

Overview of Continuous Glucose Monitoring (CGM) Therapy

How CGM Therapy Works

Continuous glucose monitoring (CGM) systems measure glucose levels at frequent intervals throughout the day and night. Unlike traditional blood glucose meters, which provide a single reading at a given moment, CGMs track glucose in real time and show whether levels are trending higher or lower. By delivering ongoing insights, CGMs may help empower patients to make more informed decisions about insulin dosing, diet, and lifestyle adjustments.

Key Benefits of CGM Therapy

- **Improved Glycemic Control:** By providing continuous glucose readings, CGMs allow patients and providers to identify trends, adjust insulin therapy, and prevent severe hyperglycemia or hypoglycemia.
- **Increased Time in Range (TIR):** CGMs may help improve the amount of time a patient spends within their target glucose range, reducing complications such as diabetic retinopathy, neuropathy, and cardiovascular disease.
- **Convenience and Reduced Fingersticks:** Most CGMs reduce the need for frequent fingerstick* blood glucose tests, as they provide continuous readings.
- **Alerts for High and Low Glucose:** Patients receive notifications when their glucose levels are outside the target range, enabling them to take action to avoid potential emergencies.
- **Better Patient Engagement:** Real-time data sharing with caregivers or family members enhances support and monitoring, improving overall patient adherence.

Frequently Asked Questions

Q: Does CGM eliminate fingersticks?

A: No, most CGMs do not require daily calibration via fingerstick, but some models may require occasional checks for calibration.*

Q: How long do CGM sensors last?

A: Sensor duration typically ranges from 10 to 15 days, depending on the model.

Q: Is CGM therapy painful?

A: The sensor is typically quick and minimally painful.

Q: Can CGM therapy help me avoid dangerous lows?

A: Yes, many CGMs come with alerts to warn patients when their glucose is trending too low, allowing them to take action before hypoglycemia occurs.

Q: How do I read the data?

A: CGM data can be viewed through a smartphone app[†] or dedicated receiver, which shows your current glucose level, trends, and high or low glucose alerts.

*Patients should still monitor their glucose via fingerstick when their symptoms do not match their continuous glucose readings or when patients symptoms do not match readings.

† Compatibility with smart phones might vary with manufacturer or a dedicated receiver.





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CGM System Anatomy

A Break Down Showing the Components of a CGM System*

- 1 Glucose Reading**
Displays your glucose level found in the fluid between your cells.
- 2 Trend Arrow**
The trend arrow shows the direction your glucose is heading and how quickly or slowly it's changing.

 -  **Steady:** Changing less than 30 mg/dl in 30 minutes.
 -  **Slowly rising or falling:** Changing 30-59 mg/dl in 30 minutes.
 -  **Rising or falling:** Changing 59-90 mg/dl in 30 minutes.
 -  **Rapidly rising or falling:** Changing more than 90 mg/dl in 30 minutes.
- 3 Trend Graph with Target Range**

 - 3A:** The past 8 hours of glucose readings.
 - 3B:** Target glucose range that appears if the high and low glucose alarms are turned on.
 - 3C:** The high alert yellow line notifies you when your glucose is at or above the yellow line.
 - 3D:** The low alert red line notifies you when your glucose is at or below this red line.
- 4 Sensor**
Measures interstitial glucose levels just below the skin by sending wireless readings to a receiver.



*For reference only. Components and displays vary per manufacturer.

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Patient Suitability and Initial Consultation Guide for CGM Therapy

Diabetes Consultation

During the initial consultation, assess the patient’s diabetes type, treatment regimen, lifestyle, and readiness for CGM technology. Personal CGM may be indicated for patients with Type 1 or Type 2 diabetes under the following conditions* (per ADA 2025 standards):

- **Multiple Daily Injections (MDI) of Insulin (Type 1, Type 2, Youth)**
- **Insulin Pump Use (Type 1, Type 2, Youth)**
- **Frequent Hypoglycemia**
- **Hypoglycemia Unawareness**
- **High Glycemic Variability**
- **Failure to Achieve Glucose Targets**

After determining eligibility for CGM, it’s important to address common patient concerns to ensure they are fully informed and comfortable with the technology. Key questions may include:

Lifestyle and Technology Comfort

Questions to Consider	Likely Candidates	Unlikely Candidates
Is the patient comfortable using technology like smartphone apps or wearable devices?	Tech-Savvy Patients: Those who are comfortable with mobile apps or wearable devices for monitoring glucose.	Low Tech Comfort: Patients who are resistant to learning new technology.
How does the patient feel about wearing a sensor and using a device daily?	Willing to Use CGM: Those willing to integrate CGM into their daily routine for better glucose control.	Unwilling to Adopt Technology: Patients who are not open to wearing CGM sensors or embrace new technology.

Patient Readiness and Engagement

Questions to Consider	Likely Candidates	Unlikely Candidates
Is the patient ready to engage with their diabetes management actively?	Ready for CGM Therapy: Patients who are motivated to track their glucose trends and make necessary adjustments.	Low Motivation: Patients not motivated to engage in active changes to support diet, exercise, and mental wellness practices.

Insurance and Cost Considerations

Questions to Consider	Likely Candidates	Unlikely Candidates
Does the patient have insurance coverage for CGM or are they willing to cover the cost?	Covered by Insurance: Patients whose insurance covers CGM therapy or are willing to pay out-of-pocket.	Lack of Coverage or Affordability: Patients without insurance coverage for CGM or those concerned about cost.
Has the patient experienced difficulties with insurance authorization for diabetes supplies?	Insurance Accessible: Patients with good insurance coverage that includes CGM devices, or who are willing to work on prior authorization.	Insurance Issues: Patients with insurance that does not cover CGM or who have had issues with prior authorization.

*Coverage may depend on insurance requirements.

Patient Readiness Survey for Continuous Glucose Monitoring (CGM)

Please answer the following questions based on your current experience with diabetes management. Choose the answer that best fits your situation.





