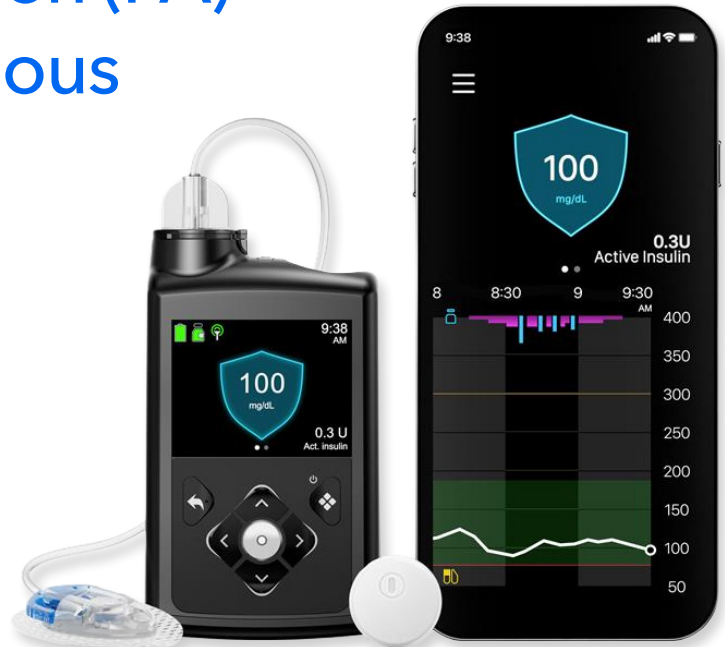




The Prior Authorization (PA) Process for Continuous Glucose Monitors

MiniMed™ continuous glucose monitors (CGMs) are covered under the pharmacy benefit for many plans.

Choose from a variety of CGMs today!



Sensor made by Abbott

If a PA is required for a MiniMed CGM, the pharmacy will notify your office when the prescription is denied.

1

Complete the Request

Criteria varies by payer and plan type.

2

Submit via Health Plan

Fax, online portal (ePA), or phone.

3

Retain the Health Plan Decision†



Ready to prescribe?

Use the QR code to request information from MiniMed.

†If/when approved, the patient is notified and the pharmacy can fill it; If denied, the plan sends a denial notice with reason and appeal option. Appeal (if denied), you may appeal with more information or request a peer-to-peer review with the health plan.

Important Safety Information for MiniMed™ 780G System:

MiniMed™ 780G System is for type 1 ages 7 and over and type 2 ages 18 and over. Prescription required.

WARNING: Do not use SmartGuard™ feature for people who require less than 8 units or more than 250 units of insulin/day.

For details, see <https://bit.ly/MiniMedRisks>.

PA Checklist

The table below includes information often requested by health plans, but it is not an exhaustive list. Confirm your patients' plan requirements before submitting the PA.

PATIENT INFORMATION

- Name
- Address
- Date of birth
- Social Security number (if required)

HCP INFORMATION

- Name
- Specialty
- Tax ID number
- Office address
- Phone/fax number
- NPI number

INSURANCE INFORMATION

- Phone number
- Name of policy holder
- Plan ID number
- Group number
- Address
- Copy of insurance card
- Completed, plan-specific PA form

MEDICAL DOCUMENTATION

ICD-10-CM DIAGNOSIS CODES

- E.10-E.11–Diabetes Mellitus
- O24.42–Gestational Diabetes

PATIENT HISTORY

- Existing complications (ie, hypoglycemia)
- History of poorly controlled diabetes

PREVIOUS/CURRENT TREATMENTS

- Current insulin regimen, including dosages and start therapy dates
- Documentation of the history of failure, contraindication, or intolerance to other treatments

COPY OF NOTE CHARTS

- Details about diagnosis, current condition, and treatment history



Have questions?

Scan the QR code for additional reimbursement support or call 1-800-646-4633, Monday-Friday, 9:00 AM-6:00 PM CT.



Financial support

Use the QR code to learn about available financial support programs for MiniMed CGMs.

DISCLAIMER

MiniMed provides this information for your convenience only. It does not constitute legal advice, financial advice, or recommendations regarding clinical practice. The information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes, documentation, and charges for care provided. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage, and payment policies. This document pertains to FDA approved or cleared indications.