

# Expanded coverage for members with diabetes

Effective March 1, 2020, coverage for Continuous Glucose Monitoring (CGM) systems and Flash Glucose Monitoring (FGM) systems will be added as a standalone Extended Health Benefit for eligible members with Type 1 diabetes or Type 2 diabetes who require intensive insulin therapy.



## What is a Continuous or Flash Glucose Monitoring system?

A CGM system uses sensors attached to the skin along with a transmitter to continually measure glucose levels in people with diabetes. An FGM system is similar, but rather than output measurements constantly, FGM sensors must be scanned to view glucose levels. They replace other common, manual methods like finger pricking.

Devices send alerts in the case of high or low blood glucose levels, and some are compatible with smart phones. Popular devices include the FreeStyle Libre, the Dexcom G6 and Medtronic Guardian Connect.

## What are the benefits of Continuous or Flash Glucose Monitoring?

People with diabetes need to monitor their blood glucose level constantly to ensure it doesn't get too high or low.

A CGM or FGM system can be a lifeline, alerting someone if their blood sugar gets too high or low and preventing complications – which can include severe confusion and seizures.

A finger prick reading gives only a number - it doesn't indicate a trend. However, FGM and CGM monitoring give patients a better idea of where their blood sugar is heading, which helps them make more informed decisions.

These systems offer concrete results for those with diabetes. According to *The Lancet*, a CGM system can reduce the risk of hypoglycemic events by 72 per cent.\*

### Reference:

\*Heinemann L, et al. *Lancet*. 2018;391(10128):1367-77.

Eligible plan members under Plans B, C and D will receive up to **\$4,000 per person per calendar year** for CGM or FGM system components. Reimbursement is subject to the co-insurance (%) for medical appliances under your Plan type.

### Pre-authorization required

A pre-authorization form must be submitted prior to claiming for this benefit to confirm eligibility. The form is available for download at [mb.bluecross.ca](http://mb.bluecross.ca). Once approved, simply upload a health claim form with your receipts through your mybluecross® online account.

### Questions?

For more information about the new CGM/FGM benefit, please contact us at **204.775.0151**.

Sincerely,

Manitoba Blue Cross



CONTINUOUS GLUCOSE MONITOR (CGM)
FLASH GLUCOSE MONITOR (FGM)
SPECIAL AUTHORIZATION REQUEST

MEMBER INFORMATION

SERVICE RECIPIENT (PATIENT) INFORMATION

Table with 2 columns: Member Information and Service Recipient Information. Fields include Certificate Number, Client Number, Last Name, First Name, Address, City, Province, Postal Code, Email Address / Phone Number, and Service Recipient details.

COORDINATION OF BENEFITS INFORMATION

Form with two main questions (A and B) regarding other insurance carriers. Includes checkboxes for Yes/No and fields for contract numbers and policy holder names.

ATTENDING PHYSICIAN'S SECTION

Form with three numbered questions for the physician: 1. Advise which system has been prescribed; 2. Confirm the patient's medical diagnosis (Type 1/2 Diabetes); 3. If patient has Type 2 diabetes, do they require intensive insulin therapy?

Large text box for additional information: Please indicate any additional information that you feel would be beneficial to assist our clinical team in reviewing this request (if necessary, attach additional pages or documentation)

SEE REVERSE FOR DETAILS AND PHYSICIANS STATEMENT

## PHYSICIAN'S STATEMENT

Physician Name	Specialty
Clinic Name	Clinic Address
Phone Number	Fax Number
Physician Signature: _____ Date: _____	

## HOW TO SUBMIT CGM/FGM SPECIAL AUTHORIZATION REQUEST

email:	pharmacyservices@mb.bluecross.ca	Fax:	1.204.772.1231
Mail:	PO Box 1046 Stn Main Winnipeg, MB R3C 2X7	In Person/Drop Box:	599 Empress Street Winnipeg, MB

## CONSENT AND AUTHORIZATION

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross Plans, health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member. I understand that Manitoba Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Manitoba Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Manitoba Blue Cross to collect, use and disclose my personal information as outlined in the Manitoba Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.

I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Manitoba Blue Cross's privacy policies or for questions as to the collection, use or disclosure of my personal information, I can contact Manitoba Blue Cross at 204.775.0151 or 1.800.873.2583 or mb.bluecross.ca.

I authorize Manitoba Blue Cross to collect, use and disclose my personal information as described above.

Service Recipient/Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

