Diabetes Management System
Prior Authorization Request Form

Point32Health
Harvard Pilgrim Health Care TUFTS Health Plan

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

Member name:
Member ID # Date of birth: / /
Requesting provider name: NPI #
Phone: Fax:
Requested setting:
Facility name/location: NPI #
Planned date of service: / /
Diagnosis:
ICD-10 code(s):

Diagnosis Codes

CPT Requested Codes:
Currently on insulin pump therapy? Yes No Type: How long:
Currently using CGM? Yes No Type: How long:
Last 2 HbA1c readings:
Result: Date: / /
Result: Date: / /

Continuous/Professional Long-Term Glucose Monitors

Has the Member been prescribed the device by a professional provider with an expertise in treating diabetes? Yes No

Does Member have?

- Type I Diabetes: Yes No
- Type 2 Diabetes: Yes No

Has the Member had a history of problematic hypoglycemia? Yes No

If *Yes*, explain:

Has the Member had hypoglycemia due to a diagnosis other than Diabetes mellitus? Yes No

Is Member on **ANY** of the following treatment programs?

- Intensive insulin therapy with multiple (three or more) daily insulin injections: Yes No
- Long-acting basal insulin: Yes No
- Continuous subcutaneous external insulin pump: Yes No

Has the Member/Caregiver has been trained or will be trained to use the CGM and is capable of using the device to recognize alerts and alarms? Yes No

Insulin Pumps

Is Member in need of a new device due to **ANY** of the following?

- Scheduled replacement of device previously approved by the Plan: Yes No
- New qualification: Yes No
- Persistent insufficient glycemic control, defined as **ONE** of the following:
  - Glycated hemoglobin (HbA1c) concentrations ≥ 7% with test taken in the past 4 months: Yes No
  - Recurrent severe hypoglycemia (less than 50mg/dl): Yes No

Is the Member willing and able to self-monitor their long-term diabetes stability through **ALL** the following? Yes No

- Taking four blood glucose concentration observations (either through device CGM capability or fingerstick) per day
- Maintaining contact with their primary healthcare provider
- Noticing warnings, signals, alerts, and alarms from the device
  (*please see section on enhancements and accommodations for visual and auditory impairments*)

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Enhancements and Accommodations for the Visually and/or Auditorily Impaired

Does the Member require accessories to, software for, and specialized models of continuous glucose monitoring systems designed to accommodate visual or auditory impairments and **ALL** conditions below are met? ☐ Yes ☐ No

- Member has a visual or auditory impairment that precludes the successful use of a standard model without assistance beyond initial setup and instruction
- The standard model does not come with accommodations sufficient to allow successful independent use
- The accommodation feature being requested is appropriate for the needs of the member

Replacement

Is the Member in need of a replacement of a continuous glucose monitoring system, insulin pump, or combined system and **ALL** conditions below are met? ☐ Yes ☐ No

- Documentation is in the form of clinical notes or letters generated by a clinician overseeing the member's diabetic condition
- The present monitor has been rendered ineffective or inoperable due to either:
  - A change in member condition that the current monitor is unable to accommodate
  - Being damaged by events outside the control of the user
- Continued use of the device is supported
- Device replacement cannot be obtained from the manufacturer or supplier due the expiration of device warranty
- Loss/damage is not attributable to abuse, sabotage, or neglect on the part of the user
- The cost of replacement rather than repair is justified by the nature of damage and useful lifetime of the device
- The replacement is not an additional/backup monitor
- The replacement monitor is synonymous to the monitor being replaced unless replacement has been necessitated by a change in member condition the old device is unable to accommodate

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