

Medicare Advantage Drugs/Biologics Part B Prior Authorization Form



Durable Medical Equipment (DME) – Diabetic Testing Supplies

This form applies to all HealthSpring Medicare Advantage markets. It does not apply to Medicaid only and Medicare-Medicaid Plans (MMP). Please fax to **877-730-3858** | Phone: **888-454-0013**

To ensure your request is processed in a timely manner, please submit all pertinent clinical information.

<input type="checkbox"/> Expedited – defined as may seriously jeopardize the life or health of the member or their ability to regain maximum function if not provided within 72 hours		
Member name	Member date of birth	
Requesting provider	Member ID	
Contact person	Date of service	
Address		
NPI	Phone	Fax

If referring to a servicing provider, the information below must be submitted.		
Servicing provider	Phone	
Contact person	Fax	
Address	NPI	
<input type="checkbox"/> Check here if servicing provider is out of network. Please explain.		
Who will supply the items?	Please select place of service by checking only one of the boxes <input type="checkbox"/> Home <input type="checkbox"/> Other. Please specify _____	
<input type="checkbox"/> Pharmacy <input type="checkbox"/> DME provider <input type="checkbox"/> Other. Please specify _____		
Diagnosis codes	Diagnosis	

Please attach all required documentation: recent clinical notes, copy of the prescription or provider order, and relevant diagnostic lab results.			
HCPCS codes	Equipment name (if applicable)	Quantity limit every 30 days	Duration
For nonpreferred glucose monitor or test strip – Has the member tried a preferred glucose monitor or test strip? If no, please indicate the need for nonpreferred glucose monitor or test strip. Preferred testing supplies are Abbott Diabetes Care.			
For high utilization of test strips – Has the member had an in-person visit with the provider within the past six months and provider certified the need for test strips greater than the 200 test strips every 30 days that the plan allows?			
For talking glucose monitor – Does the member have severe visual or manual dexterity impairment requiring use of this special monitoring system?			