CERTIFICATE OF MEDICAL NECESSITY - EXTERNAL INSULIN INFUSION PUMP

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 96 (1-2017)

Clear Fields

SECTION A - Certification Type/Date

Name	Member ID
Date	

SECTION B - Information in this Section May Not Be Completed by the Supplier of the Items/Supplies

Estimated length of need (number of months) 1-99 (99=LIFETIME)

☐ Initial insulin pump request

The criteria below is required to be submitted in addition to supporting documentation as required by policy.

- Certification of a diabetic education class with first time request.
- Signed statement from the physician acknowledging medical necessity and the following:
  - Member (or caregiver for pediatrics) 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.

☐ Existing insulin pump prior to Medicaid

Date of Original Purchase Required (if applicable)

☐ Continued coverage of an external insulin pump and supplies

- Requires documents from treating physician at least every 3 months for a total of 4 physician visits documentation since last service authorization request.

SECTION C - Narrative Description

Narrative decription of all items, accessories and options ordered.

SECTION D - Physician Signature/Date

Signature	Date	(Signature and date stamps are not acceptable)