Medicare Detailed Written Order

FreeStyle Libre 14 day
FLASH GLUCOSE MONITORING SYSTEM

Instructions

1. Complete all fields on this Detailed Written Order.
2. Use the Noridian November 2017 Physician Resource Letter (Continuous Glucose Monitors) to confirm coverage criteria and medical necessity documentation requirements are met.
3. Fax both this order and the patient's most recent medical records that demonstrate coverage criteria are met to a DME supplier that provides the FreeStyle Libre 14 day system.

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 14 day Reader)	K0553 (FreeStyle Libre 14 day Sensors)
1 Reader/1095 Days Length of Need: Lifetime - unless specified otherwise: _____	1 Unit/30 Days (1 Unit = 1 month of sensors and supplies) 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:** _____

It is ultimately the responsibility of the healthcare professional/persons associated with the patient's care to determine and document the appropriate diagnosis(es) and code(s) for the patient's condition. Abbott does not guarantee that the use of any information provided in this form will result in coverage or payment by any third-party payer. Each healthcare provider is ultimately responsible for verifying codes, coverage, and payment policies used to ensure that they are accurate for the services and items provided.

See reverse for Indications and Important Safety Information.