

TOPICS IN TYPE 1 DIABETES

Insurance Coverage for Continuous Glucose Monitors

New monitoring technologies come to market frequently, offering significant benefits such as the ability to read blood sugar levels continuously and provide information on blood sugar trends. While increasing numbers of people are using continuous glucose monitors (CGMs), many health plans have yet to make broad coverage decisions about them, and are waiting for the results of clinical trials—such as those now under way as part of JDRF's Artificial Pancreas Project. In the meantime, some health plans grant individual or case-by-case coverage. JDRF encourages people using or planning to use CGM technologies to apply for coverage. Here are a few tips we have culled from insurance experts that can increase your odds of success.

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ASK A MEDICAL PROFESSIONAL

To Pump or Not to Pump?

To pump or not to pump? It is a question so many parents ask, and these days, many are asking earlier than ever. Insulin pump use in children was not terribly common when my 10-year-old son started using one in 1993. It was much more mainstream when my daughter was diagnosed in 1999. During the last few years, children of all ages have been making the jump to the pump in record numbers, and for good reason.

In people with diabetes, the pancreas loses most of its insulin-producing cells within one year of diagnosis. Initially some, and eventually all, insulin needs must be met by injection from an outside source. As a result, a diabetes diagnosis starts the child and the whole family off on new challenges in life: balancing insulin, food, activity, and more.

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ASK A PARENT

Help from JDRF's Online Diabetes Support Team

Q: My four-year-old son was recently diagnosed with type 1 diabetes and has been resisting his injections. What can I do to give him his shots without a struggle?

A: My granddaughter was also diagnosed at age four, and I remember the overwhelming feelings of fear, sadness, and confusion our entire family dealt with in those first few months. A child has a lot to deal with after being diagnosed. Trying to avoid shots or making inappropriate food choices is a common way children try to regain a feeling of control or normality in their lives. Think about the confusion, worry, or moments of hopelessness you may have felt at times. Your son is going through some of the same emotions and is simply expressing them in his own way. On top of all that, he's only four years old.

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WHAT'S NEW ON THE JDRF WEBSITE?

Progress in Research

Two separate teams of scientists have reported that they turned human skin cells into cells that look and act like embryonic stem cells. The findings were reported by two scientific journals on November 20. JDRF has issued a statement in response to this exciting development, which has the potential to possibly accelerate progress in the search for a cure. Click here to read the full statement.

WHAT A JDRF CHAPTER CAN DO FOR YOU

A Family Affair

Type 1 diabetes isn't just a diagnosis for your child. It's a diagnosis for the whole family. Parents and siblings are all part of the process of acquiring effective coping strategies and learning the techniques of optimal diabetes management. As part of its Family Network program—formed to help families with a newly diagnosed child or teen—JDRF's Maryland Chapter recently hosted "A Family Approach to Diabetes Management," a workshop for parents and family members. Visit the JDRF website at www.jdrf.org to find support activities at a chapter near you.

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TIPS FOR APPLYING FOR INSURANCE COVERAGE OF CONTINUOUS GLUCOSE MONITORS (CGMs):

1. Get informed and get help. Read your insurance plan's guide or call your insurance company to learn the proper steps for seeking case-by-case coverage. Contact your CGM manufacturer's customer service staff to see how they can help you.

2. Be prepared and persistent. Seeking case-by-case coverage is difficult; however insurance companies are granting case-by-case coverage to some individuals. Make sure to be prepared with information about yourself and CGM and keep trying!

3. Ask questions. Ask your insurance company if they have a "prior authorization" policy, an insurance policy that requires you to get approval before purchasing the device, and satisfy those requirements before asking for coverage. Also, find out what medical equipment supplier your insurance plan works with, and arrange to buy your device through them.

4. Communicate the urgency for CGM coverage. To better your chances of receiving a positive coverage decision, you must communicate your urgent need by highlighting health problems and the expenses of acute care. In particular, you will need to provide the following materials to your insurance company:

- Letter of Medical Necessity from your doctor, highlighting health problems and your need for a CGM device, which may include:
 - a) Documented glycemic control problems (elevated HbA1c, frequent hypoglycemia, hypoglycemia unawareness, overnight hypoglycemia)
 - b) Hospitalizations for hypoglycemia or diabetic ketoacidosis (DKA)
 - c) Emergency room visits
 - d) Glucagon administrations
 - e) Diabetes complications, whether early or advanced, such as kidney problems, nerve damage, loss of feeling in feet, and eye problems
- Prescription for a CGM device from your doctor
- Description of your current care program (e.g., multiple daily injections or insulin pump, and frequency of blood glucose self-monitoring) and a record of adherence to your care plan from you physician
- Certification that your physician or other care provider (e.g., Certified Diabetes Educator) will be supervising your treatment plan with the addition of a CGM device

5. File for case-by-case coverage. Send all the above materials to your insurance company.

6. Know your insurance company's appeals process. Since CGMs are not widely covered by insurers, it is likely that you will be initially denied coverage and will need to appeal the decision.

7. Submit your appeal. Send the appeal to your insurance plan with the materials outlined above in Step 4 within the time frame outlined by your insurer.

