



# CGM ORDERING: PHARMACY or DME

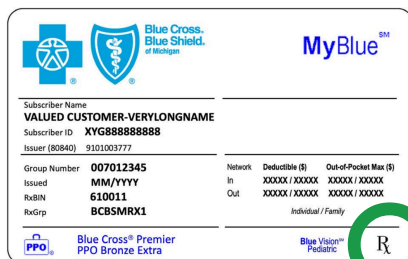
## COVERAGE GUIDE QUICK REFERENCE

	PHARMACY	DME	NOTES	
MEDICARE ADVANTAGE	<b>BCBSM</b> MEDICARE ADVANTAGE	✓		
	<b>BLUE CARE NETWORK</b> MEDICARE ADVANTAGE	✓	* Unless Medicare UAW Trust group, use DME.	
	<b>HAP</b> MEDICARE ADVANTAGE	✓		
	<b>MEDICARE PART B</b>	✓	TIP: Patient must be on basal insulin to be covered.	
MEDICAID	<b>MICHIGAN MEDICAID</b>	✓		
	<b>BLUE CROSS COMPLETE</b> MEDICAID	✓	Either can be used. No preferred copay.	
	<b>MOLINA</b> MEDICAID	✓	Either can be used. No preferred copay.	
COMMERCIAL	<b>AETNA</b>	✓		
	<b>BCBSM/BCN</b> MEDICAL benefit <u>ONLY</u> *		✓	*Check your insurance card or member portal for specific coverage. See instructions below this table.
	<b>BCBSM/BCN</b> MEDICAL <u>AND</u> PHARMACY*	✓		*Check your insurance card or member portal for specific coverage. See instructions below this table.
	<b>HAP</b>	✓		
	<b>PRIORITY</b>	✓		
	<b>UNITED</b>	✓ For MCT2D ONLY	✓	MCT2D providers have the option to use Pharmacy.

### Coverage Check for BCBSM/BCN Commercial Patients

#### Option 1: Check patient's insurance card.

Look for an "RX" symbol in lower right corner. If present, send CGM prescription to the **pharmacy**.



#### Option 2: Patient logs into member.bcbsm.com.

Click on 'My Coverage.' Under the "Benefits" heading, look for "**Prescription.**" If present, send CGM prescription to the **pharmacy**. If not, send to **DME**.

