



1-888-BINSONS
1-888-246-7667
Fax: 1-800-882-7071

Referral Source: _____

Continuous Glucose Monitor (CGM) Detailed Written Order Prior to Delivery

Patient Name: _____ Account #: _____ Patient DOB: _____ <input type="checkbox"/> Face Sheet/Demographics Faxed	Order Date: _____ <input type="checkbox"/> Chart Notes Attached (Chart notes must include the need for the equipment being ordered)
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I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes. **Date of visit prior to order:** _____

DIAGNOSIS

ICD-10 Code: _____ Length of Need in Months: _____

TREATMENT TYPE

Is patient on an insulin pump? Yes No
 Is patient on multiple daily injections? Yes No
 How many injections per day? _____
 (Medicare requires 3 or more injections per day to qualify)
 Is patient currently using a Continuous Glucose Monitor (CGM)? Yes No

TESTING FREQUENCY

Prescribed number of Glucose Tests Per Day: _____
 (Medicare requires 4 or more tests per day to qualify)

CONTINUOUS GLUCOSE MONITORING BRAND

Preferred Brand: _____
 (If left blank, CGM dispensed will be based off insurance guidelines)

CONTINUOUS GLUCOSE MONITORING SUPPLIES (Check all for full kit to be sent to patient)

- Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor (K0554) 1 per 1095 days
- Supply Allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories. 1-month supply = 1 unit (K0553)

Prescribing Physician's Information

Name & Credentials	NPI #
Telephone	Fax
Signature	Signature Date _____

(Stamped signature not accepted)

CONTINUOUS GLUCOSE MONITOR (CGM)

If filled out completely, this form serves as the Detailed Written Order (DWO) and proof that patient was seen by the physician within 6 months prior to the date of order. This must be received by supplier before equipment is dispensed.

CGM devices covered by Medicare under the DME benefit are defined in CMS Ruling 1682R as therapeutic CGMs. Refer to the Non-Medical Necessity Coverage and Payment Rules in the LCD-related Policy Article for additional information.

Therapeutic CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-6) are met:

1. The beneficiary has diabetes mellitus (Refer to the "**ICD-10 Codes that are Covered**" section of the LCD-related Policy Article for applicable diagnoses); and,
2. The beneficiary has been using a BGM and performing frequent (four or more times a day) testing; and,
3. The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and,
4. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and,
6. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

When a therapeutic CGM (code K0554) is covered, the related supply allowance (code K0553) is also covered.

If any of coverage criteria (1-6) are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

The supply allowance (code K0553) is billed as 1 Unit of Service (UOS) per month. Only one (1) UOS of code K0553 may be billed to the DME MACs at a time. Billing more than 1 UOS per month of code K0553 will be denied as not reasonable and necessary.

Therapeutic CGM devices replace a standard home blood glucose monitor (HCPCS codes E0607, E2100, E2101) and related supplies (HCPCS codes A4233-A4236, A4244-A4247, A4250, A4253, A4255-A4259). Claims for a CGM and related supplies, billed in addition to an approved CGM device (code K0554) and associated supply allowance (code K0553), will be denied.

Refer to the Coding Guidelines in the LCD-related Policy Article for additional information.

Medicare requires that it is a physician (MD, DO, or DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) perform the office visit examination with the beneficiary. The chart note from the office visit exam must be signed and dated by the author of the note. If completed by a PA, NP, or CNS, the physician (MD, DO or DPM) must cosign and date the note.