

## **CLINICIAN CHECKLIST FOR CONTINUOUS GLUCOSE MONITORS**

### **Policy References:**

- [Local Coverage Determination \(LCD\) \(L33822\)](#)
- [Policy Article \(A52464\)](#)

**Documentation References:** [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

### [Standard Written Order \(SWO\)](#)

Medical records as noted below

### **Medical Documentation**

Criteria 1 - 5 must be met:

1. The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and
2. The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; and
3. The CGM is prescribed in accordance with its FDA indications for use; and
4. The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below:
  - A. The beneficiary is insulin-treated; or
  - B. The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following:
    - Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or
    - A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.