



Physicians Order Form

Patients Name _____ Start Date of Order: _____

DOB: _____

Diabetic Supplies

(Supplies based on 90 Day Supply)

Testing Frequency - 1x Per Day 2x Per Day 3x Per Day 4x Per Day _____ x Per Day

- Blood Glucose Monitor (E607) Blood Glucose Monitor W/Voice (E2100)
 Blood glucose test strips (A4253) Lancets (A4259) Glucose control solutions (A4256)
 Spring powered devices for lancets (A4258) Replacement Battery (A4233)
 Alcohol Prep Pads - BX (A4245) Betadine/Iodine - BX (A4247) Insulin Syringes QTY _____ (S8490)

Receiver For CGM System (K0554) Supply Allowance for CGM (K0553)

Patient is New to CGM Therapy Patient is Currently on CGM Therapy

Fill out below if patient is NEW or CURRENTLY on CGM Therapy (Required for Pre-Auth)

HbA1Cc: _____ Date: _____ Fluctuations of BG Values: _____ to _____

The patient complies with regimen of 4 or more finger sticks per day and 3 or more insulin injections per day unless on an insulin pump and demonstrates the following:

- Recurrent, unexplained, severe, symptomatic (generally blood glucose levels less than 50 mg/dl) hypoglycemia and this hypoglycemia puts the patient or others at risk.
 Recurrent episodes of diabetic ketoacidosis, hypoglycemia or both, resulting in recurrent and/or prolonged hospitalization.
 Discordant HbA1C and finger stick blood glucose levels (i.e., patient with consistent normal blood glucose levels at home but high HbA1C levels).
 Frequent nocturnal hypoglycemia, less than 50mg/dl.
 Inadequate glycemic control, demonstrated by HbA1C measurements between 7% and 10% despite compliance with frequent self-monitoring and multiple alterations in self-monitoring and insulin administration regimens to optimize care.
 Wide fluctuations in blood sugar patterns over time (<50 mg/dl, or >150 mg/dL)
 Poor glycemic control as evidenced by 72 hour CGMS sensing trial
 Patient has been hospitalized or has required paramedical treatment for low blood sugar
 History of suboptimal glycemic control before or during pregnancy.

Diabetic Shoes

- Diabetic Shoe (A5500) Qty _____ Diabetic Inserts Heat Molded (A5512) Qty _____
 Diabetic Inserts Custom Molded (A5513) Qty _____ Shoe inserts w arch toe filler (L5000) Qty _____

ICD10 Codes - Type II E11.9 Type II E11.65 Type I E10.9 Type I E10.65 Other _____

Insulin Dependent Non-insulin Dependent

Length of Need - 99 Month (Lifetime) Unless noted _____

Physician or FNP Name: _____

Address: _____ City: _____, State: _____

Zip: _____ Phone: _____ Fax: _____

NPI #: _____

Physician Signature: _____ Date: _____