

# Medicare Detailed Written Order



## Instructions

1. Complete all fields on this Detailed Written Order.
2. Use the Noridian November 2017 Physician Resource Letter (Continuous Glucose Monitors) to confirm coverage criteria and medical necessity documentation requirements are met.
3. Fax both this order and the patient's most recent medical records that demonstrate coverage criteria are met to a DME supplier that provides the Free Style Libre 2 28-day system.

## Patient Information

<b>Patient Name:</b>	<b>Date of Birth:</b>		
<b>Phone:</b>	<b>Email:</b>		
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Primary Insurance:</b> HUMANA	<b>Primary Insurance Member ID:</b>		
<b>Secondary Insurance:</b>	<b>Secondary Insurance Member ID:</b>		

➔ **Kindly sign the Prescription and Mark Diagnosis code on it and send us back along with (diagnosis) Chart Notes.**

➔ **(FAX BACK: (888-726-9223))**

## Physician Information

<b>Physician Name:</b>	<b>Phone:</b>		
<b>NPI:</b>	<b>FAX:</b>		
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

## Order Detail

Order Date:

<b>E2103(Freestyle Libre 2 reader)</b>	<b>A4239 (Freestyle Libre 2 sensors)</b>
<b>Required for new prescriptions, reader life ~3 years</b>	<b>28-day supply, filled monthly</b>

## Diagnosis (ICD10):

☐ E10.9    ☐ E11.65    ☐ E10.65    ☐ E11.8    ☐ E11.9    ☐ Other: \_\_\_\_\_

Prescribed Number of Glucose Tests per Day:

## Current Insulin Regimen:

☐ Insulin Pump    ☐ Multiple Daily Injections-Number per Day: \_\_\_\_\_    ☐ Other: \_\_\_\_\_

I certify that I am the physician identified in the 'Physician Information' section above and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

**Physician signature** \_\_\_\_\_ **Date** \_\_\_\_\_

It is ultimately the responsibility of the healthcare professional/persons associated with the patient's care to determine and document the appropriate diagnosis (es) and code(s) for the patient's condition. Abbott does not guarantee that the use of any information provided in this form will result in coverage or payment by any third-party payer. Each healthcare provider is ultimately responsible for verifying codes, coverage, and payment policies used to ensure that they are accurate for the services and items provided.



## Certification of Medical Necessity Diabetes Supplies: Glucose Sensors

Date: \_\_\_\_\_

Patient's Name:

Patient's Date of Birth:

To Whom It May Concern:

This letter serves as a Prescription and Letter of Medical Necessity for the above-referenced patient for glucose sensors as part of their diabetes supplies. The following prerequisites have been met:

- ☐ Patient has a history of severe hypoglycemia requiring assistance.
- ☐ Patient has experienced unawareness of hypoglycemic symptoms.
- ☐ Patient has a history of labile glucose control despite optimal therapy regimes.
- ☐ Patient has a sub-optimal A1c > 7.8% (Choose target) despite optimal therapy regimes.
- ☐ Patient has a history of nocturnal hypoglycemia.
- ☐ Patient demonstrates compliance to prescribed regimen and the willingness to attend regular medical follow-up exams.
- ☐ Patient agrees to work with their physician, nurse educator and dietitian to ensure correct device use.

I certify that this information is correct. The use of continuous glucose sensing technology has been proven to lower HbA1c resulting in improved diabetes control, decrease of the risk of hypoglycemia and limit glucose excursions. Self-monitoring of blood glucose alone does not capture daily glucose variations.[i] Glucose sensor use may result in a decreased risk of hospitalizations due to treatment of life threatening acute hypoglycemia or hyperglycemia, improve quality of life, and prevent or delay diabetes related complications by maintaining tight control of glycemic levels[ii][iii].

The special consumables include the glucose sensors and adhesives. The glucose sensor does not negate the need for finger stick blood glucose testing but augments the management of diabetes by providing ongoing glucose values, trajectory arrows indicating rate of glucose change, and alarms when glucose thresholds have been reached. Four to six glucose sensors per month will provide continuous or close to continuous glucose sensing for this patient.

I recommended that( ) be approved for coverage of these essential supplies as a medical necessity in their diabetes care.

Sincerely,

Dr. () MD \_\_\_\_\_

(Physician's address) 8101 Hinson Farm Rd, Suite 208 Alexandria VA 22306

(Physician's phone): 703-746-8408

[i] Use of the Continuous glucose monitoring system inguiding therapy decisions in patients with insulin treated diabetes. Tanenberg, R, Bode, B. Mayo

[ii] Tavis, D. The public health impact of the continuous glucose monitoring system. Food and Drug Administration,MD. USA. Diabetes Technology &

[iii] Weinzimmer, S, Tamborlane, W. Continuous glucose monitoring in type 1 diabetes. Yale University. Current diabetes reports 2004;4: 95-100.