



MASSACHUSETTS

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Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems Prior Authorization Request Form #845

Medical Policy #107 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems. For members who do not meet the criteria, submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#). Once completed, fax to:

Medical and Surgical: 1-888-282-0780	Medicare Advantage: 1-800-447-2994
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CLINICAL DOCUMENTATION
Clinical documentation that supports the medical necessity criteria for [Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems](#) must be submitted with this form. **If the patient does not meet all the criteria in policy #107, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Service Start Date: Service End Date:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please attach clinical documentation
Please provide clinical documentation showing that the policy criteria are met in medical policy #107 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems.

What type of diabetes?
<input type="checkbox"/> Type 1 diabetes
<input type="checkbox"/> Type 2 diabetes
<input type="checkbox"/> Gestational diabetes

Please add ICD-10 Diagnosis Code(s) and Description	
ICD-10	Code Description

Diagnosis Codes	

Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid

What device are you requesting?

Device	Codes	Manufacturer
<input type="checkbox"/> Guardian®-RT (Real-Time) CGMS (Transmitter)	S1036 Prior authorization is required.	Medtronic
<input type="checkbox"/> MiniLink Transmitter	S1036 Prior authorization is required.	Medtronic
<input type="checkbox"/> Guardian Connect Transmitter	A9277 Prior authorization is required.	Medtronic
<input type="checkbox"/> Dexcom® G4 Platinum	A9277 Prior authorization is required.	Dexcom
<input type="checkbox"/> Dexcom® G5 Mobile CGM	A9277 and K0553 Prior authorization is required.	Dexcom
<input type="checkbox"/> Dexcom® G6 Continuous Glucose Monitoring System	A9277 and K0553 Prior authorization is required.	Dexcom
<input type="checkbox"/> Eversense Continuous Flash Glucose Monitoring System	A9277 Prior authorization is required	Senseonics
<input type="checkbox"/> FreeStyle Libre® Flash Glucose Monitoring System	K0553 Prior authorization is required.	Abbott

Codes	Code Description
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1-month supply = 1 unit of service
S1036	Transmitter; external, for use with artificial pancreas device system