

DETAILED WRITTEN ORDER

Continuous Glucose Monitoring

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/28 DAYS X PRN REFILLS May be dispensed in 90 day supply

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

A9278/K0554/E1399 RECEIVER X 1/365 DAYS X PRN REFILLS

A4253/Test Strips #1 box X PRN Refills

A4259 /Lancets #1 box X PRN refills

******Complete all areas below:******

On Insulin Pump: ___yes___no

Currently on CGM Therapy: ___yes___no

HbA1c: _____

Patient takes _____ # of insulin shots per day (ex: 0-3+)

Fluctuation of Blood Glucose :Low _____ mg/dl High _____ mg/dl

Patient checks blood sugar 4 or more times a day: ___yes___no # of daily blood glucose checks _____

Patient has recurring episodes of severe hypoglycemia: ___yes___no

History of hypoglycemia unawareness: ___yes___no

PHYSICIANS SIGNATURE _____ product selection permitted

DATE _____

PHYSICIAN PRINTED NAME _____

NPI _____

FAX BACK TO 205-648-9644

KGD 01/21

