CONFIDENTIAL – MEDICARE ADVANTAGE

DIABETIC TEST STRIPS
PRIOR AUTHORIZATION REQUEST

PRIOR AUTHORIZATION IS ONLY REQUIRED WHEN QUANTITIES FOR DIABETIC TEST STRIPS EXCEED MEDICARE QUANTITY LIMITS:

- **Insulin-dependent patients:** 300 test strips every 3 months or 100 tests strips every 1 month
- **Non-insulin dependent patients:** 100 test strips every 3 months

Required Information: To ensure our patients receive quality and timely care, please complete this form in its entirety.

DATE OF REQUEST

Fax: 1-888-972-2081
Phone: 1-877-874-7202

MEMBER INFORMATION		
Member ID:	**Last Name:**	
Medicare #:	**First Name:**	**Middle Initial:**
Date of Birth:		

REQUESTING PROVIDER INFORMATION			
NPI # / Tax ID:	**Last Name:**	**First Name:**	
	Street Address:		
Provider Type / Specialty:	**City:**	**State:**	**ZIP Code:**
	Phone #:	**Fax #:**	
SERVICING PROVIDER INFORMATION (N/A for Requesting Provider. Completed by Health Plan.)			
NPI # / Tax ID: BHPDiabeticStrips		**Street Address:** 219 North 2nd Street, #401	
Name: Bright Health		**City:** Minneapolis	
Fax #: 1-844-849-2159		**State:** MN	**ZIP Code:** 55401

CLINICAL INFORMATION	
Primary ICD-10 Code:	**Primary Code Description**:
Secondary ICD-10 Code:	**Secondary Code Description**:
Is patient insulin-dependent? ☐ Yes ☐ No	**Frequency of Testing Per Day:**
Total Quantity Requested Per Month:	Glucose Test Strips HCPC Code: A4253

Physician records must contain documentation that verifies:

- The patient is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed.
- The treating physician has seen the patient and evaluated their diabetes control within 6 months prior to prescribing the test strips.

☐ **Please check if you believe waiting for a decision under the standard time frame could place the patient's life, health, and ability to regain maximum function in serious jeopardy** (Expedited)

Authorization is not a guarantee of claim payment. The payment for these services is subject to using the authorized provider, your plan eligibility at the time of service, and the benefit limitations in your Evidence of Coverage.

Additional Instructions
Prior Authorization Request for Diabetic Test Strips

Please note that a traditional cover sheet may also be utilized as the first page of the fax as long as the completed prior authorization form is included as the second page in the transmission:

1st Page	2nd Page	3rd Page
Your fax cover sheet	Prior Authorization Request Form	Supporting Clinical Documents

Remember to provide the required information to ensure our members receive quality and timely care.

This includes, but not limited to, completing this form in its entirety and submitting with appropriate supporting clinical documentation.

After the fax is received by Bright Health, you will be contacted at the requesting phone number if there are any outstanding questions or concerns.

Confirmations for approved authorizations will be faxed to the requesting provider fax number.

Definition for Priority Level:

- **Standard request**: Bright Health must notify the member of its determination as expeditiously as the member's health condition requires, but no later than 14 calendar days after the date Bright Health receives the request.

- **Expedited request**: Member or any physician (regardless of whether the physician is affiliated with Bright Health), may request that Bright Health expedite the request when the member or his/her physician believes that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

If you have any questions regarding this form and/or request, please contact provider services:

1-844-202-4028
8:00 a.m. – 6:00 p.m., local time
Monday – Friday, excluding federal holidays

Your Bright Health Team

Fax - Confidential

To: Bright Health Plan	**From:**
Fax: 1-888-972-2081	**Date:**
	Phone:
Re: Diabetic Test Strips Prior Authorization Request	

Additional Message