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,
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 (CIIIT) 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:

<table>
<thead>
<tr>
<th>CPT Codes / HCPCS Codes / ICD-10 Codes</th>
</tr>
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<tbody>
<tr>
<td>Code</td>
</tr>
<tr>
<td>A9274</td>
</tr>
<tr>
<td>E0784</td>
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<tr>
<td>A4230</td>
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</tbody>
</table>
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Policy Number: PA.035.MH
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A4231</td>
<td>Infusion set for external insulin pump, needle type</td>
</tr>
<tr>
<td>A4232</td>
<td>Syringe with needle for external insulin pump, sterile, 3 cc</td>
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<tr>
<td>K0552</td>
<td>Supplies for external drug infusion pump, syringe type, cartridge, sterile, each</td>
</tr>
<tr>
<td>K0601</td>
<td>Replacement battery for external insulin pump owned by patient, silver oxide, 1.5 volt, each</td>
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<tr>
<td>K0602</td>
<td>Replacement battery for external insulin pump owned by patient, silver oxide, 3 volt, each</td>
</tr>
<tr>
<td>K0603</td>
<td>Replacement battery for external insulin pump owned by patient, alkaline, 1.5 volt, each</td>
</tr>
<tr>
<td>K0604</td>
<td>Replacement battery for external insulin pump owned by patient, lithium, 3.6 volt, each</td>
</tr>
<tr>
<td>K0605</td>
<td>Replacement battery for external insulin pump owned by patient, lithium, 4.5 volt, each</td>
</tr>
</tbody>
</table>

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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