

# FAX COVER SHEET

TO \_\_\_\_\_

COMPANY \_\_\_\_\_

FAX NUMBER 13463452633 \_\_\_\_\_

FROM \_\_\_\_\_

DATE \_\_\_\_\_

RE \_\_\_\_\_

COVER MESSAGE \_\_\_\_\_



# STANDARD WRITTEN ORDER

Fax this standard written order and patient's most recent medical records demonstrating coverage criteria is met to a DME supplier contracted with patient's primary insurance

## Continuous Glucose Monitoring and Supplies

### Patient Information

Patient Name: Gary Reece Date of Birth: 4/16/1945  
 Phone: 8122432185 Email: N/A  
 Address: 6430 W County Rd 200 S City: Cory State: IN ZIP: 47846  
 Primary Insurance: MEDICARE Primary Insurance Member ID: 2YF7EM2EGF37  
 Secondary Insurance: PPO HUMANA Secondary Insurance Member ID: H45362251  
 Notes: -

### Diagnosis (ICD-10 code that supports medical necessity)<sup>1</sup>

E10.9  E10.65  E10.649  E11.9  E11.8  E11.65  E11.649  Other \_\_\_\_\_

### Reason(s) for prescribing continuous glucose monitor to improve patient's glycemic control<sup>1,2</sup>

- Insulin-treated Insulin type / brand: \_\_\_\_\_  
 History of problematic hypoglycemia<sup>1</sup>

### Order Detail

Duration of need: LIFETIME (99) - unless specified otherwise: 99

<input type="checkbox"/> FreeStyle Libre 3 Plus sensor and FreeStyle Libre 3 reader	<input checked="" type="checkbox"/> FreeStyle Libre 2 Plus sensor and FreeStyle Libre 2 reader
<ul style="list-style-type: none"> <li>Use FreeStyle Libre 3 Plus sensor and FreeStyle Libre 3 reader per manufacturer guidelines, in accordance with FDA indications for use</li> <li>Change FreeStyle Libre 3 Plus sensor every 15 days</li> <li>Dispense six sensors/90 days</li> </ul>	<ul style="list-style-type: none"> <li>Use FreeStyle Libre 2 Plus sensor and FreeStyle Libre 2 reader per manufacturer guidelines, in accordance with FDA indications for use</li> <li>Change FreeStyle Libre 2 Plus sensor every 15 days</li> <li>Dispense six sensors/90 days</li> </ul>
<b>DISPENSE AS WRITTEN</b>	

I certify that I am the physician identified in the "Physician Information" section and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Physician Signature: \_\_\_\_\_ Date: 1-20-26

### Physician Information

Physician Name: Pardeep Kumar, MD NPI: 1336251354  
 Phone: 8122380958 Fax: 8122380960  
 Address: 420 E Hospital Ln City: Terre Haute State: IN ZIP: 47802  
 Office Contact: - Email: N/A  
 Notes: -

Medicare and other payor criteria may apply.

- Policy Article A52464, Glucose Monitor. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464>.
- Local Coverage Determination (LCD) L33822, Glucose Monitors <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33822>.

**Important Safety Information** Failure to use FreeStyle Libre 2 or FreeStyle Libre 3 systems as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose alarms and readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.FreeStyle.abbott/us-en/safety-information.html> for safety info.

The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott. Other trademarks are the property of their respective owners. © 2024 Abbott. ADC-54601 v6.0





**Terre Haute Internal Medicine Associates LLC**

450 Bergen St Harrison, NJ 07029  
(201) 998-7474 Fax: (201) 998-6550

September 10, 2025

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Office Visit

**Gary Reece**

Male DOB: 04/16/1945

40741

Home: (812) 243-2185

Ins: Indiana Medicare

**09/10/2025 - Office Visit: Follow up****Provider: Pardeep Kumar, MD****Location of Care: Terre Haute Internal Medicine Associates LLC****Vital Signs:**

