

Medicare Detailed Written Order



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.

FreeStyle Libre 14 day system DME suppliers*

DME SUPPLIER	PHONE	FAX
Advanced Diabetes Supply	866-976-9110	760-496-0234
Better Living Now	800-854-5729	800-654-7515
Byram Healthcare	800-775-4372 Ext. 39027	866-387-1127
CCS Medical	800-599-7521	800-557-8256
Diabetes Management & Supplies	888-738-7929	504-407-2083
Edgepark Medical Supplies	844-619-4650	614-652-8237
Edwards Health Care Services	800-951-1725	502-657-0237
J&B Medical Supply	800-737-0045	800-737-0012
Mini Pharmacy	888-545-6464 Option #1	800-280-2939
Solara Medical Supplies	844-381-8032	800-999-7021
US HealthLink	855-421-2732	407-440-8122
Unites States Medical Supply	877-814-5459	866-347-8544

Last updated 10/2018

*DMEs listed above include all DME suppliers that have contracted with Abbott Diabetes Care (ADC) to acquire ADC CGM products (the Products) directly from ADC as of the "Last updated" date. The Products may be available through other DME suppliers that may acquire the Products indirectly.



Indications and Important Safety Information

The FreeStyle Libre 14 day Flash Glucose Monitoring System is a continuous glucose monitoring (CGM) device indicated for the management of diabetes in persons age 18 and older. It is designed to replace blood glucose testing for diabetes treatment decisions. The System detects trends and tracks patterns aiding in the detection of episodes of hyperglycemia and hypoglycemia, facilitating both acute and long-term therapy adjustments. Interpretation of the System readings should be based on the glucose trends and several sequential readings over time. The System is intended for single patient use and requires a prescription.

CONTRAINDICATIONS: Remove the sensor before MRI, CT scan, X-ray, or diathermy treatment.

WARNINGS/LIMITATIONS: Do not ignore symptoms that may be due to low or high blood glucose, hypoglycemic unawareness, or dehydration. Check sensor glucose readings with a blood glucose meter when Check Blood Glucose symbol appears, when symptoms do not match system readings, or when readings are suspected to be inaccurate. The FreeStyle Libre 14 day system does not have alarms unless the sensor is scanned, and the system contains small parts that may be dangerous if swallowed. The FreeStyle Libre 14 day system is not approved for pregnant women, persons on dialysis, or critically-ill population. Sensor placement is not approved for sites other than the back of the arm and standard precautions for transmission of blood borne pathogens should be taken. The built-in blood glucose meter is not for use on dehydrated, hypotensive, in shock, hyperglycemic-hyperosmolar state, with or without ketosis, neonates, critically-ill patients, or for diagnosis or screening of diabetes. Review all product information before use or contact Abbott toll-free 855-632-8658 or visit www.FreeStyleLibre.us for detailed indications for use and safety information. For full indications for use and safety information, visit <https://www.FreeStyleLibre.us/safety-information.html>.

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