**TEST 1**

**INDICATIONS**

Prolia® is indicated for the treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, Prolia® reduces the incidence of vertebral, nonvertebral, and hip fractures.

Prolia® is indicated for treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.

**INDICATION**

Prolia® is indicated for treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.

**TEST 2**

The Dexcom G6® Continuous Glucose Monitoring System is indicated for use in making diabetes treatment decisions without a confirmatory fingerstick\* and as such is covered by Medicare as therapeutic CGM.

Seniors with diabetes are susceptible to a greater frequency of hypoglycemia unawareness and higher rate of hypoglycemia than younger adults.1 The Dexcom G6® Continuous Glucose Monitoring System can be prescribed for your Medicare-eligible patients, providing this vulnerable population an additional layer of support.

\*If your glucose alerts and readings from the G6 do not match symptoms or expectations or you’re taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions.

**Coverage Requirements**

To qualify for coverage of therapeutic CGM, Medicare patients with type 1 and type 2 diabetes on intensive insulin therapy who meet the following criteria may be able to obtain reimbursement:

* The beneficiary requires a therapeutic CGM. The beneficiary has diabetes mellitus; and,
* The beneficiary has been using a home blood glucose monitor (BGM) and performing frequent (four or more times a day) BGM testing; and,
* The beneficiary is insulin-treated with 3 or more daily injections (MDI) of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and,
* The beneficiary’s insulin treatment regimen requires frequent adjustments by the beneficiary on the basis of BGM or therapeutic CGM testing results.
* Within six (6) months prior to ordering the CGM, the beneficiary had an in-person visit with the treating practitioner to evaluate their diabetes control and determine that the above criteria are met; and,
* Every six (6) months following the initial prescription of the CGM, the beneficiary has an in-person visit with the treating practitioner to assess adherence to their CGM regimen and diabetes treatment plan

The Dexcom G6® Continuous Glucose Monitoring System is indicated with something haha for use in making diabetes treatment decisions without a fingerstick and as such is covered by Medicare as therapeutic CGM.

Seniors with diabetes are susceptible to a greater frequency of hypoglycemia unawareness and higher rate of hypoglycemia than younger adults.1 The Dexcom G6® Continuous Glucose Monitoring System can be prescribed for your Medicare-eligible patients, providing this vulnerable population an additional layer of support.\*

\*If your glucose alerts and readings from the G6 do not match symptoms or expectations or you’re taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions. And some more.

**Coverage Requirement**

To qualify for coverage of therapeutic CGM, Medicare patients with type 1 and type 2 diabetes on intensive insulin therapy to obtain reimbursement:

* The beneficiary requires a therapeutic CGM. The beneficiary has diabetes mellitus; and,
* The beneficiary is insulin-treated with 3 or more daily injections (MDI) of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and,
* The beneficiary’s insulin treatment regimen requires frequent adjustments by the beneficiary on the basis of BGM or therapeutic CGM testing results.
* Within six (6) months prior to ordering the CGM, the beneficiary had an in-person visit with the treating practitioner to evaluate their diabetes control and determine that the above criteria are met; and,
* Every six (6) months following the initial prescription of the CGM, the beneficiary has an in-person visit with the treating practitioner to assess adherence to their CGM regimen and diabetes treatment plan