific narrative statement that adequately documents the frequency at which the beneficiary is actually testing or a copy of the beneficiary's log) that the beneficiary is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. If the beneficiary is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least every six months.

Medicare requires that it is a physician (MD, DO, or DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) perform the office visit examination with the beneficiary. The chart note from the office visit exam must be signed and dated by the author of the note. If completed by a PA, NP, or CNS, the physician (MD, DO or DPM) must cosign and date the note.