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 ☐ Dexcom**
- ☐ **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.*