

**PHP CARE COMPLETE FIDA-IDD PLAN - DIABETIC SUPPLIES
CONTINUOUS GLUCOSE MONITOR (CGM)
PRIOR AUTHORIZATION REQUEST FORM**

Fax completed form and clinical documentation to **646-948-1027**

Patient Information

Patient Name	Date of Birth	Gender	Height / Weight
Patient Address			
City	State	Zip	
Primary Phone	PHP Member ID #		

Provider Information

Provider Name		
Provider Address		
City	State	Zip
Primary Phone	Fax	NPI

Clinical Information

DIAGNOSIS CODE: ICD-10 Code

STATEMENT OF MEDICAL NECESSITY

Currently on CGM? ☐ Yes ☐ No

On Insulin Pump ☐ Yes ☐ No

A1C # Finger Sticks per day # Injections per day

Fasting Hyperglycemia, mg/dL: Fluctuating of BG Level, mg/dL: Low High

CLINICAL CONSIDERATION (Check all that apply)

- ☐ Patient administers 3+ injections per day.
- ☐ Patient self-checks BG 4+ times per day.
- ☐ Patient's insulin treatment requires frequent adjustment by patient based on BGM or CGM testing results.
- ☐ History of hypoglycemia unawareness, severe hypoglycemia resulting in third party intervention and/or hospitalization/ paramedic treatment.
- ☐ Within 6 months prior to ordering CGM, patient had in-person visit with treating practitioner to confirm that patient is diabetic and meets criteria for CGM and to evaluate patient's diabetes control.

PHYSICIAN ORDER

(Check one product category)

PRODUCT CATEGORY	SUPPLIES	QUANTITY	REFILLS
<input type="checkbox"/> Dexcom G6:	<input type="checkbox"/> Receiver		
	<input type="checkbox"/> Transmitter		
	<input type="checkbox"/> Sensors, three-pack		
<input type="checkbox"/> FreeStyle Libre 14:	<input type="checkbox"/> Reader		
	<input type="checkbox"/> Sensor		
<input type="checkbox"/> FreeStyle Libre 10:	<input type="checkbox"/> Reader		
	<input type="checkbox"/> Sensor		
<input type="checkbox"/> FreeStyle Libre 2.0:	<input type="checkbox"/> Reader		
	<input type="checkbox"/> Sensors		

Provider/Authorization Signature	Date