

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.035.MH
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

PA.035.MH – External Insulin Pumps

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **External Insulin Pumps** medically necessary for the following indications:

1. The member has completed a comprehensive diabetes and self-management educational program
AND
2. The member has been on a program of multiple daily injections of insulin (i.e., at least three insulin injections per day) with frequent self-administration of insulin for at least six months prior to the initiation of the external insulin pump
OR
The member has documented blood glucose self-testing on an average of at least four times per day, for two months prior to the initiation of the external insulin pump
AND
3. The member meets at least one of the following criteria while on the multiple daily injection program:
 - a. History of severe glycemic excursions (including history of reoccurring hypoglycemia)
 - b. Glycoslated hemoglobin level (HbA1C) greater than 7.0%,
 - c. Wide fluctuations in blood glucose before or after mealtime
 - d. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl.
 - e. For pre-conception or pregnant members, the injections will reduce incidence of fetal mortality or anomaly

Continued Coverage of an external insulin pump and supplies:

1. Requires that the member be seen and evaluated by the treating physician at least every three months.
2. The external insulin infusion pump must be ordered and follow-up care rendered by a physician who manages multiple patients on continuous subcutaneous insulin infusion therapy, and who works closely with a team including nurses,

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diabetic educators, and dieticians who are knowledgeable and trained in the use of continuous subcutaneous insulin infusion therapy.

Limitations

1. *Not all brands are covered. Medicare coverage: Lifescan, Bayer. Select coverage: OneTouch coverage with the pharmacy benefit.*
2. Members are limited to one pump (one brand) per warranty period of the first pump.
3. Implantable insulin pumps coverage varies according to the member's benefit plan.
4. Chronic Intermittent Intravenous Insulin Therapy (CIIT) is considered Experimental and Investigational experimental and investigational, and therefore not covered.
5. V-Go disposable insulin delivery devices are considered experimental and investigational, and therefore not covered.

See Also:

PA.010.MH Durable Medical Equipment, Corrective Appliances and Other Devices
PA.034.MH Continuous Glucose Monitors

Background

Diabetes Mellitus is one of the leading causes of death in the United States and it is estimated that over 29 million of the United States population has diabetes. Diabetes management is related to how the body can maintain blood glucose levels near or within the normal range. Inadequate insulin production can cause elevated blood glucose levels. External insulin pumps can deliver short-acting and regular insulin needs. The battery-operated external insulin pump can be programmed to deliver the proper insulin needs.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
E0784	External ambulatory infusion pump, insulin
A4230	Infusion set for external insulin pump, non-needle cannula type

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A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
K0552	Supplies for external drug infusion pump, syringe type, cartridge, sterile, each
K0601	Replacement battery for external insulin pump owned by patient, silver oxide, 1.5 volt, each
K0602	Replacement battery for external insulin pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external insulin pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external insulin pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external insulin pump owned by patient, lithium, 4.5 volt, each

ICD-9 codes covered if selection criteria are met:

249-249.91	Secondary diabetes mellitus
250-250.93	Diabetes mellitus

ICD-10 codes covered if selection criteria are met:

E08-E09	Diabetes mellitus due to underlying condition
E10-E10.9	Type 1 diabetes mellitus
E11-E11.9	Type 2 diabetes mellitus
E13-E13.9	Other specified diabetes mellitus

References

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3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33794 - External Infusion Pumps. (Contractor: NHIC Corp.) Revision Effective Date: 01/01/2017. <https://www.cms.gov/medicare->

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<http://diabetes.webmd.com/morning-high-blood-sugar-levels>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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