Policy References: Local Coverage Determination Glucose Monitors and Related Supplies (L33822) and Policy Article (A52464)

Documentation References: Standard Documentation Requirements Policy Article (PA) A55426

The supplier must be able to provide all of these items on request:

- Standard Written Order (SWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
- Continued Need
- Continued Use
- Refill Requirements
- Medical records from treating practitioner as noted below

Medical Records should contain:

- The beneficiary has diabetes mellitus (Reference ICD-10 Codes that Support Medical Necessity section for applicable diagnoses); and
- The beneficiary has been using a BGM and performing frequent (four or more times a day) testing; and
- The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare covered continuous subcutaneous insulin infusion (CSII) pump; and
- The beneficiary’s insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and
- Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.