



## **DME PROVIDER COMMUNICATION: Diabetic Testing Supplies**

Care Improvement Plus covers diabetic testing supplies (blood glucose test strips and lancets) when the patient has met Medicare coverage criteria. The quantity of test strips and lancets allowed per month depends on whether or not the patient is treated with insulin injections. When billing for diabetic testing supplies, the claim must indicate whether or not the patient is insulin treated by appending the KX modifier (insulin treated) **or** the KS modifier (noninsulin treated) to the each claim line for the test strips and lancets. In addition to indicating whether or not the patient is insulin treated, the claim for the testing supplies must be spanned to reflect the number of days that the test strips that were dispensed are expected to last based on the frequency of testing ordered by the physician or performed by the beneficiary, whichever is less frequent.

DMEPOS suppliers are reminded that they cannot automatically send refills at pre-determined intervals. Suppliers **must** contact the beneficiary prior to dispensing the refill to ensure that the refill is necessary. Contact regarding refills should take place no sooner than approximately seven days prior to the anticipated delivery/shipping date and the refills should be delivered no sooner than approximately five days prior to the end of usage for the current product. This rule applies regardless of the delivery method utilized. Additionally, changes in a beneficiary's clinical condition may result in adjustments to the testing frequency. Suppliers should therefore use this periodic patient contact as an opportunity to confirm that there have been no modifications to the physician's order.

**Please Note:** Recent Care Improvement Plus claim reviews involving diabetic testing supplies have noted that our beneficiaries are sometimes receiving supplies from multiple suppliers for overlapping dates of service. While it is a beneficiary's responsibility to notify a supplier when they change companies, failure to do so does **not** absolve the supplier from the responsibility of ensuring that the beneficiary is only receiving supplies from one company. To address situations that involve claims from multiple suppliers, at the time of contact prior to dispensing refills, the supplier should make a point of specifically asking the beneficiary if they have ordered or are receiving from a different supplier(s). If the member indicates they have received "dropped shipment" supplies that they have not ordered from a different supplier, this issue should be referred to our Fraud, Waste and Abuse Hotline **1-800-210-3312** for investigation. As the prepayment review of blood glucose monitor supply claims continues, medical review staff will be checking for overlapping claims from multiple suppliers. Claims will be subject to denial if the cumulative units billed are above medical necessity requirements for the time period reviewed. **Because these services do not require authorization, Care Improvement Plus, will process the first claim received that is eligible for payment based on the member's current on file utilization ("nearly out"), and will deny subsequent claims received for that time span. All paid claims will be subject to review based on criteria above.**

## Key Things to Remember When Billing for Diabetic Testing Supplies

- The claim must indicate whether or not the patient is being treated by insulin (KX or KS modifiers)
- The referring provider's information must be contained in block # 17a or 17b of the claim form. Claims will be returned to provider if completion of this field is missing or invalid.
- Care Improvement Plus, will process for payment the first claim received and will deny any other claims received during the same time period.
- A beneficiary or their caregiver must specifically request refills of glucose monitor supplies before they are dispensed. The supplier must not automatically dispense a quantity of supplies on a predetermined regular basis, even if the beneficiary has "authorized" this in advance. Contact with the beneficiary or designee regarding refills should take place no sooner than approximately seven days prior to the delivery/shipping date. For subsequent refill deliveries, the supplier should deliver the product no sooner than approximately five days prior to the end of usage for the current product.
- The date of service for glucose test strips and lances must be spanned for complete claim adjudication.
- The date span on the claim will generally not be the same as the actual dates of use by the beneficiary.

### LINKS TO MEDICARE REGULATIONS/MEDLEARN MATTERS:

[MedLearn Matters SE1008 May 2010](#)

[CMS DME Claims Processing Manual](#)