

MEDICARE ADVANTAGE DRUGS/BIOLOGICS PART B PRECERTIFICATION FORM



DURABLE MEDICAL EQUIPMENT (DME) – DIABETIC TESTING SUPPLIES

This precertification form applies to all Cigna Medicare markets except Leon health plans. This precertification form does not apply to Medicaid only and Medicare/Medicaid Plan (MMP) plans. Please fax to: **1-877-730-3858** | Phone: **1-888-454-0013**

Note: In an effort to process your request 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 Customer or the Customer’s ability to regain maximum function if not provided within 72 hours		
Patient name:		Patient date of birth:
Name of requesting provider:		ID number:
Contact person:		Date of service:
Address:		
NPI number:	Phone number:	Fax number:

If referring to a (servicing) provider, the below stated information must be submitted:		
Name of servicing provider:		Phone number:
Contact person:		Fax number:
Address:		NPI number:
<input type="checkbox"/> Please check if servicing provider is non-contracted. If servicing provider is non-contracted/out-of-network provider/facility, please explain why:		
Who will supply the items? <input type="checkbox"/> Pharmacy <input type="checkbox"/> DME Provider <input type="checkbox"/> Other. Please specify:	Please select place of service by checking only one of the boxes: <input type="checkbox"/> Home <input type="checkbox"/> Other. Please specify:	
Diagnosis codes:	Diagnosis:	

Please attach all required documentation: recent clinical notes, copy of the prescription or physician order, relevant diagnostic labs.

HCPCS codes	Equipment name (if applicable)	Quantity Limit every 30 days	Duration

Q1: For non-preferred glucose monitor or test strip – Has the patient tried preferred glucose monitor or test strip? If no, please indicate the need for non-preferred glucose monitor or test strip. Preferred meters are Abbott Meters and Ascencia Meters.

Q2: For high utilization of test strips – Has the patient had an in-person visit with the provider within the past 6 months and provider certified the need for test strips greater than 200 test strips every 30 days that the plan allows?

Q3: For Talking glucose monitor – Does the patient have severe visual or manual dexterity impairment requiring use of this special monitoring system?