



CGM ORDER FORM

****Please attach face sheet w/ patient demographics & insurance info as well as chart notes for visit(s) within the past six months****

PATIENT INFORMATION

Patient Name: _____ DOB: ____/____/____ Gender: Male Female
 Language Pref.: English Spanish Other: _____ Emergency Contact Name/Phone Number: _____

DIAGNOSIS

Primary Diagnosis ICD-10 Code: <input type="checkbox"/> Z 79.4 <input type="checkbox"/> Other: _____	Secondary Diagnosis ICD-10 Code: <input type="checkbox"/> E 10.65 <input type="checkbox"/> E 10.9 <input type="checkbox"/> E 11.65 <input type="checkbox"/> E 11.9 <input type="checkbox"/> Other: _____
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MEDICAL NECESSITY

Currently on CGM Therapy? Yes No On an Insulin Pump? Yes No # of Insulin Injections: ____/day
 HbA1c: _____ Date Last Tested: ____/____/____ Fasting Hyperglycemia: _____mg/dL # BG Testing ____/day
 Fluctuation of Blood Glucose Values: Low _____mg/dL High _____mg/dL
 NEW USER **CURRENT USER (Date received ____/____/____)** **REPLACEMENT OF DEXCOM RECEIVER**

SUPPORTING CLINICAL INFORMATION

- Does the patient have a diagnosis of insulin dependent diabetes mellitus or insulin treated gestational diabetes? Yes No
- Does the patient's treatment regimen include at least three insulin injections per day or insulin pump therapy with frequent self-adjustment of insulin doses? (not applicable for gestational diabetes, Type 1 diabetes or rare forms of diabetes) Yes No N/A
- Does the patient have documented blood glucose testing of four or more times per day? Yes No
- Has the patient completed a comprehensive diabetes education program? Yes No
- Has the patient been evaluated for their diabetes control in the last six months? Yes No
- Does the patient have any of the following?

<input type="checkbox"/> HbA1c of 7.0% or higher or less than 4.0%	<input type="checkbox"/> Unexplained fluctuations in daily pre-meal glucose levels
<input type="checkbox"/> Early morning fasting hyperglycemia	<input type="checkbox"/> History of severe glycemc excursions
<input type="checkbox"/> Hypoglycemic unawareness, nocturnal hypoglycemia or history of unexplained, severe hypoglycemic events (blood glucose < 50 mg/dL)	<input type="checkbox"/> Recurrent episodes of ketoacidosis or hospitalizations for uncontrolled glucose levels
<input type="checkbox"/> Patient is pregnant and has poorly controlled diabetes or gestational diabetes	
- For replacement Dexcom receivers only:** Is the receiver malfunctioning, no longer under warranty or unable to be repaired? Yes No

PRODUCTS

Dexcom G6	Abbott FreeStyle Libre - Sensor Only	Abbott FreeStyle Libre 2
<input type="checkbox"/> Dexcom G6 Receiver Qty 1 Receiver, A9278, K0554		<input type="checkbox"/> Abbott FreeStyle Libre 2 Reader Qty 1 Transmitter, A9277, K0553
<input type="checkbox"/> Dexcom G6 Transmitter Qty 1 Transmitter, A9277, K0553	<input type="checkbox"/> Abbott FreeStyle Libre Sensor Qty 1, Change Sensor Every 14 Days, A9276, K0553	<input type="checkbox"/> Abbott FreeStyle Libre 2 Sensor Qty 1, Change Sensor Every 14 Days, A9276, K0553
<input type="checkbox"/> Dexcom G6 Sensor Qty 1, Change Sensor Every 10 Days, A9276, K0553		

Length of Need 12 Months unless otherwise specified: Other: _____

REFERRAL INFORMATION

Ref #: _____

Practice Name: _____ Fax: _____
 Office Address: _____ Email: _____
 Phone: _____ Preferred Method of Contact? Phone Fax Email
 Contact Person: _____

Physician Name: _____ NPI#: _____ Phone: (____)____-____ Ext. _____

Physician Signature: _____ Order Date: ____/____/____

I certify that the above products are medically necessary and that the information provided is accurate to the best of my knowledge. By signing, I acknowledge that I have obtained the patient's authorization to release the above information and other medical information that may be disclosed. I certify that my decision to prescribe this recommended product was solely based on my determination of medical necessity set forth herein. This document may serve as a confirmation of a verbal order and is also recorded in the patient's record.

Call **1.888.248.1975** or visit **www.connectchc.com** for additional information.