



Fax Completed Document to: (205) 648-9644

Patient : Name: _____ DOB: _____ Address: _____

Brand of New Pump: _____ HCPCS Code: E0784

Is this a replacement? YES/NO _____ Is current pump out of warranty? YES/NO _____ Expired on _____

What is wrong with the pump? _____

1. ICD 10 Code: _____ Date of DX: _____ DATE OF LAST OFFICE VISIT: _____

2. Check all that apply:

- Patient/Parent is motivated to maintain optimal control of his/her diabetes
- Patient/Parent requires newer technology that is not available on their current pump
- Patient/Parent has the physical and mental ability to operate and can use an insulin pump to manage blood sugars
- Patient/Parent test blood sugars _____ times per day
- Patient/Parent has been doing MDI consisting of _____ Injections per day
- Patient/Parent demonstrates active & past compliance with dietary, insulin regimen, appointments & treatment recommendations

3. Clinical Indications for Insulin Pump Therapy and/or CGM Therapy

- C-peptide level: _____ Diabetes Ketoacidosis
- Nocturnal Hypoglycemia _____ Neuropathy/Nephropathy/Retinopathy
- AM Hyperglycemia (Dawn Phenomenon) _____ Pregnancy or Preconception planning
- Wide fluctuations in blood glucose values from: _____ to _____ mg/dl
- Hx of Hypoglycemia unawareness/ patient has recurring episodes of hypoglycemia
- Recent AI C _____ value Date of test _____ 2nd HgA1C _____ Date of test _____
- Day-to-day variations in work schedule, mealtime, and/or activity level which confound the degree of regimentation required to self-manage glycemia with multiple insulin injections.

4. Prescription for Related Supplies-testing supplies may be dispensed for 90 day supply or insurance limit

- A4253 Test Strips Quantity# _____ X prn refills _____ A4259 lancets Quantity # _____ x prn refills
- A4245 Alcohol Prep pads Quantity _____ x prn refills _____ A5120 Skin Barrier #1 box x prn refills
- A4256 Control Solution #1 X prn refills _____ A4258 Lancet Device #1 X prn refills
- A4250 Ketone test strips # _____ directions _____

Below Insulin pump supplies below may be dispensed in 90 day supply or insurance max limit

- A9274 Omnipod # _____ pt changes every _____ days x prn refills
- A4230/A4224/A4221 Infusion Set # _____ X prn refills---pt changes infusion sets/cartridges every _____ days.
- A4232/A4225/K0552 Cartridge for Pump # _____ X prn refills -- pt changes infusion sets/cartridges every _____ days.
- A9276/K0553/A4239 CGM Sensors x 1 Box/28 Days x prn refills may be dispensed in 90 day supply
Change dexcom sensor every 10 days /Libre sensor every 14 days
- A9277/K0553/A4239 CGM transmitter x 1/90 days x prn refills
Change as directed per manufacturer
- A9278/K0554/E2103 Receiver x 1/365 days x prn refills
For use with CGM sensors

5. Pump Training

Patient/Parent attended pump training class on _____ and verbalized understanding.

6. Insulin Pump setting orders.

Currently on pump (use current pump setting)

7. Physician/CRNP signature acknowledges the patient has completion of a diabetes self-management education program.

Physician Signature

Signature Date

NPI#

Printed Name of MD