

MEDTRONIC INSULIN PUMP AND SUPPLIES PRESCRIPTION & CERTIFICATE OF MEDICAL NECESSITY

Order Type: New Pump Replacement Pump (Current Pump Model: _____)

Reason for Replacement: _____

Complete System

- MiniMed 780G System • Insulin Pump (E0784)
- MiniMed 770G System • Transmitter (A9277/A4238) (4/365)
For use with sensors to check blood glucose daily
- MiniMed 630G System • Sensors (A4238/A9276) (365/365)
Change sensors every 6 days (7 days for Guardian 4 sensors)

Pump Only

- MiniMed 780G
- MiniMed 770G
- MiniMed 630G
- Insulin Pump (E0784)

CGM Products

- Sensors (A4238/A9276) (365/365)
Change sensors every 6 days (7 days for Guardian 4 sensors)
- Transmitter (A4238/A9277) (4/365)
For use with sensors to check blood glucose daily

Pump Supplies

- Choose one: (if extended, TDD req'd)
- Standard Infusion Set and Reservoir
 - Extended Infusion Set and Reservoir
Total Daily Dose (TDD): _____ units
 - Related Supplies:** IV Preps & Adhesives, Alcohol Swabs, Tape, Transparent Dressings

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: Male Female

Street: _____

City/State/Zip: _____ Phone: _____

STATEMENT OF MEDICAL NECESSITY (PHYSICIAN USE ONLY)

Diagnosis (ICD-10): Type 1: E10.9 E10.65 Type 2: E11.9 E11.65 **Additional diagnosis:** _____

of insulin shots/day in the last 6 months: _____ Blood glucose value range: _____ to _____ mg/dL

Latest HbA1c Result: _____ Date: _____ Glucose checks/day: _____ to _____

Multiple Daily Injections per day: _____ # SMBG/day: _____ to _____ per day

Member to change infusion sets every three (3) days, or every _____ day(s) Number of refills: 11

SUPPORTING CLINICAL INDICATIONS (PHYSICIAN TO CHECK ALL THAT APPLY)

- Recurrent episodes of severe hypoglycemia with BG's less than 50 mg/dL. Frequency of episodes: _____
- Hemoglobin HbA1C level is 7.0% or 1% over upper range of normal
- History of severe glycemic excursions (commonly associated with brittle diabetes, extreme insulin sensitivity and/or very low insulin requirements)
- Wide fluctuations in preprandial BG levels (e.g., levels commonly exceed 100 mg/dL)
- Dawn phenomenon where fasting blood glucose level often exceeds 200 mg/dL
- Day-to-day variations in work schedule, mealtimes and/or activity level, which confound the degree of regimentation required to self-manage glycemia with multiple insulin injections
- History of suboptimal glycemic control before or during pregnancy
- Suboptimal glycemic and metabolic control after renal transplantation
- Poor glycemic control evidenced by 72 hour CGMS sensing trial

Has the patient been on a program of multiple daily injections or insulin with frequent self-adjustment of insulin dose for at least 6 months prior to the initiation of the insulin pump? Yes No

SUPPORTING CRITERIA (PHYSICIAN TO CHECK ALL THAT APPLY)

- Patient has completed comprehensive diabetes education
- Patient has demonstrated ability to self-monitor blood glucose levels as recommended by Physician
- Patient is motivated to achieve and maintain improved glycemic control
- Patient has been hospitalized or required paramedical treatment for low blood sugar

Insulin reaction notes: _____

Additional notes: _____

PHYSICIAN INFORMATION

Physician: _____ NPI #: _____
Hospital/Clinic: _____ Phone #: _____
Address: _____ Fax #: _____
City/State/Zip: _____ Office Contact: _____

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for an Insulin Pump and related supplies.

I certify that I am the physician identified in 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, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

Signature: _____ Date: _____