

TANDEM INSULIN PUMP AND SUPPLIES PRESCRIPTION & CERTIFICATE OF MEDICAL NECESSITY

Patient Name: DOB: Gender: Street:	PATIENT INFORMATION								
City/State/Zip: Phone: ORDER INFORMATION Order Type: New Pump Replacement Pump (Current Pump Model: Reason for Replacement:	Patient Name:			DO)B:	Gender:		
ORDER INFORMATION Order Type: New Pump Replacement Pump (Current Pump Model:	Street:								
Order Type: New Pump Replacement Pump (Current Pump Model: Insulin Pump with Control-IQ Technology (E0784): CGM Components: CGM Brand & Model Pump Supplies Testing Supplies Italim X2 Beccier (A2276/2103) (L/ASS) Dexcom G6 Dexcom G7 Tandem Mobi System Control Solution Other: Beccier (A2276/2103) (L/ASS) Sig: Compensation (Control Solution Test Strips, Tast Strips, Control Solution Test Strips, Control Solution Infusion Set Type Tanasmitter (A2236/227/A239) (L/ASS) Sig: Control Solution Control Solution Infusion Set Type Cartridge & Infusion Set Change Frequency Control Solution Control Solution Infusion Set Type Date of Diagnosis (MA/Day/MAXS) Control Solution 2.25 days (qty 40) 2 days (qty 90) Length of Need Date of Diagnosis (MA/Day/MAXS) E10.9 E10.649 E11.649 Other: Current Therapy (Check all that apply): Current Therapy (Check all that apply): Current Therapy (Check all that apply): Control Contr	City/State/Zip:						Phone:		
Reason for Replacement: Insulin Pump with Control-IQ Technology (E0784): Call Status Call Status <tr< td=""><td colspan="9"></td></tr<>									
Insulin Pump with Control-IQ Technology (60784): CEM Components:: CEM Brand & Model Pump Supplies Testing Supplies I: tslim X2 Bereiver (A0278/1210) (11/85) Bereiver (A0278/1210) (11/85) Bereiver (A0278/1210) (11/85) Glucose Meter, Test Strips, Large Strips, Components:: Bereiver (A0278/1210) (11/85) Glucose Meter, Test Strips, Large Strips, Components:: Bereiver (A0278/1210) (11/85) Glucose Meter, Test Strips, Large Strips, Components:: Bereiver (A0278/1210) (11/85) Glucose Meter, Test Strips, Large Strips, Components:: Testing Supplies Control Solution I: flation Set Type Cother: Catridge & Infusion Set Change Frequency Catridge & Infusion Set Change Frequency Control Solution I: flation flation Set Grego Strips, Control Steel and Teflon Cannula Sets (check all that apply) Cost Strips, Components:: Collifications as Per Medical Records Coulifications 3-4 times per day with self-adjustments to insulin Resistance Other: Collifications and Indications as per Medical Records Multiple Daily Injections 3-4 times per day with self-adjustments to insulin doses. Insulin Resistance Other Reason: Collifications and Indications as per Medical Records Multiple Daily Injections 3-4 times per day with self-adjustments to insulin doses. Insulin Resistance Other Reason: Collifications and Indications as per Medical Records <	Order Type: New Pump Replacement Pump (Current Pump Model:)								
It tailim X2 Receiver (JA278/E2103) (UJAS5) Serves (VLA233/A2727(EALA23)) (ESG)365 (Lunit = 1 day1) Dexcom G6 IV VPreps & Adhesives, Test Strips, Serves (VLA233/A2727(EALA23)) (ESG)365 (Lunit = 1 day1) Other: Serves (VLA233/A2727(EALA23)) (ESG)365 (Lunit = 1 day1) Freestyle Libre 2 Plus Test Strips, Control Solution Infusion Set Type Cartridge & Infusion Set Change Frequency 2 days (qty 50) 1 day (qty 90) Length of Need Date of Diagnosis (MM/rov/rmv): Diagnosis Code(s): E11.65 E11.649 Other: Other: Beson for Supply Change Frequency and/or Both Steel and Teflon Cannula Sets (check all that apply) Scar Tissue Site Sensitivity Body Type & Site Variation Needs Insulin Resistance Other Reason: While Dailin Pump with tubing/infusion sets. Device no longer meets medical needs. Patient / Caregiver