

From the **Medical Director**

Glucose Monitor Supplies

Recently the *New England Journal of Medicine* published the results of a much-awaited study of intensive control of blood glucose in Type 2 diabetics and the impact on cardiovascular events. The Action to Control Cardiovascular Risk in Diabetes (ACCORD) study followed over 10,000 patients and was discontinued prematurely when interim analysis at 3.5 years demonstrated higher mortality in the intensive therapy group.

The ACCORD study adds to our body of medical evidence associated with blood glucose levels and the risk and benefits of tight control. The medical literature is unclear with respect to the appropriate frequency of testing of blood glucose levels in patients who are non-insulin dependent. In fact, the American Diabetes Association (ADA) makes no recommendation on how often patients who are non-insulin using should test nor do any physician or professional societies. Moreover, many studies confirm that testing more often than daily has no impact on glucose control and is a financial burden to the patient.

Why is this important? Medicare spends millions of dollars for glucose monitoring supplies, the majority of which are paid for supplies for testing more often than once per day in non-insulin treated diabetics. In Jurisdiction C, CIGNA Government Services (CGS) Medical Review is beginning an initiative of intensive claim review and education about the proper utilization of glucose monitoring supplies. This review is centered around claims for A4253 (blood glucose test or reagent for home blood glucose monitor, per 50 strips) with modifier KS indicating the patient does not utilize insulin.

Suppliers are reminded that the Blood Glucose Monitor local coverage determination (LCD) outlines the maximum amount that most beneficiaries will need based upon typical testing frequencies. For those who require additional amounts because of higher than usual testing frequency, additional requirements apply:

- ★ The treating physician has ordered a frequency of testing that exceeds the utilization guidelines and has documented in the patient's medical record the specific reason for the additional materials for that particular patient.
- ★ The treating physician has seen the patient and has evaluated their diabetes control within 6 months prior to ordering quantities of strips and lancets, or lens shield cartridges that exceed the utilization guidelines.
- ★ 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 patient is

actually testing or a copy of the beneficiary's log) or in the supplier's records (e.g., a copy of the beneficiary's log) that the patient is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. If the patient is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least every six months. Remember that suppliers are obligated to monitor actual utilization and not just automatically dispense a set quantity on a set schedule:

"Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers should stay attuned to atypical utilization patterns on behalf of their clients and verify with the ordering physicians that the atypical utilization is, in fact, warranted."

To justify payment the LCD requires certain documentation:

- ★ The order for home blood glucose monitors and/or diabetic testing supplies must include all of the following elements:
 1. The item(s) to be dispensed;
 2. The specific frequency of testing;
 3. The treating physician's signature;
 4. The date of the treating physician's signature;
 5. A start date of the order – only required if the start date is different than the signature date.
- ★ An order that only states "as needed" will result in those items being denied as not medically necessary. A new order must be obtained when there is a change in the testing frequency.
- ★ The ICD-9 diagnosis code describing the condition that necessitates glucose testing must be included on each claim for the monitor, accessories and supplies.
- ★ Additional documentation requirements apply to:
 1. A diabetic patient who is not insulin-treated (KS modifier present) and whose prescribed frequency of testing is more often than once per day; or
 2. A diabetic patient who is insulin-treated (KX modifier present) and whose prescribed frequency of testing is more often than three times per day. When refills for quantities of supplies that exceed the utilization guidelines are dispensed, the documentation as described in criteria (d)-(f) in the Indications and Limitations of Coverage and/or Medical Necessity section of the LCD must be available on request.

Refer to the Glucose Monitors LCD and the Supplier manual for additional information.