

DOCUMENTATION CHECKLIST FOR CONTINUOUS GLUCOSE MONITORS AND RELATED SUPPLIES

Policy References:

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

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

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](#)

Medical records from treating practitioner as noted below

Medical records should contain:

The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and

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

The CGM is prescribed in accordance with its FDA indications for use; and

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

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.

CGM Continued Coverage:

Every six (6) months following the initial prescription of the CGM, the treating practitioner conducted an in-person or Medicare-approved telehealth visit with the beneficiary to document adherence to their CGM regimen and diabetes treatment plan.