completed a comprehensive diabetes program & is educated in diabetes management Patient is routine with appointments Biolog Subsex Insuin Device with patch/pod. Device no longer meets medical needs. Patient is pregnant or planning pregnancy Patient with appointments Biolog Subsex Insuin Rusp With tubing/infusion set. Device no longer meets medical needs. Patient is routine with appointments Biolog Subsex Insuin Provide new settings on pump start order (advised is using AID). If not checked, current settings will be transifiered at training. Biolo	Reason for Replacement:								
Claim A2 Sig: Used to check blood glucose daly Dexcom G7 Adhesives; Test Strips, Tandem Mobi System Sensors (A4238/A927/A4239) (365/3651 unit = 1 day) Dexcom G7 Test Strips, Other: Transmitter (A4238/A927/A4239) (365/361 unit = 1 day) Dexcom G7 Test Strips, Infusion Set Type Cartridge & Infusion Set Change Frequency Patient Preference Other/Specific Product: Cartridge & Infusion Set Change Frequency Iterime (99 years) Date of Diagnosis (MM/00/VYYY): Diagnosis Code(s): Lifetime (99 years) Diagnosis Code(s): Current Therapy (Check all that apply): Scar Tissue Site Sensitivity Body Yipe & Site Variation Needs Other required for insulin start, saline training okay if clinic protocol.) Multiple Daily Injections 3-4 times per day with self-adjustments to insulin does. Patient is routine with appointments Patient is routine with appointments Disposable Insulin Dumy with tubing/infusion sets. Device moles and funct cations as per Medical Records Patient is pregnant or planning pregnancy Patient is routine with appointments Blood glucose is checked as required or CGM used appropriately Patient is pregnant or planning pregnancy Provide new settings on pump start order (advised is using AID). If not checked, current settings will be transferred at training. NPI #:<	Insulin Pump with Control-IQ Technology (E078	4): CGM Components	CGM Components:			CGM Brand & Model	Pump Supplies	Testing Supplies	
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Other: Sig: Change sensors every 10 days Sig: For use with sensors to check blood glucose daily Freestyle Libre 2 Plus Dressings Control Solution Infusion Set Type Cartridge & Infusion Set Change Frequency 3 days (qty 30) 2.25 days (qty 40) 2 days (qty 50) 1 day (qty 90) Length of Need Date of Diagnosis (MM/k00/YMY): Diagnosis Code(s): 1 day (qty 90) 2.25 days (qty 40) 2 days (qty 50) 1 day (qty 90) Lifetime (99 years) Date of Diagnosis (MM/k00/YMY): Diagnosis Code(s): E10.95 E11.9 E11.65 E11.649 Other: Reson for Supply Change Frequency and/or Both Steel and Teflon Cannula Sets (check all that apply) Scar Tissue Site Variation Needs Insulin Resistance Other: Cualifications and Indications as per Medical Records (check all that apply): Qualifications and Indications as per Medical Records (check all that apply): Date of Diagnosis (using AID). If not checked, current settings will be transferred at training. Patient is routine with appointments educated in diabetes management Disposable Insulin Device with patch/pod. Device no longer meets medical needs. Patient is pregnant or planning pregnancy Patient is pregnant or planning pregnancy Petientings will be transferred at training. Medical Necessity/Reason for Therapy Replacement Need: NPI #: Patient is pregnant or plannin			÷ ,			Dexcom G7	,		
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Addrocc:	Address:					Phone #: Fax #:			

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

Office Contact:

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:

City/State/Zip:

_Date:_____

PLEASE FAX COMPLETED FORM TO BEDARD PHARMACY & MEDICAL SUPPLIES: 207-795-7622