# SWO for Continuous Glucose Monitoring (CGM)

| | | | |
|---|---|---|---|
| **Provider Name:** | Edwards Health Care Services | **Patient Name:** | |
| **Address:** | 5640 Hudson Industrial Parkway<br>Hudson, OH 44236 | **Brightree ID:** | |
| | | **DOB:** | |
| **Phone:** | 888-344-3434 | **Gender:** | |
| **Fax:** | 330-342-9559 | **Address:** | |
| | | **Phone:** | |
| | | **Primary Ins:** | |
| | | **Policy #:** | |

| | | | |
|---|---|---|---|
| **Physician Name:** | | **Initial Date:** | |
| **Address:** | | **Revised Date:** | |
| | | **Recertification Date:** | |
| **NPI:** | | | |
| **Phone:** | | | |
| **Fax:** | | **Last Office Visit:** | |

**Length of Need (months):** ________ **ICD10 Diag Code:** ________

This prescription is valid for all items below and are required for proper use of the Continuous Glucose Monitoring (CGM) system. Items provided are based on the model and brand that the patient has been prescribed.

| Quantity | Description | HCPCS Code |
|---|---|---|
| 1/year | Receiver/Reader | A9278/E2102/E2103/K0554 |
| 4/year | Transmitter | A9277/E2102 |
| 30/month | Sensors | A9276 |
| 1/month | Sensors | A4239/A4238/K0553 |
| 10/month | Transparent Dressings | A6257/A6258 |
| 10/month | IV Prep Wipes | A5120 |

I certify the medical necessity of these items for this patient. The medical information on this form and any statement on my letterhead attached hereto has been completed by me or my employee and reviewed by me. The foregoing information is true, accurate, and complete, and I understand that my falsification, omission, or concealment of material fact may subject me to civil or criminal liability. Every six (6) months following the initial prescription of the CGM, I will conduct an in-person or Medicare-approved telehealth visit with the patient to document adherence to their CGM regimen and diabetes treatment plan.

**Physician Signature**: ________________________________ **Date**: ________________

*Prescription valid for one year from signature date.*

# FAX: (502) 657-0237

**Edwards Health Care Services, Inc. (EHCS)** 5640 Hudson Industrial Parkway, Hudson, OH 44236
Phone: 800-951-0579 / 888-344-3434 Website: www.myehcs.com