Question	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I am comfortable with using new medical technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to monitor my glucose levels more frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in my ability to manage my diabetes independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I struggle to keep track of my blood glucose levels with finger sticks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would find it helpful to receive real-time feedback on my glucose levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in technology that can help improve my diabetes management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience fluctuations in my blood glucose that I don't fully understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am open to receiving support from my healthcare team regarding new diabetes management tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have concerns about the cost or insurance coverage for CGM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be motivated to use CGM if it could help me better manage my blood glucose levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring and Interpretation: Total Score Range 10-50 Points

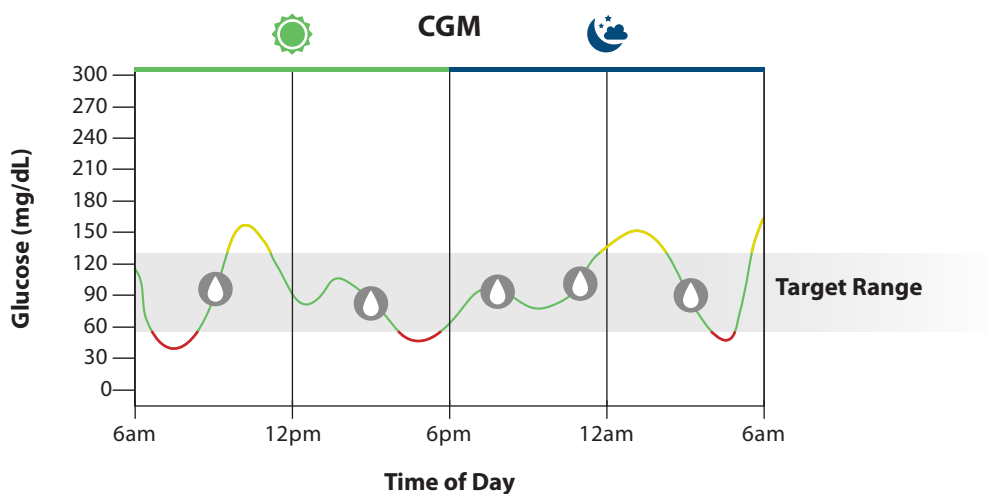
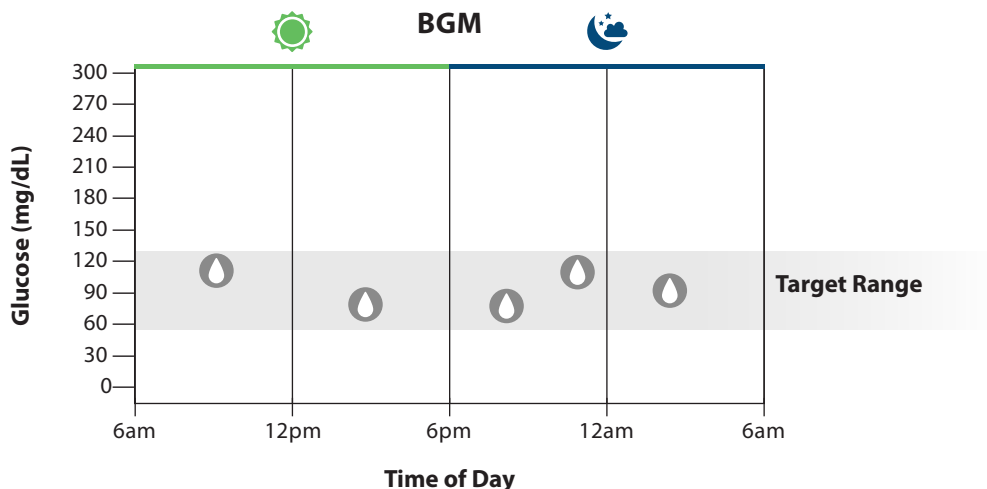
Interpretation

- **40-50 points:** Patient may be highly ready to adopt CGM therapy.
- **30-39 points:** Patient may be moderately ready but may need further education or discussion on CGM benefits.
- **20-29 points:** Patient may have reservations or may be about adopting CGM therapy and may need more support.
- **Below 20 points:** Patient may not be ready to adopt CGM therapy.

Tips for Presenting CGM Therapy to Patients

- 
Emphasize Control and Flexibility: CGMs provide continuous glucose data, allowing patients to adjust insulin before experiencing extreme highs or lows. Unlike BGM, which can miss critical moments, CGMs may help capture fluctuations more effectively.
- 
Address Concerns about Technology: Some patients may have concerns about using technology. Reassure them that CGMs can be simple to use, easy to wear, and seamlessly integrate into daily life. Emphasize that CGMs provide real-time alerts during critical moments, helping patients be proactive in adjusting their management before extreme highs or lows occur, rather than reacting once symptoms appear.
- 
Focus on Quality of Life: Stress the long-term benefits this may reduce complications like hypoglycemia and hyperglycemia, which may help patients feel more in control and live a healthier life.
- 
Offer Support and Resources: Provide resources on how the CGM works, its benefits, and instructions on how to use it, ensuring the patient feels confident in adopting this technology.

BGM vs CGM CHARTS (Illustrative)



Sample Patient List for CGM Eligibility

Here is a sample of a patient list based on the criteria provided above.

Current Meds	Age	Diabetes Type	HbA1C	Hypoglycemia History	Glucose Testing Frequency	Insurance For CGM	Patient Engagement	Eligible For CGM
Metformin, Insulin	58	Type 2	8.2%	Occasional hypoglycemia	2-3 times a day	Yes	High interest in tech	Yes
Insulin pump	42	Type 1	7.9%	Frequent evening lows	4-5 times a day	Yes	Interested in CGM	Yes
GLP-1 Agonist	70	Type 2	8.5%	No hypoglycemia reported	1-2 times a day	No	Low interest	No
Insulin (MDI)	35	Type 1	7.3%	Rare hypoglycemia	3-4 times a day	Yes	Moderate interest	Yes
SGLT2 Inhibitor	55	Type 2	9.0%	No hypoglycemia	1-2 times a day	Yes	High interest in CGM	Yes
Insulin	45	Type 1	7.6%	Severe hypoglycemia	3-4 times a day	Yes	Interested in CGM	Yes

How to Use this Report

- **Criteria Review:** Healthcare providers can use these criteria to filter and identify patients who might benefit from CGM therapy during regular visits.
- **Patient List:** The sample list allows prescribers to quickly review eligible patients based on their medical history, medications, and other important factors, making it easier to discuss CGM adoption during visits.
- **Scoring System:** You could also add a scoring system (e.g., point for each criterion met) to easily help determine patient eligibility for CGM.

