



## Insulin Pumps – External

### **I. Policy**

University Health Alliance (UHA) will reimburse for external insulin pump (E0784) when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

Some insulin pump systems include a continuous glucose monitoring system (CGMS). This policy addresses insulin pumps, not the CGMS component of these systems. For criteria/guidelines regarding CGMS, see UHA's Continuous Glucose Monitoring of Interstitial Fluid medical payment policy.

### **II. Criteria/Guidelines**

- A. An external insulin pump (E0784 and S1034) is covered (subject to Limitations/Exclusions and Administrative Guidelines) when all of the following criteria are met:
  1. Patient clearly has a history of type 1 diabetes mellitus;
  2. The patient or caregiver has completed a comprehensive diabetes self-management education program, including instruction in carbohydrate counting;
  3. The patient or caregiver has demonstrated compliance and competence with an appropriate Type 1 Diabetes insulin regimen for at least 3 months prior to the request for the insulin pump, including the following:
    - a. Multiple daily injections of insulin i.e., at least 3 injections per day, with frequent self-adjustments of insulin dose based on glucose measurements and carbohydrate counting.
    - b. Glucose self-testing 4-7 times per day, with an average of no less than 4 times a day.
  4. The patient has suboptimal control of diabetes despite treatment with an appropriate Type 1 Diabetes insulin regimen. Examples of suboptimal control include (but are not necessarily limited to) the following:
    - a. Glycosylated hemoglobin level (HbA1c) is greater than 7 percent
    - b. Repeated and unpredictable hypoglycemia
    - c. Wide fluctuations in preprandial blood glucose
    - d. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl
    - e. Severe glycemic excursions
  5. The external insulin pump is ordered and follow-up care will be provided by an endocrinologist or in the absence of an endocrinologist, by a physician or a licensed healthcare practitioner who manages multiple patients on continuous subcutaneous insulin infusion (CSII) therapy and who works closely with a team of nurses, diabetic educators and dieticians who are knowledgeable in the use of CSII.
- B. It may be considered medically necessary to initiate the use of insulin infusion pumps during pregnancy earlier than the criteria stated above to avoid fetal and maternal complications of diabetes and pregnancy. In addition, it may be considered medically necessary for poorly controlled diabetic females to occasionally initiate insulin pump therapy in the first trimester of pregnancy or in contemplation of and active pursuit of pregnancy.

- C. Replacement of an external insulin pump is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the following criteria are met:
1. Documentation from the patient's medical record supports that the pump is malfunctioning, out of warranty and cannot be repaired; or
  2. Documentation supports that a pump with newer technology or special feature is medically necessary; and
  3. The replacement is initiated and ordered by the treating physician;
  4. The patient has continued to use the pump and has a documented benefit from its use.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### **III. Limitations/Exclusions**

- A. Replacement of an insulin pump for the sole purpose of receiving an upgrade in technology is not covered.
- B. Supplies used with an insulin pump are covered only when coverage criteria for the insulin pump are met.
- C. Transdermal insulin delivery system, e.g., V-Go Disposable Insulin Delivery Device, is not covered because it is not known to be effective in improving health outcomes.
- D. Use of a disposable external insulin pump (A9274) with wireless communication capability to a hand-held control unit (e.g., Omnipod) as an alternative to a standard insulin pump is covered (subject to Limitations and Administrative Guidelines) for patients with diabetes when all of the above criteria are met.

### **IV. Administrative Guidelines**

- A. Prior authorization is required.
- B. The following documentation must be submitted:
  1. Notes documenting that the patient has type 1 diabetes and has completed a comprehensive diabetes self-management education program including carbohydrate counting.
  2. Documentation supporting compliance with appropriate type 1 diabetes insulin regimen with frequent self-adjustment of dose based on glucose measurements and carbohydrate counting and supporting glucose self-testing an average of at least four times per day in the three months preceding the request.
  3. Results of HbA1c obtained within three months of the request.

- C. Prior authorization for replacement pumps is required and must be initiated by the treating physician. The following documentation must be submitted:
1. Supporting documentation that the patient has continued to use the external infusion pump and that the pump is malfunctioning or that new technology is medically necessary.
  2. Results of HbA1c obtained within three months of the request for replacement.
- D. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

HCPCS Code	Description
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
E0784	External ambulatory infusion pump, insulin
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all the devices

#### V. Policy History

**Policy Number:** MPP-0096-121120

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