



Diabetic Testing Supplies

Instructions: Please fill in ALL sections and mail or fax along with a copy of the patient's health benefit card to BLN. If you have any changes, please cross out; write in correction, sign, and date.

Order Form	Referral source (i.e. physician, website)	Follow-up on order status with	Order Date
	Referral source name	Best day to follow-up	Phone
	Referral relation to patient	Best time to follow-up	Email

Patient			Physician	
Name	Marital status	Sex	Physician name	Company
BLN account-seq #	DOB	Age	Phone / Email	Fax
Bill to address	Phone / E-mail		Physician address	
City	State	Zip	City	State Zip
	County			
Emergency contact	Emergency phone	DEA #	State license #	
Relationship to patient	Emergency email	NPI #		

Products				Diagnosis	
Quantity	Blood Glucose Meter	Rx - refill #	HCPCS Code	<input type="checkbox"/> E11.9 Type 2 diabetes mellitus without complications <input type="checkbox"/> E10.9 Type 1 diabetes mellitus without complications	
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider		<input type="checkbox"/> O24.419 Gestational diabetes mellitus in pregnancy, unspecified control <input type="checkbox"/> O99.810 Abnormal glucose complicating pregnancy	
Quantity	Test Strips	Rx - refill #	HCPCS Code	Questions <input type="checkbox"/> Insulin Treated (KX modifier)	
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Quantity	Lancets	Rx - refill #	HCPCS Code	<input type="checkbox"/> Non Insulin Treated (KS modifier)	
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider			
Quantity	Alcohol Prep Pads	Rx - refill #	HCPCS Code		
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider			
Quantity	Control Solution	Rx - refill #	HCPCS Code		
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider			
Quantity	Lancet Device	Rx - refill #	HCPCS Code		
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider			
Quantity	NDC #, catalog # or product description	Rx - refill #	HCPCS Code		
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider			
Quantity	NDC #, catalog # or product description	Rx - refill #	HCPCS Code		
	Testing Dosage / Testing Frequency	Pay Now Need Rx Auth Req. DME Rider			

Primary Medical Insurance		Secondary Medical Insurance	
Plan Name	Group Name	Plan Name	Group Name
ID #	Effective Date	ID #	Effective Date
Relationship to member	Member name	Relationship to member	Member name
<input type="checkbox"/> Self (check and skip section)	DOB	<input type="checkbox"/> Self (check and skip section)	DOB
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Member ID #	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Member ID #

Primary Pharmacy Insurance		Secondary Pharmacy Insurance	
Plan Name	Group #	Plan Name	Group #
ID #	BIN #	ID #	BIN #
	PCN #		PCN #
Relationship to insured	Person Code	Relationship to insured	Person Code
<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child		<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

For Physician Use Only: Physician Stamp

Physician Stamp:

For Physician Use Only: Prescription

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX

Dispense As Written

Dispense 1 Month Supply 3 Month Supply

Additional Comments

Shipping / Delivery Expedite

BLN Best Method

UPS Ground Next Day Second Day

USPS Other _____

Ship to address Same as bill to address

Payment

Check Mastercard Visa American Express Discover

Name on Credit Card

Credit Card Number

Credit Card Expiration Date

Initial	Routed to	Initial	Requested to
	Order Processing <input type="checkbox"/> Pharmacy		Database Management
	Date mm / dd / yy		Date mm / dd / yy
	Documentation		Management
	Date mm / dd / yy		Date mm / dd / yy
	Insurance Verification		New Client / Group Entry
	Date mm / dd / yy		Date mm / dd / yy
	Shipping		Other
	Date mm / dd / yy		Date mm / dd / yy



Better Living Now, Inc.
185 Oser Ave.
Hauppauge, NY 11788

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1) Patient

- a) Please complete the Member section of the order form on the reverse side indicating the insurance you have that provides coverage for your Diabetic Testing Supplies.

2) Doctor

- a) Please complete the patient information and doctor information sections.
b) Please indicate the products you want supplied to the patient, with directions for use and quantity required;
c) Please sign and date on the spaces provided.

3) Some Medicare Coverage Rules that should be noted:

- a) Medicare reimbursement limits Diabetic Testing Supplies to a 3 months supply at one time.
b) If treatment regimen exceeds the quantity limitations noted below, then Medicare requires a Letter of Medical Necessity signed by the physician on his or her letterhead.
c) If you fax this document, Medicare/insurance requirements are that you maintain the signed original in the patient's medical record for post-payment review audit purposes.
d) Home blood glucose monitors are covered for patients who are diabetics and who can better control their blood glucose levels by checking these levels and appropriately contacting their attending physician for advice and treatment.
e) To be eligible for coverage, the patient must meet all of the following basic criteria:
i) The patient has diabetes (ICD-9 codes 250.00-250.93) which is being treated by a physician; and
ii) The glucose monitor and related accessories and supplies have been ordered by the physician who is treating the patient's diabetes and the treating physician maintains records reflecting the care provided including, but not limited to, evidence of medical necessity for the prescribed frequency of testing; and
iii) The patient (or the patient's caregiver) has successfully completed training or is scheduled to begin training in the use of the monitor, test strips, and lancing devices; and
iv) The patient (or the patient's caregiver) is capable of using the test results to assure the patient's appropriate glycemic control; and
v) The device is designed for home use.
f) Home blood glucose monitors with special features (i.e. Blood Glucose Monitor with integrated voice synthesizer or Blood Glucose Monitor with integrated lancing device/blood sample (E2100, E2101)) are covered when the basic coverage criteria (1)-(5) are met and the treating physician certifies that the patient has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse) requiring use of this special monitoring system.
g) A Blood Glucose Monitor with integrated lancing device/blood sample (E2101) is also covered for those with impairment of manual dexterity when the basic coverage criteria (1)-(5) are met and the treating physician certifies that the patient has an impairment of manual dexterity severe enough to require the use of this special monitoring system. Coverage of E2101 for patients with manual dexterity impairments is not dependent upon a visual impairment.
h) Lancets (A4259), blood glucose test reagent strips (A4253), glucose control solutions (A4256), spring powered devices for lancets (A4258) are covered for patients for whom the glucose monitor is covered. More than one spring powered lancing device (A4258) per 6 months will rarely be medically necessary.
i) Laser skin piercing devices (E0620) and their necessary replacement lens shield cartridges (A4257) are not covered.
j) The quantity of test strips (A4253), lancets (A4259), and replacement lens shield cartridges (A4257) that are covered depends on the usual medical needs of the diabetic patient according to the following guidelines:
i) For a patient who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if criteria (a)-(c) are met:
ii) For a patient who is currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every month are covered if criteria (a)-(c) are met:
iii) For a patient who is not currently being treated with insulin injections, more than 100 test strips and more than 100 lancets every 3 months are covered if criteria (a)-(f) are met:
iv) For a patient who is currently being treated with insulin injections, more than 100 test strips and more than 100 lancets or one lens shield cartridge every month are covered if criteria (a)-(f) are met:
(a) Coverage criteria (1)-(5) listed above for a glucose monitor are met.
(b) The supplier of the test strips and lancets, or lens shield cartridge maintains in its records the order from the treating physician.
(c) The beneficiary has nearly exhausted the supply of test strips and lancets, or useful life of one lens shield cartridge previously dispensed.
(d) 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.
(e) 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.
(f) 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.