**External Infusion Pump Policy**

**Indications and limitations of coverage and medical appropriateness:**

Coverage allowed all criteria are met:

- Administration of any medication that is medically necessary, reasonable and prescribed by a physician; such as:
  - Deferoxamine for iron overload
  - Chemotherapy for the treatment of primary hepatocellular or colorectal cancer
  - Morphine when used for the treatment of intractable pain
  - Other appropriate medication(s)
- Parental administration of the medication in the home is reasonable and necessary.
- Infusion pump is necessary to safely administer the medication.
- Systemic toxicity or adverse effects of the medication is unavoidable without infusing at a controlled rate.

**Infusion Pump Supplies:**

- An IV pole (E0776) is covered only when a stationary infusion pump (E0791) is ordered.
- A4221: Includes dressings for catheter site, flush solutions, cannulas, needles, dressings and infusion supplies. Allowed 1 unit per week.
- A4222, K0552: Includes the cassette or bag, diluting solutions, tubing, port cap changes, compounding charges, and preparation charges. Allow 1 cassette or bag for each dose of medication administered.

**Non Covered:**

- Medications and related supplies/equipment billed by a supplier for a member who does not meet the above stated criteria.
- Backup pumps
- Disposable medication delivery systems because they do not meet the definition of durable medical equipment. No exceptions.
External Infusion Pump Policy

Documentation Requirements:
- A new service authorization and a new CMN is required to be submitted if a medication dosage is changed or a new medication added to be administered.
- Physician prescription
- Current physician exam within 60 days of service authorization start date.

Date Revised | Revisions
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January 2017 | Reformatted and reviewed

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