Insulin Pump Policy

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if ordered by an endocrinologist and all criteria are demonstrated and documented in the clinical and DMEPOS providers records:

- Type 1 insulin dependent diabetes not less than 6 months duration; and
- Has completed a comprehensive diabetes education program (or caregiver for pediatrics); and
- Has demonstrated the ability to maintain a close relationship with appropriate providers (i.e., physician, nurse practitioner, diabetes educator, etc.) and participation in ongoing medical supervision. This should include regular glycosylated hemoglobin determinations and ophthalmological evaluations; and
- Is motivated and mentally capable of proper operation of the pump (or caregiver for pediatrics); and
- Has been on a program of multiple daily injections of insulin (≥3 injections per day), with frequent self-adjustments of insulin dose; and
- Has documented frequency of glucose self-testing an average of 4 times per day during the 2 months prior to initiation of the insulin pump; and
- Meets at least two or more of the following:
  - Elevated glycosylated hemoglobin (HbA1c) ≥ 7%; or
  - Wide fluctuations in blood glucose before mealtime (e.g., pre-prandial blood glucose levels commonly exceed 140 mg/dL); or
  - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL; or
  - History of severe glycemic excursions commonly associated with brittle diabetes, such as hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity and/or very low insulin requirements; or
  - Day-to-day variations in work schedule, mealtimes and activity level, which confound the degree of regimentation required to self-manage glycemia with multiple insulin injections; or
  - Preconception or pregnancy with a history of suboptimal glycemic control; or
Insulin Pump Policy

- Suboptimal glycemic and metabolic control post-renal transplant.

Insulin Pump Supplies:

- **Continued coverage** of an external insulin pump and supplies requires that the member be seen and evaluated by the treating physician at least every 3 months.

- Code A4224 includes dressings for the catheter site and flush solutions not directly related to drug infusion. The catheter site may be a peripheral intravenous line, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or a subcutaneous port, or an epidural catheter. Code A4224 also includes all cannulas, needles, dressings and infusion supplies (excluding the insulin reservoir) related to continuous subcutaneous insulin infusion via external insulin infusion pump (E0784).
  
  - Billing for more than 1 unit of service per week is incorrect use of the code and will be denied accordingly.

- Code A4225 describes a syringe-type reservoir that is used with the external insulin infusion pump (E0784). The reservoir may be either glass or plastic and includes the needle for drawing up the drug. This code does not include the drug for use in the reservoir.

- All supplies (including dressings) used in conjunction with an external insulin infusion pump (E0784) are billed with A4224 and A4225. Other codes should not be used for the separate billing of these supplies as they are included in the A4224

Replacement:

- A member with Type 1 diabetes mellitus successfully using a continuous insulin infusion pump prior to becoming Medicaid eligible with documented frequency of glucose self-testing on average of at least 4 times per day meets the definition of medical necessity.

- Replacement of a non-functioning or malfunctioning external insulin infusion pump and cannot be refurbished. For requests for replacement pumps, an expired warranty must be verified and include a manufacturer statement why pump is unable to repairable/refurbish.
**Insulin Pump Policy**

**Non-covered:**
- Back up external insulin infusion pumps.
- Replacement or repair of an external insulin infusion pump that is damaged/destroyed by a member’s carelessness, misuse or abuse.
- Replacement of a functioning external insulin infusion pump with a newer advanced model does not meet North Dakota Medicaid’s medical coverage criteria.
- Drugs and related supplies/equipment billed by a supplier for a member who does not meet the above stated criteria.

**Documentation Requirements:**
- A prescription from a physician who manages member’s with insulin pumps and who works closely with a team including nurses, diabetes educators, and dietitians.
- Service authorization is required for the insulin pump with **all** of the following documentation:
  - Certification of Diabetic Education Class with first initial request.
  - Signed statement from the physician acknowledging medical necessity and the following:
    - Member is motivated to achieve and maintain improved glycolic control, indicated by showing documented finger sticks (at least 4 times per day) with multiple injections.
    - Member has been on a program of multiple injections of insulin (at least 3 times per day) with frequent self-adjustment of insulin doses at least 6 months prior to initiation of the insulin pump.
    - Cognitive ability to operate pump and calculate insulin dosages.
- Qualifying lab results per qualifications.
- Physician current history and physical including one or more of the additional indications listed in the qualification column.
- Documentation requirements for members **using** the insulin pump prior to Medicaid eligibility requires a service authorization with the
**EXTERNAL INSULIN INFUSION PUMP**
Service Authorization Required
CMN Required: **SFN 96**

**DURABLE MEDICAL EQUIPMENT MANUAL**

**COVERAGE AND LIMITATION CRITERIA/POLICIES**

**EFFECTIVE:** June 2011

**REVISED:** JANUARY 2017

**Insulin Pump Policy**

following documentation:

- A current HbA1C level.
- Signed narrative from the physician documenting the member's compliance

- Continued coverage of an external insulin pump and supplies requires documents from treating physician at least every 3 months for a total of 4 Dr. visits documentation since last service authorization request.

<table>
<thead>
<tr>
<th>Date Revised</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>January 2017</td>
<td>A4221 deleted and A4224 replaced. K0552 deleted and A4225 replaced. Changed CMN number to SFN 96 as new form created specific to insulin pumps and supplies. Reviewed and reformatted.</td>
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