Medicare Standard Written Order
for Continuous Glucose Monitoring and Supplies

FreeStyle Libre 2

Instructions

1. Complete all fields on this Standard Written Order.
2. Confirm coverage criteria[1] and medical necessity documentation[2] requirements are met.
3. Send this order and the patient's most recent medical records demonstrating coverage criteria[1,2] are met to a DME supplier that provides the FreeStyle Libre 2 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: _____

Diagnosis (ICD-10 code that supports medical necessity)

☐ E10.9 ☐ E11.65 ☐ E10.65 ☐ E11.8 ☐ E11.9 ☐ Other*[2] _____

Select, at least one, of the following documented reasons for prescribing CGM to improve beneficiary's glycemic control[1,†2]

☐ Insulin-treated ☐ History of problematic hypoglycemia

Order Detail

FreeStyle Libre 2 Reader **(E2103)**	FreeStyle Libre 2 Sensors **(A4239)**
Use per manufacturer guidelines, in accordance with FDA indications for use	Change Sensor every **14 days** **Dispense up to 90 day supply**
Duration of need: 99 months - unless specified otherwise:	Duration of need: 99 months - unless specified otherwise:

DISPENSE AS WRITTEN

I certify that I am the physician identified in the "Physician Information" section below 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: _____

Physician Information

Physician Name: _____ Phone: _____

NPI: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

Office Contact: _____ Notes: _____

Abbott provides this information as a courtesy, it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors.

*Check ICD-10 code list in the LCD-related Policy Article for applicable diagnoses. †See the Policy Specific Documentation Requirements section of the LCD-related Policy Article.

1. Local Coverage Determination, Glucose Monitors (L33822). https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33822. **2.** Glucose Monitor, Policy Article (A52464). https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464.

See last page for Important Safety Information.