

# Premier Health Insuring Corporation

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.035.PC  
Last Review Date: 09/10/2015  
Effective Date: 01/01/2016  
Renewal Date: 01/01/2017

### PA.035.PC – External Insulin Pumps

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers External Insulin Pumps medically necessary for the following indications:

1. The member has completed a diabetes and self-management educational program  
AND
2. The member has been on a program of 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) of more than 7.0%,
  - c. Wide fluctuations in blood glucose before or after meals
  - d. Dawn phenomenon with fasting blood sugars frequently exceeding 180 mg/dl.

#### **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.

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### Limitations

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.
3. Chronic Intermittent Intravenous Insulin Therapy (CIIT) is considered Experimental and Investigational.

### See Also:

PA.010.PC Durable Medical Equipment, Corrective Appliances and Other Devices;  
Repair/Replacement

### 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
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

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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
<b>ICD-9 codes covered if selection criteria are met:</b>	
249-249.91	Secondary diabetes mellitus
250-250.93	Diabetes mellitus
<b>ICD-10 codes covered if selection criteria are met:</b>	
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

1. American Diabetes Association. Diabetes Basics –Statistics about Diabetes. Last reviewed May 18, 2015. <http://www.diabetes.org/diabetes-basics/statistics/?loc=db-slabnav>
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 280.14 - Infusion Pumps. effective 12/17/2004. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=223&ncdver=2&DocID=280.14&SearchType=Advanced&bc=IAAAAAgAAAAAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33794- External Infusion Pumps. (Contractor: National Government Services, Inc.) Revision Effective Date: 10/01/2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33794&ContrId=138&ver=7&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&Keyword=external+infusion+pumps&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAAA%3d%3d&>
4. Danne T, Lange K, Kordonouri O : New developments in the treatment of type I diabetes in children. Arch Dis Child. 2007 Nov; 92(11):1015-1019. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2083598/pdf/1015.pdf>
5. Eugster EA, Francis G, Lawson-Wilkins Drug and Therapeutics Committee. Position statement: Continuous subcutaneous insulin infusion in very young

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children with type I diabetes. *Pediatrics*. 2006 Oct; 118(4):e1244-e1249.

<http://pediatrics.aappublications.org/content/118/4/e1244.full.pdf+html>

6. Fox LA, Buckloh LM, Smith SD, et al: A randomized controlled trial of insulin pump therapy in young children with type I diabetes. *Diabetes Care*. 2005 Jun; 28(6):1277-1281. <http://care.diabetesjournals.org/content/28/6/1277.full.pdf+html>
7. Munshi MN, Hayes M, Sternhal A, et al: Use of serum C-Peptide levels to simplify diabetes treatment regimens in older adults. *The American Journal of Medicine*. 2009; 122:395-397.
8. *WebMD*. Diabetes Health Center. Diabetes and Morning High Blood Sugar. Source: American Diabetes Association. Reviewed: June 15, 2012. <http://diabetes.webmd.com/morning-high-blood-sugar-levels>

### **Disclaimer:**

Premier Health Insuring Corporation 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 Premier Health Insuring Corporation 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.

Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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