Patient profile: 80 year old male  
Height: 70 inches (177.8 cm)  
Weight: 220 lbs (99.79 kg)  
BMI: 31.6  
O2 Sat: 94% on Room air  
Temp: 97.0 degrees F (36.11 degrees C) temporal  
BP sitting: 118/74 (L. arm sitting)  
Cuff: regular

Vitals Entered By: Pardeep Kumar, MD (September 10, 2025 10:27 AM)

**Multi-disciplinary Pain Assessment**

Patient currently in pain: Yes (Loc: Back and Both Ankle)

**Social Determinants of Health**

What is your living situation today?: I have a steady place to live

Concerns/Worries about food?: no

Concerns/Worries about transportation?: no

Any current major life stresses?: no

**Visit Type:** Follow-up Visit**Primary Care Provider:** Pardeep Kumar, MD**History of Present Illness:**

Gary is an 80-year-old male with a history of type 2 diabetes mellitus for over 15 years, who presents today for follow-up. He reports chronic low back pain ongoing for several years, described as a dull, aching discomfort occasionally radiating to the hips, rated 7/10 on most days with intermittent flare-ups reaching 10/10. He also reports bilateral ankle pain characterized by throbbing and stiffness, particularly in the mornings and after periods of rest, which limits his ambulation and ability to climb stairs. He denies recent trauma, redness, or swelling.

Regarding his diabetes, Gary is on intensive insulin therapy: Lantus (insulin glargine) 32 units subcutaneously at night and Novolog (insulin aspart) 10 units subcutaneously three times daily with meals. He also takes Trulicity 0.75 mg weekly, Metformin 500 mg twice daily, and Jardiance 25 mg daily. His glucose is currently monitored using Freestyle Lite glucometer with daily fingersticks and Freestyle Libre 14-day flash glucose sensor. He reports using the sensor daily. Recent labs, including A1c, were reviewed and are within acceptable limits.

Despite current management, he experiences difficulty maintaining optimal glycemic control due to variability in glucose readings, including occasional hypoglycemia. Continuous glucose monitoring (CGM) is medically necessary to provide real-time glucose trends, improve glycemic control, and reduce hypoglycemia risk given his complex insulin regimen. Gary is willing and motivated to use CGM as part of his diabetes management.

**Current Medications:**

- 1) Trulicity 0.75 Mg/0.5 MI Pen Injector (Dulaglutide) .... INJECT 0.75 MG UNDER THE SKIN ONCE A WEEK FOR 2 WEEKS
- 2) Acetaminophen 650 Mg Tablet (Tylenol) .... Take 1 tablet by mouth three times a day
- 3) Lantus Solostar U-100 Insulin 100 Unit/ml (3 MI) Insulin Pen (Insulin Glargine) .... Inject 32 unit subcutaneously every night

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- 4) Jardiance 25 Mg Tablet (Empagliflozin) .... Take 1 tablet by mouth once a day
- 5) Novolog Flexpen U-100 Insulin 100 Unit/ml (3 MI) Insulin Pen (Insulin Aspart U-100) .... Use 10 unit subcutaneously three times a day
- 6) Naproxen 500 Mg Tablet (Neoprox) .... Take 1 tablet by mouth twice a day
- 7) Metformin 500 Mg Tablet (Metformin) .... Take 2 tablet by mouth twice a day
- 8) Simvastatin 40 Mg Tablet (Simvastatin) .... Take 1 tablet by mouth once a day
- 9) Lisinopril 20 Mg Tablet (Lisinopril) .... Take 1 tablet by mouth once a day new dose; decreased to once a day
- 10) Freestyle Lancets 28 Gauge 28 Gauge (Lancets) .... Use once a day
- 11) Freestyle Lite Meter Kit (Blood-Glucose Meter) .... Use once a day
- 12) Aspirin 81 Mg Oral Tablet.... 1 tablet by mouth once a day
- 13) Freestyle Libre 14 Day Sensor Kit (Flash Glucose Sensor) .... Use once a day
- 14) Pen Needle, Diabetic 31 Gauge X 3/16" Needle (Pen Needle, Diabetic).... subcutaneously once a day as needed
- 15) Freestyle Lite Test Strp (Glucose Blood) .... Use once a day

