

# DiabetesSisters Life Class Webinar: Appeals & Denials

with Cherise Shockley and Melissa Lee



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# Patient as Expert!

Cherise Shockley



Melissa Lee



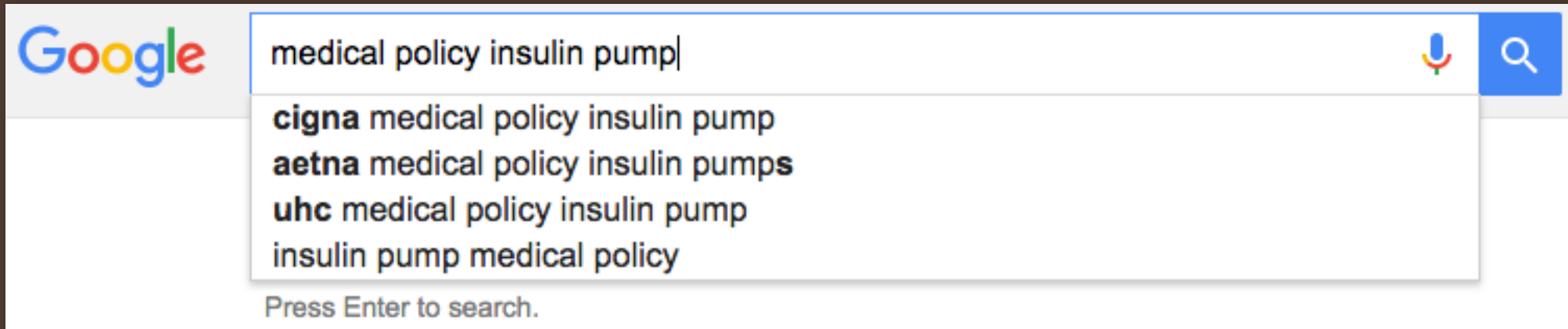
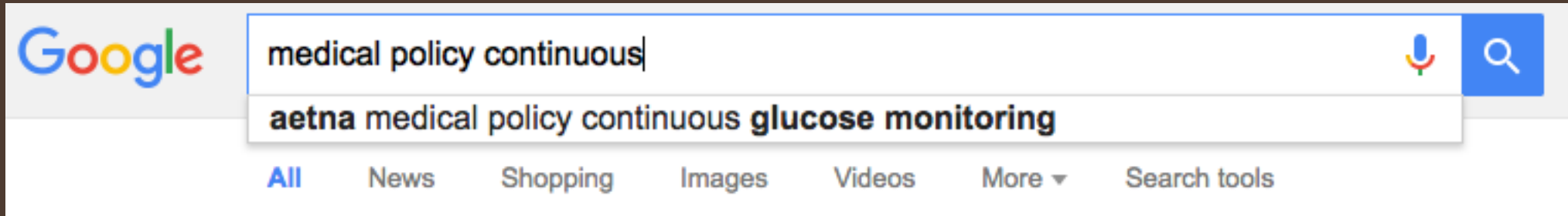
**It's on you.**

Blood glucose logs? Device downloads?  
Logbooks? It's on you to know what your insurance  
wants to see in order to approve the therapy  
you're pursuing coverage for.



**APPROVED**

# Google your insurer's medical policy!





# Medical Policy

## POLICY

Intermittent monitoring (i.e., 72 hours) of glucose levels in interstitial fluid may be considered **medically necessary** in patients with type 1 diabetes whose diabetes is poorly controlled, despite current use of best practices (see Policy Guidelines). Poorly controlled type 1 diabetes includes the following clinical situations: unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis.

Intermittent monitoring of glucose levels in interstitial fluid may also be considered **medically necessary** in patients with type 1 diabetes prior to insulin pump initiation to determine basal insulin levels.

Continuous (i.e., long-term) monitoring of glucose levels in interstitial fluid, including real-time monitoring, as a technique of diabetic monitoring, may be considered **medically necessary** when the following situations occur, despite use of best practices:

- Patients with type 1 diabetes who have recurrent, unexplained, severe (generally blood glucose levels less than 50 mg/dL) hypoglycemia that puts the patient or others at risk; or
- Patients with poorly controlled type 1 diabetes who are pregnant. Poorly controlled type 1 diabetes includes unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis.

Other uses of continuous monitoring of glucose levels in interstitial fluid as a technique of diabetic monitoring are considered **investigational**.



## III. External Insulin Infusion Pumps for Diabetes

Aetna considers external insulin infusion pumps medically necessary DME for the persons with diabetes who meet the criteria in section A or in section B below:

A. Members must meet *all* of the following criteria:

1. The member has been on a program of multiple daily injections of insulin (i.e., at least 3 injections per day), with frequent self-adjustments of insulin dose for at least 6 months prior to initiation of the insulin pump\*; *and*
2. The member has completed a comprehensive diabetes education program; *and*
3. The member has documented frequency of glucose self-testing an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump\*\*; *and*
4. The member meets at least one of the following criteria while on multiple daily injections (more than 3 injections per day) of insulin:
  - a. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL; *or*
  - b. Elevated glycosylated hemoglobin level (HbA1c greater than 7.0%, where upper range of normal is less than 6.0%; for other HbA1c assays, 1% over upper range of normal); *or*
  - c. History of recurring hypoglycemia (less than 60 mg/dL); *or*
  - d. History of severe glycemic excursions; *or*
  - e. Wide fluctuations in blood glucose before mealtime (e.g., pre-prandial blood glucose levels commonly exceed 140 mg/dL);

*or*

- B. The member has been on a pump prior to enrollment in Aetna, and has documented frequency of glucose self-testing an average of at least 4 times per day during the month prior to Aetna enrollment.

