**Medical Management & Policy**
**Fax Number: 412-544-2921**

# Certificate of Medical Necessity (CMN) for Insulin Pump – Medicare Advantage

**Date:** ____/_____/_______ **Requesting Provider:** ______________________________

**Pt. Name:** _________________________________ **I.D. Number:** ____________________

1. Enter laboratory values (performed at the same blood draw):

   **Fasting C-peptide level** ________

   **Fasting blood sugar** _____________**(mg/dl)**

   **Actual or calculated creatinine clearance** ____________**(ml/minute)**

   **Laboratories lower limit of normal for fasting C-peptide level** ___________

2. Did your patient have a Positive Beta Autoantibody Test? Y N

3. Has your patient completed a comprehensive diabetes education program, been on a program of multiple daily injections (at least 3 injections per day) with frequent self adjustments of insulin dose for at least 6 months prior to initiation of the insulin pump, and has documented frequency of glucose self testing an average of at least 4 times per day during the 2 months prior to the initiation of the insulin pump, **and** meets one or more of the following criteria? Y N

   **(CIRCLE ALL THAT APPLY):**
   a. Glycosylated hemoglobin level (HgbA1c) greater than 7%
   b. History of recurring hypoglycemia
   c. Wide fluctuation in blood glucose before mealtime
   d. Dawn phenomenon - fasting blood sugars frequently exceeding 200 mg/dL
   e. History of severe glycemic excursions

4. Has your patient been on an external insulin infusion pump prior to enrollment in Medicare and have they documented glucose self testing an average of at least 4 times per day during the month prior to Medicare enrollment? Y N

**Additional Clinical Rationale (Print):**

**Contact Name:** ________________________________ **Phone :**________________

_______________________________________ _____________________________

**Physician Signature** **(Stamps are not acceptable)** **Date**

Key - **(Y)**es, **(N)**o, **(D)**oes not apply

**Requested Information:**
1. Typed office note with pertinent information.
2. Copy of Laboratory Tests