

MEDICARE DETAILED WRITTEN ORDER

- K0554 Receiver (Monitor), dedicated, for use with therapeutic Continuous Glucose Monitor system - 1 unit Dexcom G5 Receiver
- K0553 – Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service

EST. LENGTH OF NEED (# OF MONTHS): 1-99 (99=LIFETIME)

PATIENT INFORMATION

Patient Last Name:

Patient First Name:

Date of Birth: / /

Patient Address:

City: State: Zip:

Phone Number: - -

Patient ID#:

Primary Insurance Name: Member ID:

Secondary Insurance Name: Member ID:

PHYSICIAN INFORMATION

Physician Last Name:

Physician First Name:

Phone Number: - -

Hospital/Clinic:

Fax Number: - -

Hospital/Clinic Address:

City: State: Zip:

NPI #:

STATEMENT OF MEDICAL NECESSITY

Currently on CGM Therapy? Yes No #SMBG per day # Multiple Daily Injections per day

Date of Last Visit (Must be within 6 months of this order): / / On insulin pump? Yes No

Diagnosis Code: ICD-10 Code: E10.65 E10.9 E11.9 Other

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for a Dexcom, Inc. Continuous Glucose Monitoring System, Dexcom, Inc. Sensors, Dexcom, Inc. Replacement Transmitter or Dexcom, Inc. Replacement Receiver and all associated diabetes supplies to be provided by Dexcom or an authorized distributor.

I certify that I am the physician identified on the above section and I certify that the medical necessity information contained in this document is true, accurate and complete, to the best of my knowledge.

Signature: Date: / /