

Provider Data Submission Tool

Based on Anthem Corporate Medical Policy DME.00005



Subject:	Glucose Monitoring and Related Supplies		
Effective Date:	3/24/2004	Last Review Date:	5/15/2008
Policy Effective Date:	7/9/2008		

Please refer to the last page of this document for the appropriate fax and/or mail address for your member.

Patient Name _____

Date of Birth _____

Insurance Identification Number: _____

Member Phone Number: _____

Ordering Physician Name & Specialty _____

Physician Office Address: _____

Office Phone Number: _____

DME Vendor: _____

DME Vendor Office Address: _____

DME Vendor Office Phone Number: _____

Service Requested/CPT code(s): _____

Diagnosis/ICD-9 code(s): _____

Place of Service: _____

Date/Date Range of Service: _____

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Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

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Please check all that apply to the member:

- ☐ Request is for a FDA approved standard blood glucose monitor
- ☐ Request is for a Blood glucose monitor with special features to allow easy use for patients with severe visual impairment (20/200 or greater)
- ☐ Request is for any of the following supplies:
- ☐ Blood glucose monitoring strips
 - ☐ Lancets, including spring-powered lancets
 - ☐ Replacement batteries, calibrator solution/chips
- ☐ Request is for intermittent, short-term use of continuous interstitial glucose monitoring device as an adjunct to standard care
- ☐ Request is for long-term use of continuous interstitial glucose monitoring device as an adjunct to standard care
- ☐ Request is for combination glucose/fructosamine home testing devices
- ☐ Request is for software/hardware required for downloading data from glucose monitor to computers
- ☐ Request is for Laser Lancets
- ☐ Request is for home hemoglobin A1c (HbA1c) or other glycosylated serum protein monitors
- ☐ Request is for a non-FDA approved glucose monitors, including those using infrared spectroscopy
- ☐ Request is for continuous glucose monitoring system (e.g. Paradigm® REAL-Time System, which includes sensors and transmitters)
- ☐ This has wireless communication to a compatible external insulin pump and/or monitor
- ☐ Member is currently using a functioning continuous glucose monitor
- ☐ Member is currently using an external insulin pump with wireless integration capability
- ☐ Name or type of pump _____
- ☐ Request is for the DexCom STS-7 System
- ☐ Request is for the Guardian Real-Time System
- ☐ Request is for equipment upgrades or accessories to integrate, through wireless communication technology, an insulin pump and interstitial glucose monitor.

The member has the following conditions: (check all that apply)

- ☐ Member has Type 1 diabetes
- ☐ Member has Type 2 diabetes
- ☐ Member has gestational diabetes
- ☐ Member has diabetes secondary to other conditions
- ☐ Member has documented severe visual impairment of 20/200 or greater
- ☐ Member has a diagnosis of "impaired glucose tolerance" or "pre-diabetes"
- ☐ Member has inadequate glycemic control despite compliance with frequent self-monitoring (at least 4 times per day) and including fasting hyperglycemia (>150 mg/dl) or recurring episodes of severe hypoglycemia (<50 mg/dl). This poor control is in spite of compliance with multiple alterations in self-monitoring and insulin administration regimens to optimize care.
- ☐ Member is receiving insulin injections 3 or more times per day or an insulin pump is used for maintenance of blood sugar control.
- ☐ Member requires 4 or more fingersticks per day

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- ☐ Member is under physician supervision, monitoring and interpretation
 - ☐ Device will be used for 72 consecutive hours on an appropriate, periodic basis
 - ☐ Request is for the first or second use of device this calendar year
 - ☐ Member has recurrent episodes of severe hypoglycemia with blood glucose less than 50mg/dL
 - ☐ Member with Type 1 diabetes who are pregnant and monitor will be used during the course of pregnancy

The information provided is true and accurate to the best of my knowledge. I understand that Anthem may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Provider or Provider Representative Signature

Date

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The following addresses and fax numbers are for submitting pre-claim requests. For post-claim requests, submit this form to the address or fax number identified in the request for additional information letter you received.

National Members Precertification and Predetermination Requests:

Fax: 317-287-5049 or 1-800-773-7797
Mail: Anthem UM Services, Inc
P.O. Box 7101
Mail point: IN0205-A546
Indianapolis, IN 46207-7101

Indiana Members Precertification Requests:

Fax: 317-287-8916
Mail: Anthem UM Services, Inc
P.O. Box 6220
Mail point: IN0205-A599
Indianapolis, IN 46206

Indiana, Kentucky, Missouri, Ohio and Wisconsin Members Predetermination Requests:

Fax: 888-656-5721 or 513-770-7589
Mail: Anthem UM Services, Inc
4361 Irwin Simpson Road
Mail point: OH0204-A102
Mason, Ohio 45040-9498

Kentucky Members Precertification Requests:

Fax: 800-730-6061 or 502-889-2871
Mail: Anthem UM Services, Inc
13550 Triton Park Blvd.
Mail point: KY0304-A670
Louisville, KY 40223

Missouri Members Precertification Requests:

Fax: 314-923-8542
Mail: Anthem UM Services, Inc
1831 Chestnut
St. Louis, MO 63103-2275

Ohio Members Precertification Requests:

Fax: 1-800-266-3504
Mail: Anthem UM Services, Inc
4361 Irwin Simpson Road
Mail point: OH0204-A662
Mason, Ohio 45040-9498

Wisconsin Members Precertification Requests:

Fax: 866-959-2154
Mail: Anthem UM Services, Inc
N17 W24340 Riverwood
Waukesha, WI 53188

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