

Diabetes Supply Order Form

Certificate of Medical Necessity

Date of Order: _____

Patient DOB: _____ M F

Home / Alt Phone: _____

Email Address: _____

Policy ID No. _____

Or Attach Demographic Info

Patient Name: _____

Mobile Phone: _____

Insured Name: _____

Insured Address: _____

City, ST, Zip: _____

Insurance Co: _____

ICD10 Diagnosis Code:

- E10.9 Type 1 Diabetes Without Complications
- E11.9 Type 2 Diabetes Without Complications
- _____

Length of Need:

(days, weeks, months) _____ Lifetime

Prognosis: Good

Detailed statement of Medical Need for Home Treatment:

- This patient requires the item(s) for treatment of the condition indicated.
- This condition is chronic in nature, and the item(s) will have a lifetime need.
- If this therapy could not be performed in the home, hospitalization or emergency room visits would be required.

Prescribed Item(s)

- Insulin Pump E0784
- CGM Sensors A9276
Continuous Glucose Monitor
Resupply Qty —365 / year
- CGM Transmitter A9277
Continuous Glucose Monitor
Resupply Qty —4 / year
- CGM Receiver A9278
Continuous Glucose Monitor
Resupply Qty —1 / year

Change Frequency For Infusion Sets

- Every 3 days (Qty. 30)
- Every 2-3 days (Qty. 40)
- Every 2 days (Qty. 50)

HCPCS Code

Prescribed Item(s)

- Infusion Sets A4230
- Cartridges K0552
- OmniPod A9274
- Dressing/Tape A6257
- Batteries K0604
- Skin Barrier Wipes A5120
- Adhesive Remover A4250
Wipes
- Ketone Strips A4250
- Blood Ketone Strips A4252

HCPCS Code

I certify that the above services are required, are medically necessary and are authorized by me. This patient has been seen by me within this past year and is under my care, and is in need of the services specified herein. This document may serve as a written confirmation of a verbal order, and the information above is contained in the patient's medical record.

Healthcare Practitioner Signature _____ **Date:** _____

NPI: _____ Lic No: _____

Healthcare Provider Name / Address / Phone

Please Return to:

PH: 800.251.2511 or 919.870.8600
FX: 866.271.2711 or 919.844.2802

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