

Continuous Glucose Monitoring System (CGMS) attestation form

Continuous Glucose Monitoring System (CGMS) requests should be submitted at **HumanaMilitary.com/ProvSelfService**. Form will need to be attached to request submitted online. **Approval is only required for the initial request for CGMS.** Approval is not required for replenishment of transmitters and sensors already authorized by Humana Military. Replacement receivers require approval.

Beneficiary full name: _____

Sponsor ID: _____ DOB (mm-dd-yyyy): _____

Beneficiary address: _____

City: _____ State: _____ ZIP Code: _____

Provider point of contact: _____

Ordering provider and title: _____

NPI: _____ Phone: _____

INITIAL REQUEST **REPLACEMENT OF RECEIVER**

1. Does the beneficiary have a diagnosis of insulin dependent diabetes mellitus or insulin treated gestational diabetes?
 Yes No
2. Does the beneficiary's treatment regimen include at least three insulin injections per day or insulin pump therapy with frequent self-adjustment of insulin doses? (not applicable for gestational diabetes, Type 1 diabetes or rare forms of diabetes)
 Yes No N/A
3. Does the beneficiary have documented blood glucose testing of at least four times per day prior to initiation of CGMS therapy?
 Yes No
4. Has the beneficiary completed a comprehensive diabetes education program?
 Yes No
5. Has a TRICARE-authorized provider examined the beneficiary in person and evaluated their diabetes control in the last six months?
 Yes No
6. Does the beneficiary have any **one or more** of the following?
 HbA1c of 7.0% or higher **or** less than 4.0%
 Unexplained fluctuations in daily pre-meal glucose levels
 Early morning fasting hyperglycemia
 History of severe glycemic excursions
 Hypoglycemic unawareness, nocturnal hypoglycemia or history of unexplained, severe hypoglycemic events (blood glucose < 50 mg/dl)
 Recurrent episodes of ketoacidosis or hospitalizations for uncontrolled glucose levels
 Beneficiary is pregnant and has poorly controlled diabetes or gestational diabetes
7. **For replacement receivers only**, is the receiver malfunctioning, no longer under warranty or unable to be repaired?
 Yes No

Brand name of device requested (Only FDA-approved devices are covered by TRICARE):

Ordering provider signature: _____ Date: _____



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