

MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL

POLICY TITLE: MEDICARE GLUCOSE TESTING SUPPLIES

POLICY PURPOSE: To ensure adequate and accurate documentation to reflect the reason why a patient is being approved to obtain over maximum supply of glucose testing strips supplies.

PROCEDURE:

Documentation requirements:

Detailed Written Order

- Patient name
- Detailed description of the items being provided, including:
 - The specific frequency of testing (“as needed or PRN orders” are not acceptable), and
 - The length of need;
- Treating physician’s signature and date order signed; and
- Start date of the order (only required if the start date is different from the signature date).

Coverage

Glucose testing supplies for Medicare Beneficiaries are covered only if documentation supports the patient meets **all** of the following five basic coverage criteria:

1. The patient has a documented diagnosis of diabetes and is being treated by a physician for the condition.
2. The glucose monitor, related accessories, and supplies are ordered by the physician responsible for the patient’s diabetes management. The physician maintains records that reflect the care and include the medical necessity for the prescribing frequency of testing.
3. The patient or caregiver has successfully completed training or is scheduled to begin training in the use of the glucose monitor and supplies.
4. The patient or caregiver is capable of using the test results to assure appropriate blood glucose control.
5. The glucose monitor is designated for home use.

NOTE: A prescription for testing supplies will only stop if quantity exceeds maximum allowed. These are the requests that will stop for nurse review and documentation. Current formulary quantity limits are set for use of 10 glucose test strips/day, this limit will not be overridden as medical necessity for use of test strips should not exceed 10 strips/day.

Requirements for Quantities Above Maximum Monthly Allowances for Medicare members

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For blood glucose testing supplies in quantities above the maximum monthly allowances, documentation that supports the patient must meet criteria A-F as follows:

- A. Coverage criteria 1-5 (noted above) are met.
- B. The supplier's files contain a copy of the treating physician's order.
- C. The patient has nearly exhausted the supply of test strips and lancets previously dispensed.
- D. The treating physician's order for testing frequency exceeds utilization guidelines, and the medical record documentation supports the need for testing frequency above utilization guidelines.
- E. The treating physician has seen the patient and evaluated his or her diabetes control **within six months** of the date of the order for the quantities of supplies exceeding utilization guidelines.
- F. The physician/supplier's records contain a copy of the patient's testing log or other physician records, such as a narrative statement, that adequately documents the patient's testing frequency.

NOTE: If the patient regularly uses quantities of supplies that exceed the utilization guidelines, new documentation to support these supply quantities is obtained every six months.

- **Per Medicare guidelines:** Coverage of Blood Glucose Monitors and Testing Supplies
 - For beneficiaries who are insulin-dependent, Medicare provides coverage for up to 100 test strips and lancets every month and one lancet device every 6 months.
 - For beneficiaries who are non-insulin dependent, Medicare provides coverage for up to 100 test strips and lancets every 3 months and one lancet device every 6 months.
 - Note: Medicare allows additional test strips and lancets if deemed medically necessary. See the section titled "Providing Evidence of Medical Necessity".

Suppliers must NOT dispense more than a three-month quantity of supplies at a time or supplies exceeding the patient's expected utilization.

Note: MAHP members must utilize MAHP's preferred brand and/or manufacturer for diabetic supplies in order to have coverage of these items.

MAHP may cover large-font monitors for the visually impaired and large-button monitors for individuals with arthritis if medical record documentation supports the medical necessity for coverage of these items.

References: Centers for Medicare and Medicaid

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