

Continuous Glucose Monitor and Supply Prior Authorization Request Form

☐ **Please Expedite***

Justification for Expedited Request:

Fax requests to:

866-313-8595

If no justification given, request will be processed as standard

*Please ONLY check this option if the provider believes that for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy (CMS definition)

Member Information

Name: _____ ID Number: _____ DOB: _____

Phone: _____ Address: _____

City, State, Zip: _____

ICD-10 Code(s): _____

CPT/HCPCS Code(s): _____ Visits/Units/Days: _____

Authorization Date Span: _____ - _____

Provider Information

Requesting Provider: _____ Treating Provider: _____

Treating Provider NPI #: _____ Phone: _____ Fax: _____

** Continuous Glucose Monitor Requirements (CGM) **

To be eligible for coverage of a CGM and related supplies, the beneficiary must meet all of the following initial coverage criteria

1. The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,
2. The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; and,
3. The CGM is prescribed in accordance with its FDA indications for use; and,
4. The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below;
5.
 - A. The beneficiary is insulin-treated; or,
 - B. The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following see the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS section of the LCD-related Policy Article (A52464)):
 - Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or,
 - A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia

Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.

This form must be filled out completely. Chart notes are required and need to be submitted with this request. Incomplete requests will be returned to the requester. Please allow 30 days for processing request.

Comments