

# Certificate of Medical Necessity (CMN) – Continuous Glucose Monitoring (CGM)

## Patient Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F
- Patient Address: \_\_\_\_\_
- Patient Phone: \_\_\_\_\_

## Ordering Provider Information

- Provider Name: \_\_\_\_\_
  - NPI #: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
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## Diagnosis (ICD-10 Codes)

- ☐ E10.\_\_\_\_ – Type 1 Diabetes Mellitus
  - ☐ E11.\_\_\_\_ – Type 2 Diabetes Mellitus
  - ☐ Other: \_\_\_\_\_
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## Clinical Justification for CGM

The above-named patient has diabetes requiring **intensive insulin therapy** (multiple daily injections per day and/or insulin pump therapy). Based on medical necessity, continuous glucose monitoring is indicated for this patient due to:

- ☐ Patient performs self-monitoring of blood glucose (SMBG)  $\geq 4$  times daily
  - ☐ Patient is on multiple daily injections ( $\geq 3$ ) and/or insulin pump therapy
  - ☐ History of hypoglycemia, including **hypoglycemia unawareness**
  - ☐ History of hyperglycemia or glycemic variability impacting safety/management
  - ☐ Documented need for frequent adjustment of insulin regimen
  - ☐ Difficulty achieving target HbA1c despite adherence to therapy
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## Clinical Information

- Current insulin regimen: \_\_\_\_\_
- Most recent HbA1c: \_\_\_\_\_% Date: \_\_\_\_\_
- Average SMBG frequency: \_\_\_\_\_/day
- Complications or risk factors: \_\_\_\_\_

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## Device and Supplies Requested

- ☐ Real-Time Continuous Glucose Monitor (rtCGM)
- ☐ Intermittently Scanned CGM (isCGM)

## Supplies:

- ☐ Sensors (90-day supply)
  - ☐ Transmitter(s)
  - ☐ Receiver (if patient does not have compatible smart device)
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## Provider Attestation

I certify that the information provided above is true, accurate, and complete to the best of my knowledge. I certify that continuous glucose monitoring is **medically necessary** for the treatment of this patient's diabetes and is consistent with accepted standards of medical practice.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_