



CERTIFICATE OF MEDICAL NECESSITY

Barcode:

For easier processing, please use blue or black ink and use block lettering.

- E2103 Receiver; Sig: Dispense 1 ; Refill 0 ; Use per Manufacturer instructions; DME ONLY: 1/365 Days
- A4239 Sensors; Quantity 13 boxes; Directions for use: Site change per manufacturer recommendations, up to 90 day supply unless otherwise noted; DME ONLY: 365/365 (1 unit = 1 day)
- A9277 Transmitter (3 month use) (Dexcom G6 model) Sig: Dispense 1 Refill 3 ;Use per Manufacturer instructions; 4/365 Days
- A9277 Transmitter (3 month use) (Dexcom G5 model) Sig: Dispense 1 Refill 3 ;Use per Manufacturer instructions; 4/365 Days
- A9277 Transmitter (6 month use) (Dexcom G4 model) Sig: Dispense 1 Refill 1 ;Use per Manufacturer instructions; 2/365 Days

PATIENT INFORMATION

Patient Last Name: Patient First Name: Date of Birth:

Patient Address: City: State:

Zip: Phone Number: Patient ID#:

PHYSICIAN INFORMATION

Physician Last Name: Physician First Name:

Phone Number: Fax Number:

NPI #:

Diagnosis Code/ ICD-10 Code

- E10.65
- E10.9
- E11.9

Other

STATEMENT OF MEDICAL NECESSITY

Currently on CGM Therapy? Yes No Fasting Hyperglycemia: mg/dL

On insulin pump? Yes No Fluctuation of blood glucose values: Low mg/dL High mg/dL

HbA1c % # Multiple Daily Injections per day # SMBG per day

SUPPORTING CLINICAL INDICATIONS

- A. History of hypoglycemia unawareness
- B. History of severe glycemic excursions (commonly associated with brittle diabetes, extreme insulin sensitivity and/or very low insulin requirements)
- C. Recurring episodes of severe hypoglycemia
- D. Evidence of unexplained severe hypoglycemia episodes requiring external assistance for recovery
- E. Patient has been hospitalized or has required paramedical treatment for low blood sugar
- F. Day-to-day variations in work schedule, mealtimes and or activity level, which confound the degree of regimentation required to self-manage glycemia with multiple insulin injections
- G. Poor glycemic control as evidenced by 72 hour CGMS sensing trial
- H. Additionally, patient: has displayed multiple alterations in self-monitoring and insulin regimens to optimize care; completed comprehensive diabetes education; demonstrated ability to self-monitor blood glucose levels as recommended by Physician; and is motivated to achieve and maintain improved glycemic control.
- I. Demonstrates an understanding of technology and are motivated to use the device correctly and consistently, are expected to adhere to comprehensive diabetes treatment plan and are capable of using the device to recognize alerts and alarms.

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for a Dexcom, Inc. Continuous Glucose Monitoring System, Dexcom, Inc. Sensors, Dexcom, Inc. Replacement Transmitter or Dexcom, Inc. Replacement Receiver and all associated diabetes supplies to be provided by Dexcom or an authorized distributor.

I certify that I am the physician identified in the above section and I certify that the medical necessity information contained in this document is true, accurate and complete, to the best of my knowledge.

Signature: Date:

Please fax completed form to: