Dear Clinician,

Please document the following information in my medical record so my diabetic supplies can be paid by Medicare.

Thank you

______________________________________________
(Please print patient name)

I am a diabetic, using insulin, and under normal circumstances Medicare will pay for me to test three times per day (allowed refill quantity of 300 tests over 3 months).

- If I am to test more than an average of three times per day, please document the symptoms that require the increased testing frequency.
- How long do you feel I need to test at a higher frequency (so that the increased quantity of tests needed per three months can be paid by Medicare)?
- How are the increased blood sugar readings being used to make changes to my diet or medications?
- What date was my last Hgb A1c and what were those results?
- There must be documentation in the records that supports I am actually testing at a frequency that supports the need for the quantity of supplies that have been ordered and dispensed.
- New documentation every six months if I am testing more than an average of three times per day.

Dear Colleague:

In an effort to help minimize documentation burden, the above have been prepared to identify the information that Medicare regulations require be in the clinician’s records if Medicare is to pay for your patient's glucose monitoring supplies.

Note: We encourage you to provide this documentation to the DME supplier along with your order, so that the supplier can be assured that the beneficiary has met all Medicare payment requirements.

Thank you.

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