This approach may help identify patients who are likely to benefit from CGM therapy based on clinical factors, medication regimens, and patient engagement.

Patient Scenarios – How could CGM Benefit this Patient?

This section presents real-world diabetes management scenarios[†], highlighting common challenges like glucose variability, hypoglycemia, and insulin management. These examples show how continuous glucose monitoring (CGM) can provide valuable insights to optimize treatment and improve patient outcomes.

Use these scenarios to understand how CGM can be tailored to individual care plans.

Scenario 1

Glucose Spikes, Increased Thirst, and Blurred Vision in Type 2 Diabetes.

A 58-year-old patient with type 2 diabetes is managing their condition with metformin and a once-daily GLP-1 receptor agonist. Their most recent HbA1C is 8.0%, and their fasting glucose levels typically range from 120-160 mg/dL. After meals, their glucose levels can rise to 180-210 mg/dL. The patient has recently started experiencing increased thirst, frequent urination, and occasional blurred vision, which they attribute to aging. They are not currently tracking their glucose levels at home and have no specific meal or activity routine.

Discussion: *The patient's symptoms, such as increased thirst and blurred vision, may be signs of poorly controlled blood glucose, but they have not been actively monitoring their glucose levels. Using a CGM could provide valuable real-time data on glucose patterns, helping the patient and their healthcare provider identify postprandial spikes and other fluctuations in glucose levels. This data could inform adjustments to their medication regimen, meal timing, or activity levels. The patient would benefit from the alerts provided by CGM, enabling them to take action before their glucose rises too high. Additionally, the patient might gain a clearer understanding of how specific foods, portions, and activity levels affect their glucose, improving overall management and helping prevent further complications.*

Scenario 2

Managing Hypoglycemia and Post-Meal Glucose Spikes in Type 1 Diabetes.

A 62-year-old patient with type 1 diabetes has been using an insulin pump with basal and bolus therapy. Their most recent HbA1C level is 7.5%, but they frequently experience hypoglycemic episodes, particularly in the evenings. Their insulin-to-carbohydrate ratio is adjusted, but the patient often experiences high glucose levels after meals, despite consistent bolus dosing. Morning fasting glucose levels are typically around 130 mg/dL, and their post-meal glucose readings range from 180-250 mg/dL.

Discussion: *The patient is on an insulin pump, but their glucose control is still suboptimal, with frequent hypoglycemia and postprandial hyperglycemia. A CGM could provide real-time data on glucose trends and fluctuations, allowing for better adjustments to insulin delivery, especially around meal times. By analyzing the data, the patient and their healthcare provider can identify patterns that might be leading to these fluctuations, such as insulin absorption issues or timing of insulin doses. The use of CGM could also help the patient avoid hypoglycemia during the evenings by offering alerts and trend data to make timely adjustments.*

[†]These are hypothetical case studies for informational purposes only. They are not intended to be a substitute for professional medical advice, diagnosis, or treatment.

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Selecting the Right CGM For Your Patients

At Advanced Diabetes Supply, we believe the best diabetes management solution is the one that fits each patient's unique needs. While one CGM may offer a slimmer profile or faster warm-up time, it's crucial to consider the patient's lifestyle, diabetes goals, and insurance coverage. We encourage healthcare providers to collaborate with patients to:

- Explore patient needs and preferences for glucose management.
- Customize the device to seamlessly integrate into their routine.
- Work together in a shared decision-making process to empower your patient in their diabetes care journey.

Let's explore the options available today to ensure we're giving patients the support they need to live their best lives.

Matching the Patient's Responses to the Right CGM Model

Use the patient's responses to guide the selection process. For example:

- **Active Patients:** A model with a slim profile and extended sensor duration may be preferable.
- **Tech-Savvy Patients:** A system with mobile app compatibility and advanced data analytics
- **Children:** Choose a device that is easy to use and has a longer sensor life for fewer interruptions.



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CGM Comparison Chart

Feature	Dexcom G7 ¹	FreeStyle Libre 3 Plus ²	FreeStyle Libre 2 Plus ³
Sensor Duration	10 days and 15 days [*]	15 days	15 days
MARD	8.2%	8.2%	8.2%
Transmitter Range	33' (Bluetooth)	33' (Bluetooth)	20' (Bluetooth)
Warm-Up Time	< 30 min	1 hour	1 hour
Insulin Pump Integration	<ul style="list-style-type: none"> • iLet Bionic Pancreas[*] • Lilly Tempo Insulin Pen • Omnipod[®] 5[*] • Tandem Mobi System • Tandem t-slim:X2[™] insulin pump 	iLet Bionic Pancreas	<ul style="list-style-type: none"> • Omnipod[®] 5 Automated Insulin Delivery System • Tandem t-slim:X2[™]
Smart Phone Compatible[†]	iPhone and Android	iPhone and Android	iPhone and Android
Water Resistance	2.4 meters for 24 hours	3 feet for 30 minutes	3 feet for 30 minutes
Approved Age	2 years and older	2 years and older	2 years and older
Insulin Pump Integration	Yes	Yes	Yes

¹ Dexcom. (2025, March 3). Dexcom G7 vs. FreeStyle Libre 3 and Libre 3 Plus: Choosing the Right CGM. Retrieved from <https://www.dexcom.com/all-access/dexcom-cgm-explained/dexcom-g7-vs-freestyle-libre-3-and-libre-3-plus-choosing-the-right-cgm>

² Abbott. (n.d.). FreeStyle Libre 3 Continuous Glucose Monitoring. Retrieved April 28, 2025, from <https://www.freestyleprovider.abbott/us-en/freestyle-libre-3.html>

³ Abbott. (n.d.). FreeStyle Libre 2 Continuous Glucose Monitoring. Retrieved April 28, 2025, from <https://www.freestyleprovider.abbott/us-en/freestyle-libre-2.html>

^{*} For complete product features, please visit the manufacturers website.

[†] Smartphone compatibility may vary by device.

^{*} Dexcom G7 15-day is currently only available for integration with Tandem t-slim:X2, iLet Bionic Pancreas and Omnipod 5.

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HCPCS Codes: CGM Models, Accessories, and Insurance Types

Understanding the HCPCS codes for CGM devices and accessories is essential for accurate billing and insurance coverage. These codes can vary, so it's important to stay informed. For any questions or clarifications, our team of experts is here to help. Feel free to contact us!

