Diabetes Management System

Prior Authorization Request Form

Harvard Pilgrim Health Care
a Point32Health company

ONLY COMPLETED FORMS CAN BE PROCESSED

Harvard Pilgrim reserves the right to request additional clinical information.

Please complete and submit your request online using HPHConnect for providers. Register for *HPHConnect* online at www.harvardpilgrim.org/providers. If you have any questions about this process, please contact the Provider Service Center at 800-708-4414. **FAX completed form to 800-232-0816.**

Member name

Member ID # (*Harvard Pilgrim HMO, PPO, POS*) Date of birth / /

Requesting provider name NPI #

Requesting provider fax Phone

Requested setting: Surgical day care Other (*describe*)

Facility name/location

Facility NPI #

Planned date of service / /

Diagnosis: ICD-10 code

Diagnosis Codes

CPT Requested Codes: (*Codes in policy but not billed by servicing provider – DME but MD office: 95249, 95250*)

A4255 A4256 A9274 A9276 A9277 A9278 E0784

Currently on insulin pump therapy: Y N Type How long

Currently using CGM: Y N Type How long

Last 2 HgAic readings:

Result Date / /

Result Date / /

How often does member check his BG levels (*please submit logs*)

Intermittent/Professional Continuous Glucose Monitors

Continuous Glucose Monitoring Systems Designed and Used for Professional Monitoring (must have ***all***)

- Use of the monitor will be over a set period of three consecutive days
- When not used more than once in the preceding twelve-month period
- A physician is supervising monitoring and interpretation, ***any*** of the following indications
  - Type I or type 2 diabetes mellitus (Must have ***all***)
    - Glycemic control is inadequate, as indicated by ***either***:
      - Glycosylated hemoglobin (HbA1c) proportion in excess of seven percent on multiple consecutive readings in the past two months, ***or***
      - Recurrent severe hypoglycemia (less than 50mg/dl)
    - Glycemic control inadequacy has persisted despite a frequently modified insulin administration and self-monitoring regimen
    - Use of an insulin pump or injection of insulin at least thrice daily has been necessary
    - Member is compliant with self-monitoring, generally indicated by self-monitoring being performed at a frequency of at least four self-tests per day
  - Suspected primary islet cell hypertrophy (nesidioblastosis) or persistent hyperinsulinemic hypoglycemia of infancy (PHHI, congenital hypoglycemia) supported by consistent symptoms
  - Need for established basal insulin levels with which to calibrate an imminent insulin pump initiation
  - Pregnancy or imminent pregnancy and ***either*** of the following:
    - Type I diabetes requiring insulin therapy
    - Gestational diabetes requiring insulin therapy

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Diabetes Management System *Prior Authorization Request Form (cont.)*

Long-term Personal Glucose Monitors

Type I Diabetes (must have ***all***)

- Ability to use system or access to a caregiver who has such ability, ***and***
- Inadequately controlled blood glucose, indicated by ***either*** of the following:
  - Glycosylated hemoglobin (HbA1c) proportion in excess of seven percent on multiple consecutive readings in the past two three months, ***or***
  - Recurrent severe hypoglycemia (less than 50mg/dl)
- Persistence of inadequate glucose control despite ***both*** of the following:
  - Frequently modified insulin administration and self-monitoring regimen
  - Member compliance, generally shown by frequent (at least four times daily) self-monitoring, ***and***
- Use of an insulin pump or injection of insulin at least thrice daily has been necessary

Type I Diabetes During Pregnancy (must have ***all***)

- Inadequately controlled blood glucose, indicated by ***either***:
  - Glycosylated hemoglobin (HbA1c) proportion in excess of seven percent on multiple consecutive readings in the past two three months, ***or***
  - Recurrent severe hypoglycemia (less than 50mg/dl)
- Use of an insulin pump or injection of insulin at least thrice daily has been necessary, ***and***
- Member is compliant with self-testing, typically demonstrated by frequent (at least four times daily) self-monitoring measurements.

Insulin Pumps

- Poorly Controlled Diabetes (must have ***all***)
  - Diabetes Type I, ***or***
  - Diabetes Type II and C-peptide testing showing ***both***
    - Results showing ***either***:
      - Fasting C-peptide level of no greater than double the lower limit of normal in the laboratory measurement method when the member with renal insufficiency and a creatine clearance no greater than 50ml/minute, ***or***
      - Fasting BG obtained concurrently to the C-Peptide level is no greater than 225 mg/dl
  - Prior attempts to bring diabetes under control (must have ***all***)
    - Insulin injections have been required at a frequency of at least three administrations per day
    - Blood glucose measurements have been required at a frequency of at least four per day
    - Completion of a comprehensive diabetes and self-management education program in recent years;
    - Multiple adjustments to insulin administration and self-monitoring regimens
    - Frequent self-adjustment of insulin dose
  - Persistence of ***any*** of the following:
    - Glycosylated hemoglobin (HbA1c) proportion in excess of seven percent on multiple consecutive readings in the past two months
    - Recurrent hypoglycemia or ketoacidosis resulting in hospitalization
    - Recurrent hypoglycemia or severe glycemic excursion
    - Widely fluctuating blood glucose concentrations leading up to mealtimes
    - Frequent early morning blood glucose increases (“dawn phenomena”) in excess of 200mg/dl;
  - Passage of an assessment of amenability to proper device use, including training, self-care processes and follow-up
- Successful use of an insulin infusion pump obtained prior to enrollment and a documented glucose self-testing frequency of at least 4 times per day during the month leading up to enrollment, ***or***
- Gestational diabetes endangering fetal health

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Sensor-Augmented Pump Therapy

Sensor-augmented pump therapy, commonly called “artificial pancreases,” such as the Minimend 530G, 630G, and 670G and Animas Vibe (Must have ***all*** indications criteria).

- Member qualifies for both an insulin pump and a long-term continuous glucose monitor
- Member is in need of a new device due to ***any*** of the following:
  - Scheduled replacement of device previously approved by Harvard Pilgrim
  - New qualification
  - Persistent insufficient glycemic control, defined as ***either***:
    - Glycated hemoglobin (HbA1c) concentrations between seven and ten percent on multiple consecutive readings in the past two months, ***or***
    - Recurrent severe hypoglycemia (less than 50mg/dl)
- Member is willing and able to self-monitor his/her long-tern diabetes stability (must have ***all***)
  - Taking four blood glucose concentration observations (either through device CGM capability or Fingerstix) per day
  - Maintaining contact with his/her primary healthcare provider
  - Notice warnings, signals, alerts, and alarms from the device (please see section on enhancements and accommodations for visual and auditory impairments)
- System requires interaction for post-meal bolusing and retains the functionality of both a standalone glucose monitor and insulin pump.

Enhancements and Accommodations for the Visually and/or Auditorily Impaired

- Accessories to, software for, and specialized models of continuous glucose monitoring systems designed to accommodate visual or auditory impairments (Must have ***all***)
  - 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

- Replacement of a continuous glucose monitoring system, insulin pump, or combined system (Must have ***all***)
  - 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, ***and***
  - 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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