

Priority Health Medicare Part B Product Coverage Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Medicare Part B** **Medicare Part D**
 This request is: **Expedited request** **Standard request**

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Medicare Part B Diabetic Test Strips

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

Preferred test strips*: One Touch Ultra Non-Preferred test strips: Freestyle
 One Touch Verio Accu-Chek
 Contour Next Precision Xtra
 Contour Plus TRUEtrack
 Other: _____

*Priority Health prefers all Bayer and LifeScan products

Priority Health Medicare exception request

Is use of the non-preferred test strip medically necessary for this patient?

No
 Yes. **Provide rationale for medical necessity:** _____

Priority Health Medicare Regulations

Medical supplies directly associated with delivering insulin to the body, including syringes, needles, alcohol swabs, gauze, and insulin injection delivery devices not otherwise covered under Medicare Part B, such as insulin pens, pen supplies, and needle-free syringes, can satisfy the definition of a Part D drug.

However, test strips, lancets and needle disposal systems are not considered medical supplies directly associated with the delivery of insulin for purposes of coverage under Part D and are considered a Part B benefit.