CGM Model	HCPCS Code	Insurance Coverage Type
Dexcom G7 Sensor	<ul style="list-style-type: none"> • A4239 / month • A9276 / per day 	<ul style="list-style-type: none"> • Medicare / Medicare Advantage • Commercial
Dexcom G7 Receiver	<ul style="list-style-type: none"> • E2103 • A9278 	<ul style="list-style-type: none"> • Medicare / Medicare Advantage • Commercial
Freestyle Libre 3 Plus and 2 Plus Sensor	<ul style="list-style-type: none"> • A4239 / month • A9276 / per day 	<ul style="list-style-type: none"> • Medicare / Medicare Advantage • Commercial
Medtronic Sensor	<ul style="list-style-type: none"> • A4238 • A9276 	<ul style="list-style-type: none"> • Medicare / Medicare Advantage • Commercial
Medtronic Reader	<ul style="list-style-type: none"> • E2102 • A9277 	<ul style="list-style-type: none"> • Medicare / Medicare Advantage • Commercial

*Advanced diabetes supply group can not guarantee the accuracy of HCPCS codes or Insurance coverage type.

Advanced diabetes supply group is not responsible for claims or liabilities that may result from the use of this information. HCPCS codes and Medicare information listed in this guide are intended for educational purposes only. Information within this guide may not apply to Medicaid or private insurance plans.

ICD-10 Diagnosis Codes

Insulin Pump and CGM Prescriptions

The following ICD-10 codes are commonly used to document diabetes-related diagnoses, which may justify the prescription of an insulin pump and/or continuous glucose monitor (CGM). These codes should be selected based on the patient’s clinical presentation and medical necessity.

ICD-10 Code	Description	Relevance
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Indicates poorly controlled Type 1 diabetes requiring precise insulin management
E10.65	Type 1 diabetes mellitus with hyperglycemia	Suggests the need for better glycemic control via an insulin pump or CGM
E10.9	Type 1 diabetes mellitus without complications	General diagnosis for Type 1 diabetes patients needing advanced management tools
E11.65	Type 2 diabetes mellitus with hyperglycemia	Suggests the need for improved glucose monitoring and insulin therapy
E11.9	Type 2 diabetes mellitus without complications	General diagnosis for Type 2 diabetes patients transitioning to CGM or pump therapy
E13.9	Other specified diabetes mellitus without complications	Covers less common forms of diabetes where CGM or insulin pumps may be appropriate
Z79.4	Long-term (current) use of insulin	Indicates ongoing insulin therapy, a prerequisite for insulin pump or CGM prescription
R73.03	Prediabetes	Used when proactive CGM monitoring is considered for high-risk patients
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Justifies advanced monitoring to prevent further complications
E09.319	Drug- or chemical-induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	May warrant insulin pump therapy if patient experiences glycemic instability
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	For patients with kidney complications requiring tighter glucose control
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Suggests the need for improved glucose management to protect renal function
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Neuropathy may indicate the need for enhanced glucose stability through pump or CGM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	For patients experiencing nerve damage, requiring tighter glucose control
E11.59	Type 2 diabetes mellitus with other circulatory complications	Advanced monitoring tools may be needed for patients with cardiovascular risks
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Indicates severe glycemic instability necessitating advanced monitoring and management
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Suggests recurrent hypoglycemia requiring CGM for better detection and prevention
E16.2	Hypoglycemia, unspecified	For patients experiencing significant low blood sugar episodes requiring CGM monitoring
R73.9	Hyperglycemia, unspecified	Useful for indicating uncontrolled blood sugar where CGM or insulin pump is warranted
Z13.1	Encounter for screening for diabetes mellitus	May be used in preventative scenarios for at-risk patients considering CGM for early detection

Resource: https://www.cms.gov/icd10manual/version33-fullcode-cms/fullcode_cms/P0240.html

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The Value of Adding a CDCES to the Diabetes Care Team

A Certified Diabetes Care and Education Specialist (CDCES) may be a valuable addition to your team. They lighten the load for prescribers by offering expert education, guiding patients on diabetes management, and supporting the use of continuous glucose monitoring (CGM) devices. This support may increase patient confidence, improves adherence, and can lead to better diabetes control, ultimately improving health outcomes.

CDCESs Specialize In

-  **Self-Management**
Helping patients take control of their diabetes with practical tools and knowledge.
-  **Behavioral & Treatment Goals**
Supporting sustainable lifestyle changes for long-term health.
-  **Risk Reduction**
Teaching strategies to minimize complications and optimize health outcomes.

Looking for a CDCES in your area?

The Certification Board for Diabetes Care and Education can help: www.cbdce.org/locate

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How to Prescribe a CGM through the Parachute Platform

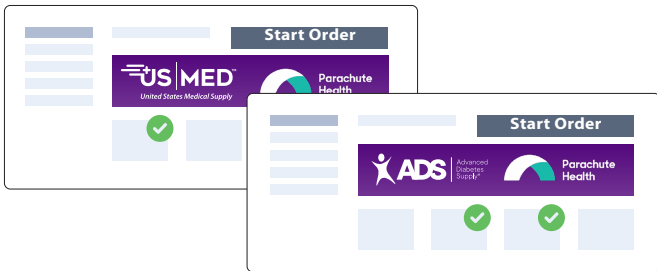
The Parachute platform simplifies the prescription and order submission process for CGMs, ensuring faster processing, reduced paperwork[†], and streamlined communication between prescribers, suppliers, and insurers. Follow these simple steps to prescribe a CGM efficiently through Parachute for your patients.

Example

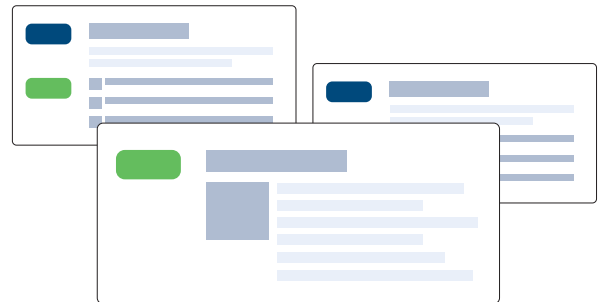
When using the Parachute platform, choose either Edgepark, ADS, or US MED.

