

CONFIRMATION OF ORDER – Continuous Glucose Monitor

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

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

NPI: 1215337266
Tax ID #: 371124259

Patient:

Date of Birth:

Order Date:

Insurance:

Length of Need: 99 (*in months*)

Physician:

NPI:

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

EQUIPMENT/SERVICES

E2103 – Receiver (Monitor), dedicated, for use with therapeutic Continuous Glucose Monitor system – 1 unit/receiver per year. Choose: Freestyle Libre 2

A4239 – Supply allowance for therapeutic Continuous Glucose Monitor (CGM) Sensors, includes all supplies and accessories, 1 month = 1 unit of service.

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

Physician Signature: _____

Date: _____

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