



COVERAGE GUIDE

CGM ORDERING: DME or PHARMACY

	DME	PHARMACY	NOTES
MEDICARE PART B	✓		TIP: Patient must be on basal insulin to be covered.
MEDICARE ADVANTAGE			
BCBSM MEDICARE ADVANTAGE		✓*	* Unless Medicare UAW Trust group, use DME
BLUE CARE NETWORK MEDICARE ADVANTAGE		✓	
HAP MEDICARE ADVANTAGE		✓	
MICHIGAN MEDICAID	✓		
BLUE CROSS COMPLETE MEDICAID	✓	✓	Either can be used, no preferred copay. <i>Tip:</i> Less documentation is required for pharmacy.
MOLINA MEDICAID	✓	✓	
COMMERCIAL			
AETNA		✓	
BCBSM/BCN	Patients with ✓ MEDICAL benefit ONLY	Pts with MEDICAL <u>AND</u> ✓ <u>PHARMACY</u> benefit	Check your insurance card or member portal for specific coverage. <i>See instructions below this table.</i>
HAP		✓	
PRIORITY		✓	
UNITED	✓	✓	Either can be used, no preferred copay.

Coverage Check for BCBSM/BCN Commercial Patients

Option 1: Check your insurance card: Look for an “RX” symbol and information for an “RXBIN” and/or “RxGRP.” If present, send CGM prescription to the **pharmacy**.

Option 2: Log into member.bcbsm.com: Then, click on ‘My Coverage.’ Under the “Benefits” heading, look for “**Prescription.**” If present, send CGM prescription to the **pharmacy**. If not, send to **DME**.

Blue Cross of Michigan

Subscriber Name	Office Visit	\$20
Subscriber ID	Office Visit - Specialist	\$20
Issuer (80840)	Urgent Care	\$50
Group Number	Retail Health Center	\$50
Issued Plan	Deductible (\$)	500 / 1,000
RxBIN	Out-of-Pocket (\$)	2,750 / 5,500
RxGRP	Individual / Family	

R