

Continuous glucose monitor attestation form

Submit Continuous Glucose Monitoring System (CGMS) requests, along with attestation form, on [HumanaMilitary.com](https://www.humana.com/military) through self-service. Approval is only required for the initial request for CGMS. No approval is required for replenishment of transmitters and sensors already authorized by Humana Military. Replacement receivers require approval.

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

- Does the beneficiary have a diagnosis of insulin dependent diabetes mellitus or insulin treated gestational diabetes?
 Yes No
- 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)
 Yes No
- Does the beneficiary have documented blood glucose testing of four or more times per day?
 Yes No
- Has the beneficiary completed a comprehensive diabetes education program?
 Yes No
- Has a TRICARE-authorized provider examined the beneficiary in person and evaluated their diabetes control in the last six months?
 Yes No
- 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 glycemc 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
- 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: _____



This request is subject to a routine audit by Humana Military or designee, which may include a request for medical documentation to verify the accuracy of the information provided on this document.