BlueCross BlueShield of Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Prior Authorization/Predetermination
Infusion pump for Insulin

Please **fax** completed forms to **(816)502-4910**
If you have any questions please call (816)395-3989

Patient's Name	Physician's Name	
BCBSKC ID (NOT SS#):	Date of Service	
BCBSKC 8-digit Provider # or NPI#	Facility	
Contact Name	Contact Fax No.	Contact Phone No.

An external Insulin pump may be considered **medically necessary** for the treatment of insulin dependent diabetes when medical policy criteria are met.

ICD-9 Codes____________________________ CPT or HCPCS Codes: ____ ________ _____ _________ ____

Duration of condition____

Please complete the following:

- Has the patient completed a comprehensive diabetes education program? ☐ Yes ☐ No
- How many injections of insulin is the patient administrating per day?_________ For how long?____________
- Does the patient make frequent self adjustments of the insulin dose? ☐ Yes ☐ No
- How many times per day does the patient self-test?________________ For how long?__________________

While on the multiple daily injection regimen…

- What is the patient's latest HbA1C?_________________When was it last measured?____________________
- Does the patient have recurring hypoglycemia? ☐ Yes ☐ No
- How often does the patient have recurring hypoglycemia?_________________ How often?_______________
- Please give examples of glucose readings during those hypoglycemic events:_________________________
- Does the patient have wide fluctuations in blood glucose before mealtime (>140)? ☐ Yes ☐ No
- Does the patient have dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl?
  ☐ Yes ☐ No
- Does the patient have a history of severe glycemic excursions? ☐ Yes ☐ No

For BCBSKC Use Only

BCBSKC Authorization Number:__________________________ Date Span: _________ to _________
Medical Management Team Member Name:____

Please allow two (2) business days from date of receipt of <u>all</u> necessary information for determination.
Duplicate submissions slow the process.

All patient information is strictly confidential.
Incomplete forms will be returned.