

Continuous Glucose Monitoring System (CGMS) attestation form

Continuous Glucose Monitoring System (CGMS) requests should be submitted at **ProviderSelf-Service**. Form will need to be attached to request submitted online. **Approval is only required for the initial request for CGMS.** Approval is not required for replenishment of transmitters and sensors already authorized by Humana Military. Replacement receivers require approval.

Beneficiary full 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**

1. Does the beneficiary have a diagnosis of diabetes (type 1 or type 2), gestational or other rare form?

☐ Yes ☐ No

2. Does the beneficiary's treatment regimen include daily insulin injections or insulin pump therapy?

☐ Yes ☐ No ☐ N/A

3. Has the beneficiary completed a comprehensive diabetes education program including training on use of the prescribed device(s)?

☐ Yes ☐ No

4. Has a TRICARE-authorized provider examined the beneficiary in person and evaluated their diabetes control within the last six months prior to ordering the CGMS?

☐ Yes ☐ No

5. **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.