Subject: Insulin Pump*

Effective Date: March 23, 2004

Department(s): Utilization Management

Policy: Continuous infusion insulin pumps and supplies necessary for their effective use are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to delineate criteria for a medically necessary device.

Procedure:

1. Patients who are candidates for coverage of an insulin pump (HCPCS E0784; A4230-A4232; A9274; J1817) must have a glycosylated hemoglobin (HbA1c) level of at least 7% AND meet at least one of the following criteria:

   a. Documented evidence of failure to achieve adequate glycemic control (HbA1c ≥7%) despite diabetes education and adherence to a regimen of at least three insulin injections per day

   b. Evidence of lifestyle patterns that do not permit the regulating of meals and injection schedules


   d. “Brittle” diabetes with documentation of repeated clinical episodes of symptomatic hypoglycemia or wide swings of glucose levels or dawn phenomenon (with fasting blood sugars frequently exceeding 200 mg/dL) (ICD-9 250.1 – 250.3; 250.9; ICD-10 E10.10, E10.11, E10.641, E10.65,E10.69,
2. The requesting provider must document that the patient has the ability and commitment to comply with a regimen of pump care, frequent self-monitoring of blood glucose, and careful attention to diet and exercise.

3. For coverage criteria for continuous glucose monitoring, please refer to the separate policy “Glucose Monitoring (Continuous).”

4. All insulin pumps require pre-authorization.

5. Replacement of the external insulin pump- when the benefit design so allows- will be considered medically necessary only when the current pump is malfunctioning, is out of warranty and is not repairable. Replacement of a currently functioning insulin pump for the sole purpose of receiving the most recent insulin pump technology (i.e., “upgrading” for improved technology) is considered a convenience item and not medically necessary and is not reimbursable. Additional software or hardware required for downloading data to a device such as personal computer, smartphone, or tablet to aid in self-management of diabetes mellitus is considered a convenience item and not medically necessary and is not reimbursable.

6. Disposable transdermal insulin delivery systems (e.g. V-Go) are considered self-use not requiring physician supervision and are not eligible for reimbursement under plans administered by QualCare, Inc. This type of delivery system may be coverable under a pharmacy benefit plan.

References


Kmietowicz Z. Insulin pumps improve control and reduce complications in children with type 1 diabetes. BMJ 2013;347:f5154


White RD. Insulin Pump Therapy (Continuous Subcutaneous Insulin Infusion). Prim Care 2007;34(4):845-871 (Dec)

Lombardo F, Iafusco D, Salzano G, et al. The egg or the chicken? Further data on whether good compliance to multi-injection insulin therapy should be a criterion for insulin pump therapy, or does insulin pump therapy improve compliance? J Pediatr 2007;1511(6):e23-e24 (Dec)


Eisenbarth GS. Update in Type 1 Diabetes. J Clin Endocrinol Metab 2007;92(7):2403-2047 (Jul)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail*