



Instructions for Requesting a Continuous Glucose Monitoring System

Fax these items to the fax number below:

- ***Precertification of Medical Necessity – Continuous Glucose Monitor***
(Not for 72-hour request)
 - This form must be completed by the physician (or designated staff) who will actually be managing the continuous glucose sensor.
 - The managing physician must sign the form.
 - Complete all sections of the form.
- Copies of physician notes for the last two office visits.
- Documentation of the result of the last Hemoglobin A1c test. This test must be within the last six months.
- Record of the last month's blood glucose monitoring (either meter download or written records).
- Completed ***Request for Preauthorization of Benefits for Ancillary Services***. This form is on our Web site at www.BlueChoiceSC.com.

Fax the completed form to:

BlueChoice HealthPlan
800-610-5685

If you have questions about this form, call the Great Expectations® *Diabetes* program at 800-327-3183, extension 25224 or e-mail Beth.Parris@BlueChoiceSC.com



Precertification for Medical Necessity Continuous Glucose Monitoring System

Please submit this form completed and signed by prescribing physician. Include record of self-monitoring of blood glucose documentation for one month and physician notes for last two office visits.

Date of Request: _____ Subscriber ID #: _____

Patient's Name: _____ DOB: _____

Patient's Address: _____ Patient's Daytime Phone: _____

_____ Patient's Evening Phone: _____

Physician who will manage sensor: _____ Specialty: _____

Type of continuous glucose monitor prescribed: _____

Date of diabetes diagnosis: _____ Diabetes: Type 1 Type 2 Date insulin initiated: _____

Most recent A1c (must be within last six months): _____ Self monitors blood glucose: _____ X a day

Blood glucose ranges: _____ to _____

Current insulin therapy: Insulin pump Intensive Insulin Therapy (four or more injections/day)

List all diabetes medications, including dosage and frequency (for insulin therapy also indicate date that current therapy was initiated).

Please check all diabetic complications that apply:

- Patient's A1c is not in acceptable range despite optimal therapy
- Patient has suspected episodes of postprandial hyperglycemia
- Frequent unexplained hypoglycemia (< 50mg/dl)
- Recurrent diabetic ketoacidosis
- Hypoglycemia unawareness
- Other _____

Physician's Certification of Personal Indicators

- Yes No Demonstrates compliance with current diabetes regimen
- Yes No Desires better glycemic control
- Yes No Physically and psychologically capable (or has capable care partner)

**Fax this completed form to:
BlueChoice HealthPlan
800-610-5685**

Physician's Name (Please print)

Physician's Signature

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