- **ADS:** www.parachutehealth.com/ads
- **US MED:** www.parachutehealth.com/usmed
- **Edgepark:** www.parachutehealth.com/edgepark

1. Choose provider, start order, enter patient information, and select your products.



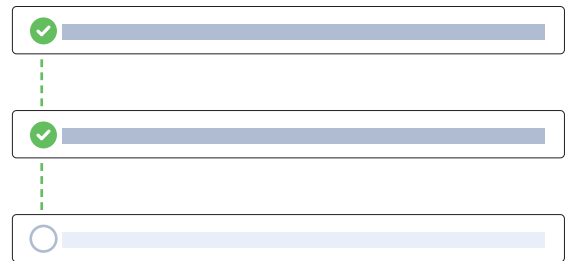
2. Answer the qualifying prompts.*



3. Send to clinician for digital signature.



4. Track your order.



[†]Additional paperwork may be required by a health plan
^{*}Information must be corroborated with the medical record.

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CGM Prescription Checklist and Faxing

For prescribers who prefer traditional submission methods, faxing a prescription for Continuous Glucose Monitoring (CGM) is a reliable option. This ensures that all necessary documentation is included, minimizing delays in insurance approval and order fulfillment. Follow these steps to submit an accurate and complete CGM prescription via fax.

CGM Prescription Checklist

Step 1: Confirm Eligibility and Insurance Coverage

- Verify patient eligibility for CGM based on medical necessity criteria:
 - Insulin-dependent
 - History of frequent hypoglycemia
 - Poor glycemic control
 - High HbA1c
- Check insurance coverage (Medicare, Medicare Advantage, Commercial)
- Submit prior authorization (PA) if required (ADS handles PA for most insurances)
- Ensure correct HCPCS Code for CGM (e.g., A4239 for sensor, 90-day supply)
- Confirm insulin pump integration if applicable (for patients requiring both insulin pump and CGM)

Step 2: Complete Prescription/CMN Form

- Fill out the Prescription/Cert of Medical Necessity (CMN),
 - CGM Brand & Model (e.g., Dexcom G7, Freestyle Libre 2 Plus/3 Plus)
 - Sensor Duration (e.g., 10 days or 15 days depending on model selected.)
 - Frequency of sensor replacement (e.g., every 90 days for Dexcom G7, Freestyle Libre 2 Plus / 3 Plus)
 - Diagnosis Code (e.g., E10.9 for Type 1 diabetes, E11.9 for Type 2 diabetes)

Step 3: Attach Medical Records

- Include recent visit notes confirming the patient's medical condition and need for CGM
- Attach any additional referral or provider change documentation
- Provide clinical justification for CGM therapy, such as difficulties in achieving glycemic control, hypoglycemia, or frequent glucose fluctuations

Step 4: Submit and Confirm Processing

- Fax prescription CMN form to
 - Edgepark:** 866-510-6583
 - ADS:** 800-503-6280
 - US MED:** 866-344-9680
- Call to confirm receipt and processing:
 - Edgepark:** 866-400-5183
 - ADS:** 866-422-4866
 - US MED:** 888-974-0166

Helpful Tip: Corrections to CMNs or prescriptions may cause delays. Please ensure all changes are initialed and dated.

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PRESCRIPTION ORDER FORM

Please Fax to: | Questions?

Please initial and date any changes made to the order to avoid processing delays.

PATIENT INFORMATION

First: _____ Middle: _____ Last: _____ DOB: _____ Gender: M F
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Sec. Phone: _____ Email: _____
 Primary Insurance: _____ Policy/ID: _____
 Primary Insurance Phone: _____ Group #: _____
 Secondary Insurance: _____ Policy/ID: _____
 Secondary Insurance Phone: _____ Group #: _____

ITEMS TO BE DISPENSED

1 Diagnosis (ICD10): E10.9 E11.65 E10.65 E11.8 E11.39 Other: _____
 IS PATIENT INJECTING INSULIN? YES NO IS PATIENT ON AN INSULIN PUMP? YES NO

CGM:

<p>FreeStyle Libre 3 Plus</p> <p>READER: Use with Sensor to monitor Blood Glucose</p> <p>Dispense: One Reader / 365 days 0 refill / year</p> <p>SENSORS: Change sensor every 15 days.</p> <p>Dispense: Six Sensors / 90 days 3 refills / year</p>	<p>FreeStyle Libre 2 Plus</p> <p>READER: Use with Sensor to monitor Blood Glucose</p> <p>Dispense: One Reader / 365 days 0 refill / year</p> <p>SENSORS: Change sensor every 15 days.</p> <p>Dispense: Six Sensors / 90 days 3 refills / year</p>	<p>Dexcom G7 15-day</p> <p>RECEIVER: Use with Sensor to monitor Blood Glucose</p> <p>Dispense: One Receiver / 365 days 0 refill / year</p> <p>SENSORS: Change every 15 days.</p> <p>Dispense: Six Sensors / 90 days 3 refills / year</p>	<p>Dexcom G7</p> <p>RECEIVER: Use with Sensor to monitor Blood Glucose</p> <p>Dispense: One Receiver / 365 days 0 refill / year</p> <p>SENSORS: Change every 10 days.</p> <p>Dispense: 10 Sensors / 100 days 3 refills / year</p>
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Pharmacy Benefit: See authorized refill quantity above: _____
 Medical Benefit: Lifetime - unless otherwise specified: _____

2 **Insulin Pump:** Select Pod (5 pack box) & corresponding intro kit (to dispense one only as needed):
 Omnipod 5 G6-G7 Intro Kit and Omnipod 5 G6-G7 Pods - E0784 & A9274
 Omnipod 5 Libre2Plus G6 Intro Kit & Omnipod 5 Libre2Plus G6 Pods - E0784 & A9274
 Omnipod DASH and Omnipod DASH Intro Kit (Gen 4) - E0784 & A9274

Select Pod Change Frequency:
 Every 24 Hours (90 pods / 90 days)
 Every 48 Hours (45 pods / 90 days Pharmacy benefit or 50 pods / 90 days for Medical benefit)
 Every 72 Hours (30 pods / 90 days)

