

DETAILED WRITTEN ORDER

PATIENT _____ DOB _____

START DATE IF OTHER THAN DATE SIGNED _____ LENGTH OF NEED – 12 months

ICD-10 DIAGNOSIS CODE _____

PROCEDURE CODE: A9276/K0553/A9999, A9277/K0553/A9999,
A9278/K0554/E1399

ITEM TO BE DISPENSED: may be dispensed in 90 day supply or insurance
max limit

A9276/K0553/A9999 CGM SENSORS X 1 BOX/30 DAYS X PRN
REFILLS/may also be dispensed in 90 day supply or insurance max limit

A9277/K0553/A9999 TRANSMITTER X 1/90 DAYS X PRN REFILLS

A9278/K0554/E1399 RECEIVER X 1/120 DAYS X PRN REFILLS

PHYSICIANS SIGNATURE _____

DATE _____

PHYSICIAN PRINTED NAME _____

NPI _____

FAX 205-255-6361

KGD06/20