

***Request for Continuous Glucose Monitoring System (CGMS)***

All requests for patient-use CGMS must come from Kaiser Permanente Endocrinology or a Kaiser Permanente contracted provider whose practice routinely includes patients with diabetes using CGMS.

**Patient Information**

Name: \_\_\_\_\_ KPWA Member Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Vendor:**

- Byram Healthcare
- Other \_\_\_\_\_

**Choose one of the following:**

- Initial start (patient new to use) – needs starter kit

**Product requested:**

- Medtronic CGM start-up kit with sensors
- DexCom start-up kit with CGM Sensors (includes transmitter for G6)
- FreeStyle Libre reader and sensors
- Annual review and request for continuation of CGMS
- Continuation of CGMS for user new to Kaiser Permanente

**Required documentation:****Commercial**

Attach a summary statement of the medical record documentation that attests this patient meets the following criteria (check all that are appropriate):

- Has a diagnosis of diabetes
- Patient is on an insulin regime consisting of 3 or more insulin injections per day or receiving insulin via an insulin infusion pump
- Treatment regimen requires frequent adjustment based on glucose data

**AND ONE of the following** is present (check all that are appropriate):

- There is medical record documentation of recurrent severe symptomatic hypoglycemia (blood glucose measurements less than 70 mg/dl) despite best practice management
- The patient has type 1 diabetes and significant glucose variability (BG range from 70-300, or standard deviation of BG >50mg/dl)

- Patient is pregnant and on multiple daily injections of insulin or using an insulin pump.
- Severe Dexterity impairment
- Severe vision impairment
- Currently using an insulin pump requiring integration with CGM

**Medicare**

- Has a diagnosis of diabetes
- Be on **1 or more** daily administrations of insulin
- If on orals only, have a history of problematic hypoglycemia with documentation of **at least one** of the following:
  - Recurrent (more than one) BG < 54 that persist despite multiple attempts to adjust medications/modify treatment plan
  - A history of one BG < 54 characterized by altered mental and/ or physical state requiring third-party assistance for treatment of hypoglycemia

**Indicate where and who will educate the patient in CGMS management:**

Patient education and training will be provided by: \_\_\_\_\_

Ongoing CGM management will be medically managed by: \_\_\_\_\_

Healthcare provider managing diabetes name (print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Fax form and required documentation to Kaiser Permanente Review Services at 1- 844-660-0717.**