Pharmacy Benefit: 90 days with 3 refills - unless otherwise specified: _____
 Medical Benefit: Lifetime - unless otherwise specified: _____

I prescribe the following syringes/pen needles for patients that are insulin dependent.
 If patient is on insulin, provide # times administering daily: _____

Dispense a 100-day supply per above injecting frequency.
 3 Refills unless otherwise specified: _____

Syringes - Check box that applies:
 30G 8mm: 0.3ml 0.5ml 1ml 31G 8mm: 0.3ml 0.5ml 1ml
 Directions For Use: _____

Pen Needles - Check box that applies:
 29G 12.7mm 31G 5mm 31G 8mm 32G 6mm
 Directions For Use: _____

3 **Physician Signature:** _____ **Date** _____
SIGNATURE AND DATE STAMP NOT ACCEPTED

Physician Name: _____ **NPI#:** _____ **Office Contact:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

DEXCOM CGM / PUMP INSULIN SUPPLY PHYSICIAN ORDER / PRESCRIPTION

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS INDICATED BY THE FIVE NUMBERED CIRCLES
CORRECTIONS ON THIS FORM ARE NOT ACCEPTABLE, IF AN ERROR OCCURS; PLEASE CALL FOR A NEW FORM.

LENGTH OF NEED: DME = LIFETIME (i.e. 99 months)/ Pharmacy = 4 refills unless otherwise specified here ____.

PATIENT INFORMATION:

ORDER DATE:

NAME:	DOB:	PHONE:
ADDRESS:		

1 PATIENT'S DIAGNOSIS CODE SPECIFIC TO DIABETIC COMPLICATIONS? ICD-10 (CHECK BOX BELOW)

E10.9
 E10.65
 E11.65
 E11.9
 OTHER DX _____

2 IS PATIENT ON-INSULIN? NO YES *IF YES, IS PATIENT ON AN INSULIN PUMP? (ANSWER BELOW)*

NO, PROVIDE # OF INSULIN INJECTIONS PER DAY HERE →:

YES, COMPLETE SECTION #3 TO PRESCRIBE INSULIN ↙:

ITEMS TO BE DISPENSED – USE PER MANUFACTURER RECOMMENDATION

CGM: BRAND AND MODEL PER PATIENT PREFERENCE. (Refills timing based on Insurance coverage.)

DEXCOM G7 10-DAY SENSOR	Change Every 10 Days	Dispense: Ten / 100 days	4 refills per year
DEXCOM G7 15-DAY SENSOR	Change Every 15 Days	Dispense: Six / 90 days	4 refills per year
DEXCOM G7 RECEIVER	Use Per Manufacturer Instructions	Dispense: One / 365 days	1 refill per year

INSULIN VIALS 100 units/mL : USE AS DIRECTED PER PRESCRIBER IN INSULIN PUMP

3 **INSULIN LISPRO** same insulin in HUMALOG

DISPENSE: Twelve 10mL vials **or Alt:** ____ 10mL vials/90 Days, 4 refills per year

PEN NEEDLES and SYRINGES: Inject insulin ____ times per day.

DISPENSE: 100 Day Supply Based on Injection Frequency, 4 refills per year

INSULIN COVERED BY MEDICARE PART B FOR PUMP PATIENTS ONLY

By my signature below, I confirm that all the information contained on this Physician Order form accurately reflects the patient's diabetic condition, and the treatment regimen which I am prescribing. This patient's medical records substantiate the items prescribed. I will maintain this signed original document in the patient's medical record for post-payment purposes. I agree to follow up on the patient every six (6) months while under my care for control of diabetes. This Physician Order is being sent to Advanced Diabetes Supply (ADS) per the patient's choice. I understand I am sending the prescribed items to ADS, a pharmacy and medical device supplier, to be filled per patient's preference. I communicated to the patient/caregiver the recommended treatment plan, including potential risks, benefits, precautions and limitations of the products, including off-label usage, which I authorize. The patient/caregiver is physically and intellectually able to follow instructions for controlling diabetes and to operate the items prescribed and has been or is being trained in their use. DAW = 0, no product selection indicated, unless prescriber indicates otherwise _____. For Virginia patients, RPh is authorized to make copies of this order to circle one prescribed item per copy to meet the pharmacy law requirement of single item prescription. Nothing will be changed from this original order.

4 SIGNATURE: _____ **5 DATE:** _____

PRESCRIBER INFORMATION: PLEASE COMPLETE ANY DETAILS NOT ON FILE TO FACILITATE PROCESSING.

NAME:	NPI #:	PHONE #:
EMAIL ADDRESS:	DEA#:	FAX #:
OFFICE STREET ADDRESS:		
OFFICE CONTACT/ NOTES:		

YOU MAY ELECTRONICALLY PRESCRIBE THE ABOVE ITEMS VIA PARACHUTE TO: "ADVANCED DIABETES SUPPLY" OR FAX DOCUMENTS BACK TO 1-760-444-8771 QUESTIONS eMAIL CGM@NORTHCOASTMED.COM



FREESTYLE LIBRE CGM / PUMP INSULIN SUPPLY PHYSICIAN ORDER / PRESCRIPTION

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS INDICATED BY THE FIVE NUMBERED CIRCLES CORRECTIONS ON THIS FORM ARE NOT ACCEPTABLE, IF AN ERROR OCCURS; PLEASE CALL FOR A NEW FORM.

LENGTH OF NEED: DME = LIFETIME (i.e 99 months) / Pharmacy= 4 refills unless otherwise specified here

PATIENT INFORMATION:

ORDER DATE:

Form with fields for NAME, ADDRESS, DOB, and PHONE.

1 PATIENT'S DIAGNOSIS CODE SPECIFIC TO DIABETIC COMPLICATIONS? ICD-10 (CHECK BOX BELOW)

Options: E10.9, E10.65, E11.65, E11.9, OTHER DX

2 IS PATIENT ON-INSULIN? NO YES IF YES, IS PATIENT ON AN INSULIN PUMP? (ANSWER BELOW)

NO, PROVIDE # OF INSULIN INJECTIONS PER DAY HERE

YES, COMPLETE SECTION #3 TO PRESCRIBE INSULIN

ITEMS TO BE DISPENSED – USE PER MANUFACTURER RECOMMENDATION

CGM: BRAND AND MODEL PER PATIENT PREFERENCE. (Refills timing based on Insurance coverage.)

