Security Health Plan℠
Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.800.472.2363 | 715.221.9555
TTY: 711

Professional in Office Continuous Glucose Monitoring

Prior Authorization Request

Date ______________________________

Security Health Plan considers a 72-hour continuous glucose monitoring system (CGMS) as a "stand-alone" system all in office only. A CGMS used with an insulin pump does not apply to this form.

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Provider name (print)	Telephone number	Fax number

Place of service: ☐ Ambulatory Surgery Center ☐ Hospital outpatient ☐ Hospital inpatient ☐ Provider's office ☐ Other ____________________

Facility where services will be provided (include address if the provider provides services at more than one practice location)

Procedure information		
Scheduled date of service (month/day/year)	Requested service/procedure	Procedure code(s)
Diagnosis	Diagnosis code(s)	

Answer all of the following questions.

List prescribing provider's specialty: ☐ Endocrinologist ☐ Other ____________________

Member's glycemic control is demonstrated by: ☐ Uncontrolled ☐ Hypoglycemic unawareness ☐ Other ____________________

Member is a Type I diabetic .... ☐ Yes ☐ No

Member is pregnant or is about to become pregnant with poorly controlled diabetes .... ☐ Yes ☐ No

Member has had recurrent diabetic ketoacidosis .... ☐ Yes ☐ No

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

______________________________ ______________
Provider signature Date

Pre-service decisions: Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

Urgent pre-service decisions: Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

Mail or fax form to: Security Health Plan
Health Services Department
PO Box 8000
Marshfield, WI 54449-8000
Fax 715.221.6616

Marshfield Clinic providers route to:
Health Services Department
Routing location, SHP

If you have any questions, please contact Customer Service at 1.800.548.1224.

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