

POLICY NAME	Medical Exception for Non-Covered Glucose Test	POLICY #	2030P
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Criteria

Medical Exception for Coverage of a Non-Preferred Test Strip

- ☐ 1.1 Member has a visual impairment which prevents the use of one of the covered Abbott products, OR
- ☐ 1.2 Member has a physical or mental disability that prevents the use of one of the covered Abbott products, OR
- ☐ 1.3 Member uses an insulin pump that is supplied and supported by Health Alliance/Health Alliance Northwest Medical Plans and is requesting a test strip with linking technology to the covered pump