Table with 4 columns: Item Name, Use Per Manufacturer Instructions, Dispense, and Refills per year.

INSULIN VIALS 100 units/mL : USE AS DIRECTED PER PRESCRIBER IN INSULIN PUMP

3 INSULIN LISPRO same insulin in HUMALOG

DISPENSE: Twelve 10mL vials or Alt: 10mL vials/ 90 Days, 4 refills per year

PEN NEEDLES and SYRINGES: Inject insulin times per day.

DISPENSE: 100 Day Supply Based on Injection Frequency, 4 refills per year

INSULIN COVERED BY MEDICARE PART B FOR PUMP PATIENTS ONLY

This document serves as a Prescription and/or Statement of Medical Necessity for the above referenced patient. I confirm that I have seen this patient within the last six (6) months to evaluate their diabetes control and in addition to the above, I prescribe the following supplies in the following quantities based on injection and change frequencies written above: INSULIN– Vials J1817 or INSULIN ITEMS with NDCs for those who qualify under State/Medicare/Payor Guidelines. CGM System, to include K0554 / E2103 / A9278 Reader / Receiver and SENSORS / SUPPLY ALLOWANCE – K0553 / A4239 / A9276 for related supplies (glucometer, test strips, lancets, lancing device and control solution, when covered by insurance) and up to a 100-day supply of Pen Needles, Syringes, Sterile Wipes based on injection and change frequencies written above along with other associated diabetes supplies will be provided. By my signature below, I confirm that all the information contained on this Physician Order form accurately reflects the patient's diabetic condition, and the treatment regimen which I am prescribing. This patient's medical records substantiate the items prescribed. I will maintain this signed original document in the patient's medical record for post-payment purposes. I agree to follow up on the patient every six (6) months while under my care for control of diabetes. I communicated to the patient/caregiver the recommended treatment plan, including potential risks, benefits, precautions and limitations of the products, including off-label usage, which I authorize.

The patient/caregiver is physically and intellectually able to follow instructions for controlling diabetes and to operate the items prescribed, and has been or is being trained in their use. DAW = 0, no product selection indicated, unless prescriber indicates otherwise. For Virginia patients, RPh is authorized to make copies of this order to circle one prescribed item per copy to meet the pharmacy law requirement of single item prescription. Nothing will be changed from this original order.

4 SIGNATURE:

5 DATE:

PRESCRIBER INFORMATION:

Form with fields for NAME, EMAIL ADDRESS, STREET ADDRESS, CONTACT/NOTES, NPI #, DEA#, and PHONE#.

YOU MAY ELECTRONICALLY PRESCRIBE THE ABOVE ITEMS VIA PARACHUTE TO: "ADVANCED DIABETES SUPPLY" OR FAX DOCUMENTS BACK TO: 760.444.8771

QUESTIONS eMAIL: cgm@northcoastmed.com or Call: 877.869.1298

Interpreting CGM Data for Actionable Insights

Continuous Glucose Monitoring (CGM) provides real-time, detailed insights into a patient’s glucose patterns, enabling more precise diabetes management. By understanding key metrics such as Time in Range (TIR), Glycemic Variability (GV), and Time in Hypoglycemia, CGMs may help clinicians make informed decisions to develop treatment plans. This section will guide you through the essential CGM data points, what they may reveal about a patient’s diabetes control, and how to use this information to improve patient outcomes.

Key CGM Metrics Worth Understanding

Metric	What It Is	Why It Matters
Average Glucose	Mean glucose level over time.	Indicates overall glucose control but lacks insight into fluctuations.
Glycemic Management Index (GMI)	Estimated A1C based on CGM data.	Offers a more accurate long-term glucose control picture than A1C.
Time in Range (TIR)	Percentage of time glucose is between 70-180 mg/dL (standard target).	A higher TIR indicates better overall diabetes management. 70% or more is ideal.
Time in Hypoglycemia (TIHypo)	Time spent below 70 mg/dL or 54 mg/dL.	Minimizing TIHypo prevents hypoglycemic complications.
Time in Hyperglycemia (TIHyper)	Time spent above 180 mg/dL or 250 mg/dL.	Reducing TIHyper helps prevent long-term complications like neuropathy.
Glycemic Variability (GV)	Measures fluctuations in glucose levels (e.g., Coefficient of Variation).	High GV signals unstable glucose and indicates a need for intervention.

Bergenstal RM. Understanding Continuous Glucose Monitoring Data. In: Role of Continuous Glucose Monitoring in Diabetes Treatment. Arlington (VA): American Diabetes Association; 2018 Aug. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538967/> doi: 10.2337/db20181-20

This information is not intended to be medical advice or to make treatment decisions.

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Key Continuous Glucose Monitoring (CGM) Measures

Understanding Target Ranges and Variability for Optimal Diabetes Management

CGM data may offer detailed insights into a patient's daily glucose patterns. By focusing on core measures such as Time in Range and Glucose Variability, clinicians may more accurately assess metabolic control and tailor individualized treatment plans. Below is a summary of recommended targets for key CGM metrics.

Time in Range (TIR) for Diabetes

This bar represents the TIR goals for most adults with Type 1 or Type 2 diabetes. But your TIR goals may be different for several reasons.