**Allergies:**

- 1) Mirapex (Mild)

**Review of Systems:****Constitutional:** Denies fever, chills, or unintentional weight loss.**Cardiovascular:** Denies chest pain, palpitations, or shortness of breath when lying down.**Endocrine:** Denies excessive thirst, frequent urination, or heat/cold intolerance.**Gastrointestinal:** Denies abdominal pain, nausea, vomiting, or changes in bowel habits.**Genitourinary:** Denies dysuria, hematuria, or urinary incontinence.**Musculoskeletal:** Reports back pain, joint pain and ankle pain. Denies joint swelling or redness.**Neurological:** Denies numbness, tingling, or weakness in the lower extremities.**Psychiatric:** Denies depression, anxiety, or mood changes.**Respiratory:** Denies cough, wheezing, or shortness of breath.**Skin:** Denies rash, bruising, or changes in skin integrity.**Physical Exam:****General:** Well-developed, well-nourished male in mild distress due to pain.**Heart:** Regular rate and rhythm without murmurs, rubs, or gallops.**Lungs:** Clear to auscultation bilaterally.**Musculoskeletal:** Mild tenderness over the lower lumbar spine with limited range of motion on forward flexion due to discomfort. Both ankles show mild tenderness without swelling, erythema, or deformity. Range of motion in both ankles is intact but mildly painful with dorsiflexion and plantarflexion.**Neck:** No masses, thyromegaly, or abnormal cervical lymphadenopathy.**Pulses:** Pedal pulses are 2+ and symmetric bilaterally.**Impression & Recommendations:****Problem # 1:** Low back pain (ICD-724.2) (ICD10-M54.50)**Assessed as:** Comment Only

Continue conservative management. Encourage use of heat therapy and gentle stretching. Recommend core-strengthening exercises. Recommend to use lumbar brace for additional support.

**Orders:** (99214) Office visit, established patient, level 4 – Moderate**MDM or Time Spent:** 30-39 minutes

His updated medication list for this problem includes:

Acetaminophen 650 Mg Tablet (Tylenol) .... Take 1 tablet by mouth three times a day

Naproxen 500 Mg Tablet (Neoprox) .... Take 1 tablet by mouth twice a day

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**Problem # 2: Pain in both ankles (ICD-719.47) (ICD10-M25.579)****Assessed as:** Comment Only

Recommend supportive ankle brace. Encourage avoiding prolonged standing.

Orders: (99214) Office visit, established patient, level 4 – Moderate

MDM or Time Spent: 30-39 minutes

His updated medication list for this problem includes:

Acetaminophen 650 Mg Tablet (Tylenol) .... Take 1 tablet by mouth three times a day

Naproxen 500 Mg Tablet (Neoprox) .... Take 1 tablet by mouth twice a day

**Problem # 3: HYPERLIPIDEMIA (ICD-272.4) (ICD10-E78.5)****Assessed as:** Comment Only

Idl at goal cont same

Labs Reviewed:

Chol: 144 (03/25/2025) HDL: 34 (03/25/2025) LDL: 65 (03/25/2025) TG: 223 (03/25/2025)

SGOT: 31 (03/25/2025) SGPT: 34 (03/25/2025)

10 Yr Risk Heart Disease: 22%

Prior 10 Yr Risk Heart Disease: 22% (03/25/2025)

His updated medication list for this problem includes:

Simvastatin 40 Mg Tablet (Simvastatin)..... Take 1 tablet by mouth once a day

Orders: 99214 office est level 4-Moderate MDM or 30-39 minutes

**Problem # 4: HYPERTENSION (ICD-401.9) (ICD10-I10)****Assessed as:** Comment Only

bp good cont same

Orders: (3074F) BP SYSTOLIC &lt;130mm Hg, (3078F) BP DIASTOLIC &lt;80mm Hg, 99214 office est level 4-Moderate

