



Certificate of Medical Necessity for Continuation of External Insulin Infusion Pump Rental

Patient Name: _____ DOB: _____ RIN: _____

For questions 1-5, check any of the following that apply:

- 1. The patient or caretaker has demonstrated ability to properly operate the insulin pump to improve control of the diabetes mellitus.
- 2. The patient is motivated and continues to express an interest and desire to maximize control of the blood glucose levels.
- 3. The patient has demonstrated improved glycemic control since initiating the insulin pump.
- 4. The patient or caretaker has been compliant with the treatment plan using the insulin pump.
- 5. The patient benefits from multiple basal rates, bolus dosing, and multiple insulin/carbohydrate ratios for correction factors for carbohydrate intake afforded by using an insulin infusion pump reflected in the improved glycemic control since using the pump.

6. Additional ways in which the patient has benefitted from use of the insulin pump not addressed above.

7. HgbA1C: _____ %. Date of most recent since starting the pump: _____

If the most recent one has increased from the previous one, please explain why.

I certify that I am a practitioner who manages multiple patients on continuous insulin therapy delivered by an external insulin infusion pump and work closely with a team of nurses, diabetes educators, and dietitians knowledgeable in insulin pump therapy. The patient has been and will be evaluated at least as often as every three months.

Practitioner's Signature with degree: _____
Date

Office Phone #: _____ Fax: _____ NPI: _____