



TEXAS MEDICAID

Clinical Edit Prior Authorization

Blood Glucose Monitors with Special Features

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:
Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

STEP 2: COMPLETE REQUIRED CRITERIA

FEATURE A: Blood Glucose Monitor with Integrated Voice Synthesizer (CPT code E2100)

Patient has been diagnosed with Diabetes Mellitus

AND Patient has been diagnosed with significant visual impairment

Indicate Diagnosis: _____ ICD-10 Code: _____

FEATURE B: Blood Glucose Monitor with Integrated Lancing and Blood Sample (CPT code E2101)

Patient has been diagnosed with Diabetes Mellitus

AND Patient has been diagnosed with significant manual dexterity impairment, related, but not limited to, neuropathy, seizure activity, cerebral palsy, or Parkinson's disease

Indicate Diagnosis: _____ ICD-10 Code: _____

STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

Prescriber Signature: _____ **Date:** _____

If approved, coverage will be granted for one meter. (Glucose monitors that have been dispensed are anticipated to last a minimum of three years and may be considered for replacement when three years have passed or the equipment is no longer repairable.)

If criteria not met, submit chart documentation with form citing complex medical circumstances

For questions, please call Navitus Customer Care at 1-877-908-6023