

**Policy References:** [Local Coverage Determination Glucose Monitors and Related Supplies \(L33822\)](#)  
[and Policy Article \(A52464\)](#)

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

**The supplier must be able to provide all of these items on request:**

- [Standard Written Order \(SWO\)](#)
- [Beneficiary Authorization](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- [Refill Requirements](#)
- Medical records from treating practitioner as noted below

**Medical Records should contain:**

- The beneficiary has diabetes mellitus (Reference ICD-10 Codes that Support Medical Necessity section for applicable diagnoses); **and**
- The beneficiary has been using a BGM and performing frequent (four or more times a day) testing; **and**
- The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare covered continuous subcutaneous insulin infusion (CSII) pump; **and**
- The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; **and**
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; **and**
- Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

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