

# MEDICARE STANDARD WRITTEN ORDER



## Instructions

1. Complete all fields on this Standard Written Order.
2. Use the Noridian September 2018 Physician Resource Letter (Continuous Glucose Monitors - Revised) to confirm coverage criteria and medical necessity documentation requirements are met.

## Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ Primary Insurance Member ID: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ Secondary Insurance Member ID: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## Physician Information

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
NPI: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Order Detail

Order Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

K0554 (FreeStyle Libre 2 Reader) *	K0553 (FreeStyle Libre 2 Sensors) *
Length of Need: Lifetime - unless specified otherwise: 1 Unit/30 Days or 3 Units/90 Days _____	(1 Unit = 1 month of sensor and supplies) - Sensor site changes per manufacturer guidelines Length of Need: Lifetime - unless specified otherwise: _____

## Diagnosis (ICD10):

E10.9     E11.65     E10.65     E11.8     E11.9     Other: \_\_\_\_\_

Prescribed Number of Glucose Tests Per Day: \_\_\_\_\_

## Current Insulin Regimen:

Insulin Pump     Multiple Daily Injections - Number Per Day: \_\_\_\_\_     Other: \_\_\_\_\_

I certify that I am the physician identified in the "Physician Information" section above and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

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

As a courtesy to its customers, Abbott provides the most accurate and up-to-date information available, but it is subject to change and interpretation. The healthcare provider is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage of payment for our products or reimburse customers for claims that are denied by third party payors.

\*Per Local Coverage Determination (L33822).

Please see <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33822&ver=26&DocID=L33822&bc=gAAAAAgAAAA&#304> for more information. See Indications and Important Safety Information on reverse.

**PLEASE FAX TO: (866) 984-2565**