

EXTERNAL INSULIN INFUSION PUMP

30 DAY REVIEW AND COMMENT PERIOD BEGINNING
MAY 5, 2011 AND ENDING JUNE 1, 2011. COMMENTS
TO BE FAXED TO (701)328-0370. COMMENTS WILL
NOT BE ACCEPTED AFTER JUNE 1, 2011.

12/15/2010
NDDHS
mlh

EXTERNAL INSULIN INFUSION PUMP: Prior Authorization Required

Coverage allowed if all criteria are met:

- Type 1 insulin dependent diabetes not less than 6 months duration; and
 - Has completed a comprehensive diabetes education program; 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; 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) $\geq 7\%$; 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;
 - Day-to-day variations in work schedule, mealtimes and/or activity level, which confound the degree of regimentation required to self-manage glycemia with multiple insulin injections;
 - Preconception or pregnancy with a history of suboptimal glycemic control;
 - Suboptimal glycemic and metabolic control post-renal transplant
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- Back up external insulin infusion pumps are non-covered
 - Replacement of a functioning external insulin infusion pump with a newer advanced model does not meet North Dakota Medicaid's medical criteria for coverage.
 - Replacement of a non-functioning external insulin infusion pump with a subsequent pump meets North Dakota Medicaid's medical criteria for coverage. If the patient has demonstrated compliance with the current pump, the above medical criteria do not have to be met for the pump to be replaced. Prior authorization does need to be obtained with documentation to support compliance.
 - Drugs and related supplies/equipment billed by a supplier who does not meet the above stated criteria will be denied as not medically necessary.

EXTERNAL INSULIN INFUSION PUMP continued

- Code A4221 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 A4221 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) and the infusion sets and dressings related to subcutaneous immune globulin administration. Billing for more than 1 unit of service per week is incorrect use of the code and will be denied accordingly.
 - Code K0552 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. Code A4232 is invalid for submission to Medicaid and should not be used for this purpose.
 - All supplies (including dressings) used in conjunction with an external insulin infusion pump (E0784) are billed with A4221 and K0552. Other codes should not be used for the separate billing of these supplies. Codes A4230 (infusion set for external insulin pump, non-needle cannulas type) and A4231 (infusion set for external insulin pump, needle type) are not valid for claim submission to ND Medicaid because they are included in code A4221.
 - Continued coverage of an external insulin pump and supplies requires that the patient be seen and evaluated by the treating physician at least every 3 months.