



888-BINSONS
Fax: 586-755-2322

Diabetes Supplies Detailed Written Order Prior to Delivery

Patient Name: _____ Account #: _____ Patient DOB: _____ <input type="checkbox"/> Face Sheet/Demographics Faxed	Order Date: _____ <input type="checkbox"/> Chart Notes Attached (Chart notes must include the need for the equipment being ordered and MUST BE ATTACHED FOR OVER QUANTITY)
---	---

I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes. **Date of visit prior to order:**

DIAGNOSIS

ICD-10 Code: _____ Length of Need in Months: _____

TREATMENT TYPE

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

TESTING FREQUENCY (based on a three month order)

- | | |
|---|---|
| <input type="checkbox"/> 1 time per day (100 strips and 100 lancets) | <input type="checkbox"/> 4 times per day (400 strips and 400 lancets) |
| <input type="checkbox"/> 2 times per day (200 strips and 200 lancets) | <input type="checkbox"/> 5 times per day (450 strips and 500 lancets) |
| <input type="checkbox"/> 3 times per day (300 strips and 300 lancets) | <input type="checkbox"/> Other |

BLOOD GLUCOSE MONITOR

- Glucose Monitor (E0607) Brand: _____
- Glucose Monitor for Visually Impaired (E2100)
- Visual Acuity: _____ (Necessary for Monitor for Visually Impaired)

ACCESSORIES (The accessories/supplies below are medically necessary) *CROSS OFF SUPPLIES NOT NEEDED*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Test Strips (A4253) | <input checked="" type="checkbox"/> Lancets (A4259) |
| <input checked="" type="checkbox"/> Control Solution (A4256) (as requested 1 per 3 months) | <input checked="" type="checkbox"/> Batteries (as requested) |
| <input checked="" type="checkbox"/> Lancing Device (A4258) (as requested 1 per 3 months) | |

Medicare non-insulin treated patients testing more than 1 time per day and Medicare insulin treated patients testing more than 3 times per day ONLY, will need valid chart notes every 6 months to support testing frequency. Chart notes must contain written information to support the medical need to test more frequently, information stating patient was evaluated for diabetes control within the 6 months and information documenting the physician has reviewed and noted in the patient's chart notes, the actual frequency, testing log from meter and provide an explanation of the specific frequency of testing.

Prescribing Physician's Information

Name & Credentials	NPI #
Telephone	Fax
Signature _____	Signature Date _____

(Stamped signature not accepted)

If filled out completely, this form serves as the Detailed Written Order (DWO) 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 or not 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 every 3 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 every 3 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.

<u>MICHIGAN LOCATIONS</u>	DEARBORN	LIVONIA	SAGINAW	<u>FLORIDA LOCATION</u>
CENTER LINE	5250 Auto Club Dr	13450 Farmington Rd	5599 Bay Rd	LONGWOOD
Corporate & Retail Location	EASTPOINTE	LIVONIA	SOUTHGATE	830 S. Ronald Reagan Blvd
26834 Lawrence	21571 Kelly Rd	St. Mary Mercy Hospital	18800 Eureka Rd	866-928-0003
Center Line, MI 48015	FARMINGTON HILLS	36475 5 Mile Rd	STERLING	
586-755-2300	Tri-Atria Building	ROYAL OAK	HEIGHTS	
888-BINSONS	32255 Northwestern	30475 Woodward Ave	43900 Schoenherr Rd	
Fax: 586-755-2322	Hwy FLINT		TROY	
	G-4433 Miller Rd		6475 Rochester Rd	