# Your Doctor, Your Advocate

- 1) Your insurer has a **dedicated phone line** for your provider.
- 2) Your provider can request a **peer-to-peer** with a physician at the insurance company.
- 3) This is not your provider's first rodeo. **They know how to get to yes.**
- 4) Your insurer will request your **provider's notes** about your care, including visit notes.

Every visit, make sure that your healthcare team is **noting your concerns** in your visit notes

How  
frequently  
you check  
BG/A1c

Problems  
with  
current  
therapy

Lifestyle  
factors

# You have advocates *on the inside* at your insurer, your HR, & the therapy company.

Ask your employer's HR or Plan Administrator to intervene on your behalf.

Ask to speak to a health advocate at your insurance company.

Call the company that makes the therapy you're seeking coverage for. They have fought this before.

## Who can use Health Advocate?

You can use this service if you're a Blue Cross Blue Shield of Michigan or Blue Care Network member enrolled through GlidePath.

Your whole family can use Health Advocate. You, your spouse, dependent children, parents and parents-in-law can call as often as they need to. It doesn't cost you anything. The service can help even if they're not covered by your medical plan.

## How it works

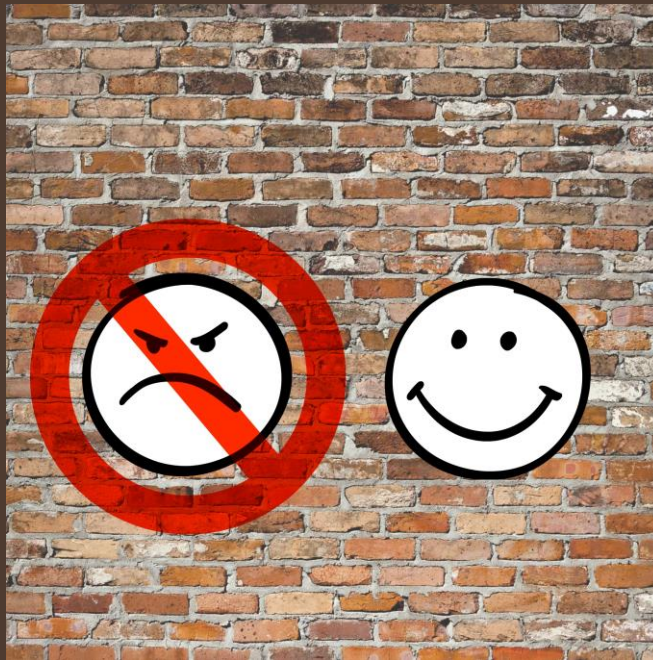
When you use Health Advocate, you'll be connected with a personal advocate who can help you:


- Sort through information from doctors, dentists, specialists and other health care professionals
- Schedule appointments and arrange for second opinions
- Set up special procedures and tests
- Get answers about test results, diagnoses and medications
- Research newest treatment options
- Transfer medical records, X-rays and lab results
- Negotiate payment plans for your out-of-network medical bills
- Understand your appeal rights for bills from doctors, hospitals and other health care professionals
- Find in-home care, adult day care, assisted living and long-term care
- Understand Medicare, Medicaid and Medicare supplemental plans
- Coordinate care between different doctors and hospitals
- Research transportation to appointments



# On the Phone to Your Insurer?

Keep calm  
and  
keep a  
notebook!



 **DiabetesMine** @DiabetesMine Following

Thx to UHC spokeswoman who acknowledged my media Qs on [#DiabetesAccessMatters](#) + insulin coverage & is working on answers. -MH


RETWEET 1 LIKES 5

2:55 PM - 22 Sep 2016

 **Jaime Ferrer** @Ferrertennis · 25 Aug 2015


Incredible the great [insert sarcasm] customer service [@Amerigroup](#) provides. No news on my [#Dexcom](#) coverage! And 10pods for 3 months. [#fail](#)

3 2

 **Amerigroup** @Amerigroup · 26 Aug 2015

[@Ferrertennis](#) Sorry to hear you are having a hard time. Send us a little information about yourself by direct message and we'll try to help.

3 2

 **Jaime Ferrer** @Ferrertennis Follow

[@Amerigroup](#) I need to keep using [#Dexcom](#) the cgm that helps me manage my t1 diabetes. You are denying it without reason.

12:37 AM - 1 Sep 2015



# Thank you for joining us!

Melissa Lee

○ @sweetlyvoiced \* sweetlyvoiced.com

Cherise Shockley

○ @sweetercherise \* @diabetessocmed \*  
DiabetesSocMed.com

