External Insulin Pumps

I. Purpose
Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for External Insulin Pumps.

II. Scope
All Utilization Management (UM) staff conducting physical and behavioral health UM review.

III. Exceptions
1. Chronic Intermittent Intravenous Insulin Therapy (CIIT) is considered Experimental and Investigational.

IV. Variations
1. Members are limited to one pump (one brand) per warranty period of the first pump.
2. Implantable insulin pumps coverage varies according to the member’s benefit plan.

V. Definitions
None

VI. Policy Statements
IU Health Plans considers External Insulin Pumps medically necessary for one or more of the following indications:

1) For initial coverage of an external insulin pump must meet one of the following:
   a. The member must meet both of the following criteria:
      i. The member has completed a comprehensive diabetes and self-management educational program
      ii. 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
   b. The member must meet both of the following criteria:
i. The member has documented blood glucose self-testing on an average of at least 3-4 times per day, for two months prior to the initiation of the external insulin pump

ii. The member meets at least one of the following criteria while on the multiple daily injection program:
   1. History of severe glycemic excursions (including history of reoccurring hypoglycemia)
   2. Glycosylated hemoglobin level (HbA1C) greater than 7.0%,
   3. Wide fluctuations in blood glucose before or after mealtime
   4. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl.

2) Continued Coverage of an external insulin pump and supplies must meet all of the following:
   a. Requires that the member be seen and evaluated by the treating physician at least one or two times a year and have had a visit within the last six months.
   b. 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.

See Also:
IU Health Plans Policy# UMPA 006.0 – Durable Medical Equipment and Corrective Appliances

VII. 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:

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**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

### VIII. Procedures

None

### IX. References/Citations


   http://pediatrics.aappublications.org/content/118/4/e1244.full.pdf+html
   http://care.diabetesjournals.org/content/28/6/1277.full.pdf+html

X. Forms/Appendices