MDM or 30-39 minutes

His updated medication list for this problem includes:

Lisinopril 20 Mg Tablet (Lisinopril) ..... Take 1 tablet by mouth once a day new dose; decreased to once a day

BP Today: 118/74 Prior BP: 122/74 (03/25/2025)

Prior Decision BP: 126/72 (09/26/2024)

ACC/AHA Pooled Cohort Risk 10Yr Heart Disease: 32.5

Prior ACC/AHA Pooled Cohort Risk 10Yr Heart Disease: 34.5 (03/25/2025)

Labs Reviewed:

Creat: 0.9

Chol: 144 HDL: 34 LDL: 65 TG: 223

BUN: 19 (03/25/2025) Creat: 0.9 (03/25/2025) Glucose: 105 (03/25/2025)

Na+: 141 (03/25/2025) K+: 5.3 (03/25/2025) Cl: 106 (03/25/2025)

**Problem # 5: DIABETES MELLITUS, TYPE II, UNCONTROLLED (ICD-250.02) (ICD10-E11.65, Z79.4)****Assessed as:** Comment Only

reviewed monitor; A1c at goal; patient appropriate for CGM initiation; f/u endocrinology as indicated.

His updated medication list for this problem includes:

Trulicity 0.75 Mg/0.5 MI Pen Injector (Dulaglutide) ..... Inject 0.75 mg under the skin once a week for 2 weeks

Lantus Solostar U-100 Insulin 100 Unit/ml (3 MI) Insulin Pen (Insulin glargine) ..... Inject 32 unit subcutaneously every night

Jardiance 25 Mg Tablet (Empagliflozin) ..... Take 1 tablet by mouth once a day

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Novolog Flexpen U-100 Insulin 100 Unit/ml (3 MI) Insulin Pen (Insulin aspart u-100) ..... Use 10 unit subcutaneously three times a day

Metformin 500 Mg Tablet (Metformin) ..... Take 2 tablet by mouth twice a day

Lisinopril 20 Mg Tablet (Lisinopril) ..... Take 1 tablet by mouth once a day new dose; decreased to once a day

Orders:

(3044F) HEMOGLOBIN A1c <7.0%

99214 office est level 4 - Moderate MDM or 30-39 minutes

Continuous Glucose Monitor: FreeStyle Libre 2, HCPCS E2103, FDA-approved for non-adjunctive insulin dosing, medical necessity: intensive insulin therapy with risk for hypoglycemia and glucose variability; modifier KX

Patient education: Provided on CGM sensor application, device operation, interpretation of readings, hypoglycemia recognition, and integration of CGM data into daily glucose management

Diabetes management plan: CGM data to guide titration of basal and bolus insulin, identify glucose trends, prevent hypoglycemia, and optimize glycemic control; continue oral agents as listed

Follow-up plan: Initial CGM review in 2 weeks for device usage and data trends; routine follow-up at 6 months for diabetes evaluation; CGM data review at each visit to assess glucose patterns, insulin dosing adjustments, and overall diabetes management

**Medical Necessity Statement:**

The patient is an 80-year-old male with type 2 diabetes mellitus of over 15 years, on intensive insulin therapy with both basal (Lantus 32 units nightly) and bolus (Novolog 10 units with meals) insulin. Despite current management, the patient experiences significant glucose variability and risk for hypoglycemia, making standard fingerstick monitoring insufficient to safely optimize glycemic control. Continuous glucose monitoring (CGM) with the FreeStyle Libre 2 is medically necessary to provide real-time glucose data, guide insulin dosing adjustments, prevent hypoglycemia, and improve overall glycemic management. The device is FDA-approved for non-adjunctive insulin dosing, and the patient is willing and able to use the device as instructed. Modifier KX applies for intensive insulin therapy requiring CGM use.

Electronically signed by Pardeep Kumar, MD on 09/10/2025 at 11:45 AM

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