

# CONFIRMATION OF ORDER – Continuous Glucose Monitor

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**PROVIDER:** Home Health Solutions  
501 East Sloan Street  
Harrisburg, IL 62946

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1215337266  
**Tax ID #:** 371124259

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**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

**Length of Need:** 99 (*in months*)

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**Physician:**

**NPI:**

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## DIAGNOSIS

E10.65 – Type 1 diabetes mellitus with hyperglycemia

E10.9 – Type 1 diabetes mellitus without complications

E11.9 – Type 2 diabetes mellitus without complications

E11.65 – Type 2 diabetes with hyperglycemia

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## EQUIPMENT/SERVICES

K0554 – Receiver (Monitor), dedicated, for use with therapeutic Continuous Glucose Monitor system – 1 unit/receiver per year. Choose: Dexcom G6 Freestyle Libre

K0553 – Supply allowance for therapeutic Continuous Glucose Monitor (CGM), includes all supplies and accessories, 1 month = 1 unit of service.

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## MEDICAL NECESSITY

Currently on CGM Therapy?      YES      NO

Number of Self-Monitoring Blood Sugars                      per day

Number of Multiple Daily injections                      per day

Date of Last Visit (*Must be within 6 months of this order*)

On insulin pump?      YES      NO

Does patient's insulin treatment regimen require frequent adjustment on basis of BGM or CGM testing results?      YES      NO

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Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*All of the above should be documented in the patient's medical record; this form alone does not constitute coverage.*