

## **DOCUMENTATION CHECKLIST FOR CONTINUOUS GLUCOSE MONITORS AND RELATED SUPPLIES**

**Policy Reference:** Local Coverage Determination Glucose Monitors and Related Supplies (L33822) and Policy Article (A52464)

**Documentation Reference:** 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 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 (1-3) 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