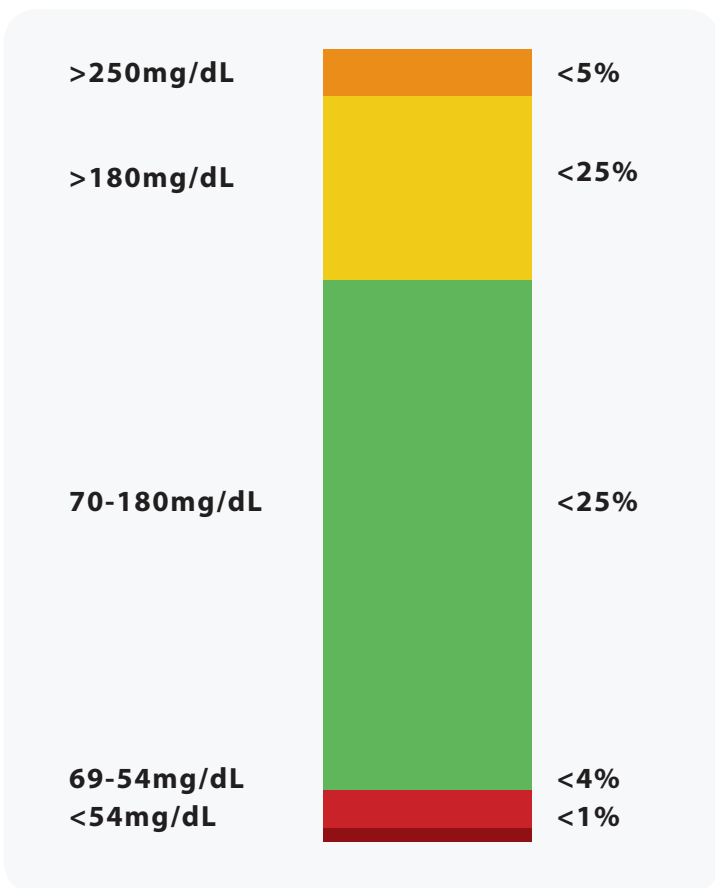


Chart Source: Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. Diabetes care, 42(8), 1593–1603. <https://doi.org/10.2337/dci19-0028>

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Supplemental CGM Analysis Tools

Both Dexcom and Abbott offer intuitive apps that provide a comprehensive view of a patient's glucose data, enhancing the ability to make real-time, informed decisions.

Abbott

Freestyle Libre 2 plus and 3 plus allows users to monitor glucose trends continuously with real-time alerts. LibreView provides an easy-to-read glucose summary, enhancing decision-making and providing visual insights for both patients and clinicians.

Freestyle LibreView: A secure, cloud-based system by Abbott that enables individuals and healthcare providers to analyze glucose data from FreeStyle Libre devices. It centralizes reports, trends, and insights for improved diabetes management.

Website: <https://www.libreview.com>

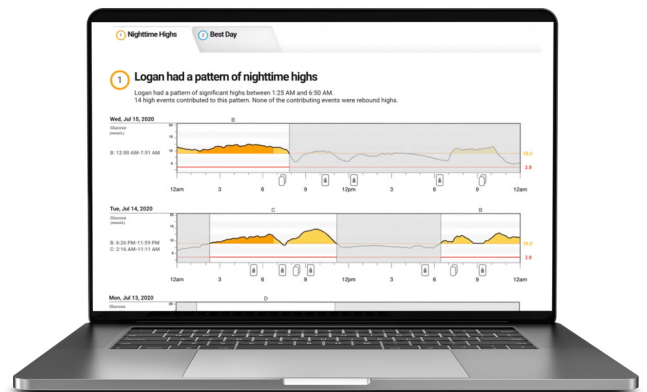
EPIC EHR Integration: Freestyle Libre has recently integrated with EPIC EHR, offering streamlined data transfer between the LibreLink app and EPIC. This integration allows prescribers to easily access and act on glucose data directly within the EHR system.

Dexcom

Both the Dexcom G7 and G6 syncs data seamlessly with your patient's smartphone, Apple Watch, and insulin pumps. The Dexcom Clarity app offers a detailed view of trends, time in range, and other critical metrics to guide treatment adjustments.

Dexcom Clarity: Prescribers have the option to create a personalized account, allowing them secure access to patient data and the ability to upload health information with ease. One of the key features includes uploading glucose data collected from a Dexcom Continuous Glucose Monitoring (CGM) system. Once the data is uploaded, it is automatically transformed into clear, easy-to-read visualizations that include graphs, trend lines, and summary statistics.

Website: <https://clarity.dexcom.com/professional>



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Supporting Patients Beyond Their CGM

Manufacturer Support

Each CGM manufacturer provides support for setup, troubleshooting, and device-related questions. Refer patients to the manufacturer's support line or website.

Dexcom Customer Support

- **General Customer Service:** 1-888-738-3646 (Monday–Friday, 6 AM–5 PM PST)
- **Technical Support (24/7):** 1-844-607-8398
- **Product Support Request:** www.dexcom.custhelp.com

FreeStyle Libre Customer Support

- **Customer Care Team:** 1-855-632-8658 (7 days a week, 8 AM–8 PM ET)
- **Sensor Support Request:** www.freestyle.abbott/us-en/support/contact-us.html

Edgepark, ADS and US MED Customer Support

We offer customer support, ensuring that patients receive continuous assistance with their CGM device.






- **ADS Customer Care Team:** 1-866-422-4866
- **US MED Customer Care Team:** 1-877-840-8218
- **Edgepark Customer Care Team:** 1-866-400-5183

Better Service, Better Care for Your Patients. Become a Prescriber Partner Today.

Visit www.advanceddiabetessupply.com

Simplifying CGM for Providers and Patients

How Edgepark, ADS and US MED Help Prescribers and Patients Overcome CGM Burdens

-  **Streamlined Insurance Navigation**
 - **Benefit Verification and Prior Authorization:** Edgepark, ADS and US MED have dedicated teams committed to managing the process for the patient, including timely verification checks and obtaining prior authorizations permitted by the health plan.
 - **Coverage Advocacy:** In the event of a coverage discrepancy our team is available and will obtain additional documentation on behalf of the patient.
-  **Supplemental Product Training**
 - **Personalized Onboarding:** Supplemental CGM setup education, easy-to-follow tutorials, guides, and ongoing support, may help patients confidently adopt CGM technology.
 - **Resources:** Access to tutorials, guides, and support to ensure smooth CGM adoption.
-  **Reorder Reminders**
 - **Supply Management:** Automatic reminders for reordering supplies, minimizing gaps in therapy.
-  **Seamless Prescriber Collaboration**
 - **Efficient Communication:** Timely updates on patient needs and prescription changes.
-  **Flexibility for Individual Needs**
 - **Multiple Options:** A variety of CGM models to match patient needs.

The ADS | US MED | Edgepark Advantage

By bridging the gap between prescribers, payers, and patients, ADS, US MED, and Edgepark ensure a seamless and stress-free experience for everyone involved. Through expert insurance coordination, education, and reliable support, patients gain confidence in their treatment journey while prescribers see improved adherence and clinical results. It's simply better service, better care... better outcomes.

Better Service, Better Care for Your Patients. Become a Prescriber Partner Today.

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