Sometimes the patient's health plan may require a prior authorization (PA) before covering a GLP-1 RA. It is important to provide the correct information to ensure there are no delays in treatment. While payer and health plan requirements can vary, these PA submission forms often include ICD-10-CM diagnosis codes and requests for information regarding the patient's treatment and medical history.



Example ICD-10-CM diagnosis codes¹

Some payers may not only ask if the patient is diagnosed with type 2 diabetes, but also if the patient has other health conditions, such as established CVD. Example diagnosis codes may include:

Example Diagnosis Codes for Type 2 Diabetes (required to include at least 1)		Example Diagnosis Codes for Patients Who Also Have CVD	
E11.65	Type 2 diabetes mellitus with hyperglycemia	G46	Vascular syndromes of brain in cerebrovascular diseases
E11.8	Type 2 diabetes mellitus with unspecified complications	I20.0	Unstable angina
E11.9	Type 2 diabetes mellitus without complications	I21	Acute myocardial infarction
		I22	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
These diagnosis codes are for informational use only and are not intended to guarantee reimbursement. It is the provider's responsibility to review the payer's guidance to ensure appropriate codes are selected based on the patient's medical record.		I25.1	Atherosclerotic heart disease of native coronary artery
		I50.23	Acute on chronic systolic (congestive) heart failure
		I63.9	Cerebral infarction, unspecified
		I67	Other cerebrovascular diseases
		I73.9	Peripheral vascular disease, unspecified





Examples of additional information that may be seen on PA forms

Patient treatment history and medical history help document the need to be treated with a GLP-1 RA for type 2 diabetes. It is important to review individual payer guidance prior to submitting and consult with the payer for other required documentation.

Details of Current and	Supporting Documentation	
Previous Therapies	From Patient Chart	
 Inadequate treatment response, intolerance, or contraindication to metformin Inadequate response or contraindication to at least 1 of the following oral antidiabetic agents: Sulfonylureas Thiazolidinedione DPP-4 inhibitors SLGT-2 inhibitors Combination of the above therapies 	 Duration and dates of treatment Documented contraindication(s) (if applicable) Documented adverse events or treatment intolerance 	
Details of Patient's	Supporting Documentation	
Medical History	From Patient Chart	
 Recent A1C level(s) Documentation of additional comorbidities Presence of family or personal history of certain conditions 	 Clinical notes for detailed diagnosis Additional laboratory results 	

DPP-4=dipeptidyl peptidase-4; SLGT-2=sodium-glucose cotransporter-2.



CoverMyMeds can offer support services and online submission capabilities to help you quickly submit PAs. For assistance in the PA process, visit **CoverMyMeds.com**.

Reference: 1. American Medical Association. 2022 ICD-10-CM Expert: Diagnosis Codes for Providers & Facilities. AAPC; 2021.