8. Appeal, appeal, and appeal. The more you appeal each denial, the more you are helping put pressure on insurance companies and making them aware of the demand for coverage of these devices. Don't give up!

9. Please tell us your story! Whether you beat the odds and received coverage or are still trying, please share your experiences with us so we can share them with others.

10. Sign up to be a JDRF advocate. You can join with others affected by type 1 to advocate for health coverage for CGMs and funds for diabetes research. Click here to sign up to be an advocate.

Click here to reach a JDRF Volunteer to answer your questions about continuous glucose monitors, the artificial pancreas, or any questions about life with diabetes. To learn more about CGMs and the artificial pancreas, click here.

ASK A MEDICAL PROFESSIONAL

To Pump or Not to Pump?

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What a Pump Can Do

Insulin pumps are programmed to deliver basal or background insulin 24 hours a day – roughly one half of the total insulin needed over that time period. When food is eaten, the carbohydrate content should be counted, and the bolus button on the pump pushed to deliver the amount of insulin needed for that carbohydrate. The advantages of delivery of insulin this way include:

- **Precision:** The pump can deliver as little as one-tenth of a unit, making it possible to closely match the body's need.
- **Flexibility:** Meal times, quantity, and variety are less strict because insulin is matched to the food eaten.
- **Consistency:** Today's "smart" pumps calculate every bolus dose needed using the same factors each time, including current blood sugar reading, carbohydrate content of the meal, personal insulin sensitivity, and the quantity of insulin active from the previous dose.
- **Convenience:** The pump holds a three-day supply of insulin, which is attached to the body at all times.

These advantages – particularly the fact that the pump calculates your insulin needs the same way each time – allow consistency. This fact alone can make pump therapy so much safer, even for young children in school and day care settings.

Care Plans

If you've made the decision that your child will go on the pump, you'll need to have a school healthcare plan that carefully spells out the responsibilities of the school health

staff, the level of self-direction of the student, emergency contact numbers, a plan for an alternative form of insulin delivery, and a protocol for handling pump problems. You should also include your child's insulin regimen (insulin-to-carbohydrate ratio and correction/sensitivity factors) and simple programming directions for giving a bolus via the pump. *Student healthcare plan information and samples are available at www.jdrf.org/diabetesinschool; for information about carbohydrate counting, go to www.jdrf.org/diabetesanddiet.*

ASK A PARENT

Help from JDRF's Online Diabetes Support Team

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But let me reassure you: it gets better! In our case, it took patience and consistency, but our granddaughter was soon thriving, doing her own testing within a couple of years, and amazing us with her awesome spirit and bravery. That said, let me share with you some of the techniques we've had some success with:

- By acknowledging your son's fears, you can help him know that it's OK to express the feelings that might be coming out in other ways. Rather than telling him that shots or needle sticks don't hurt; sympathize with him and ask what might make it easier.
- Give him some prep time before shots or tests. Telling him you're going to do it in five minutes rather than just springing it on him might make it easier to take.
- Be calm when giving tests or injections. Children can pick up on their parents' anxieties and grow anxious themselves.
- Tell your son to take three very deep breaths, and give the injection with the last breath. That will help to alleviate some of the pain he feels with the prick. Breathing along with him will help you both relax.
- Gently stroking the skin at the point of injection before and after administering the shot can also help him relax and relieve pain. Of course, your endocrinologist may have more suggestions.
- And finally, remember that diabetes is a learning process for the whole family. Though it will take some time to become comfortable with your son's diabetic needs, continue to seek information so that you can come up to speed as quickly as possible. In doing that, your family will feel more empowered to help him, and your hearts and minds will be more at peace.

Have a question? Go to the [JDRF Online Diabetes Support Team](http://www.jdrf.org) at [jdrf.org](http://www.jdrf.org).

PUMP THERAPY IN SCHOOL

The pump is a computerized device, about the size of pager, which is connected to its user at all times. A small needle punctures the skin and is either taped in place, or removed after its plastic cannula sheath is taped in place. Fatty areas of the abdomen, buttocks, thigh, or arm are the most common sites used; the site needs to be changed every three days.

To be safe with insulin pump therapy in school, students must:

- Check their blood sugar multiple times throughout the day
- Respond to low or high blood sugar readings
- Receive help when blood sugar levels are too low or high
- Make certain someone accompanies them to the nurse's office (or anywhere) when they are experiencing high or low blood sugar episodes

To be prepared to assist students with diabetes who use pumps, school nurses should achieve technical competence with basic pump therapy tasks

- Inserting the pump cannula
- Delivering bolus insulin through the pump
- Checking pump memory to see the time of the last bolus dose
- Troubleshooting to determine if there is a problem with the pump
- Replacing pump batteries

The following back-up supplies should be available in the school nurse's office:

- Batteries
- Two infusion sets
- Two insulin reservoirs
- Insulin bottle
- Traditional syringe or insulin pen and pen needle
- Alcohol wipes
- A copy of the user manual for the pump the student uses
- A quick programming card
- Ketone strips
- Supplies for testing blood sugar
- A glucagon kit and glucose tablets.