



1312 Redwood Ave
Grants Pass OR 97527

Ph 541-249-9860
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Detailed Written Order Prior to Delivery Home Blood Glucose Monitors (BGM) and supplies

Patient Name: _____ Patient DOB: _____

Order Date: _____

Chart notes Attached (chart notes must include the need for equipment being ordered)

I, the undersigned, certify that the below prescribed equipment/supplies is medically necessary as part of my treatment plan for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment". I have documented the following information and the need for this equipment in the patient's most recent chart notes.

DIAGNOSIS (Check appropriate diagnosis below) Length of Need: 12 months 99 months

ICD-10 Diagnosis Code(s): _____

Frequency of testing _____

Diabetic Products & Supplies are medically necessary (Check equipment/supplies ordered)

Qty	Hcpc code	Description of specific services to be provided
	E0607	Home blood glucose monitor
	A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
	A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
	A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
	A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
	A4244	Alcohol or peroxide, per pint
	A4245	Alcohol wipes, per box
	A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (100 per every 3 months)
	A4255	Platforms for home blood glucose monitor, 50 per box
	A4256	Glucose control solutions, normal, low and high calibrator solution / chips
	A4258	Spring powered device for lancets (1 every 6 months)
	A4259	Lancets (100 per every 3 months)

Additional information:

1) The patient has diabetes and	Yes	No
2) The patient's treating practitioner has concluded that the patient or 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	Yes	No
3) E2100, E2101 does the practitioner certify that the patient has a severe visual impairment requiring use of special monitory system (best corrected visual acuity of 20/200 or worse)	Yes	No
4) E2101 does the patient has impairment of manual dexterity. Does treating practitioner certify that the patient has an impairment of manual dexterity severe enough to require the use of this special monitory system; not dependent upon a visual impairment	Yes	No



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5) Does the patient require insulin injections	Yes	No
6) 300 test strips / 300 lancets every 3 months to meet this requirement 8 a, b, and c must be met		
8a) Are questions 1 and 2 are both yes	Yes	No
8b) within the six (6) months prior to ordering quantities of strips and lancets that exceed the utilization guidelines, the treating practitioner has had an in-person visit with the beneficiary to evaluate their diabetes control and their need for the specific quantity of supplies that exceeds the usual utilization amounts described above; and,	Yes	No
8c) every six (6) months, for continued dispensing of quantities of testing supplies that exceed the usual utilization amounts, the treating practitioner must verify adherence to the high utilization testing regimen.	Yes	No

Prescribing Physician's Information

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