

# Diabetic Testing Supplies

Quick Reference Guide for Billing Medicare



DME Region A/B PSC



## GENERAL COVERAGE REQUIREMENTS

Glucose monitor coverage criteria must be met (see Medical Policy)  
Patient or caregiver must specifically request each refill- no automatic shipping  
Patient has nearly used their current supply

## VALID ORDER CONTENTS

Item(s) to be dispensed  
Specific Frequency of testing  
Treating physician's signature  
Date of the treating physician's signature  
Start date of the order, if it is different than the signature date

## BASIC UTILIZATION GUIDELINES

### NON-INSULIN TREATED (EVERY 3 MONTHS)

100 TEST STRIPS (1X/DAY TESTING)

100 LANCETS (1X/DAY TESTING)

Modifier: KS\*



A4253 2 UNITS  
A4259 1 UNIT

### INSULIN TREATED (EVERY 3 MONTHS)

300 TEST STRIPS (3X/DAY TESTING)

300 LANCETS (3X/DAY TESTING)

Modifier: KX\*



A4253 6 UNITS  
A4259 3 UNITS

### HCPCS CODES

A4253- Test Strips (1 UNIT= 50 strips)

A4259- Lancets (1 UNIT= 100 lancets)

\* The correct modifier must be added to the HCPCS code

## ADDITIONAL DOCUMENTATION REQUIREMENTS FOR QUANTITIES OF SUPPLIES THAT EXCEED BASIC UTILIZATION GUIDELINES:

Physician has seen and evaluated the patient within 6 months prior to the date of the order

Physician has documented the specific reason for higher testing frequency

Physician or supplier has documented the actual testing frequency every 6 months

Supplier created data collection forms are not sufficient by themselves to document medical necessity. Any information that they contain must be corroborated by information contained in the patient's medical record.

Orders, additional documentation for excess quantities (if applicable), and documentation of refill request from the patient must be available to the DMERC upon request.

**Refer to the Glucose Monitor medical policy for more information on coverage, coding, & documentation requirements.**