

Medical Policy



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Title: Insulin Pump

Professional

Original Effective Date: January 1, 1999

Revision Date(s): June 1, 1999; June 9, 2003; October 3, 2006; November 2, 2006

Current Effective Date: February 1, 2007

DESCRIPTION

An external insulin infusion pump is a small, battery-operated device (about the size of a pager) worn on a belt around the waist and attached to a needle or catheter that provides continuous infusion of insulin.

POLICY

Benefits for an insulin pump will be considered per the following guidelines:

A. Prerequisites:

1. Completion of a comprehensive diabetes education program to include education pertaining to:
 - a. When to bolus
 - b. How much to bolus depending on meal content
 - c. How to adjust basal rates
 - d. Meal boluses depending on projected activity level
 - e. Use of sick day guidelines
2. At least 4 multiple daily injections of insulin with self adjustments for at least 6 months
3. Frequency of glucose self testing of at least 4 times per day during at least 2 months prior to initiation of the insulin pump
4. Ability and commitment to comply with a regimen of pump care, frequent self-monitoring of blood sugar and attention to diet and exercise.
5. The pump must be ordered and managed by a provider with experience and expertise with managing insulin pumps.

B. Consideration will be given to the following (when not explained by noncompliance):

- History of severe glycemic excursions (commonly associated with brittle diabetes, hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity and/or very low insulin requirements)
- Dawn phenomenon with morning fasting blood sugars frequently exceeding 200mg/dl
- Diabetic complications such as neuropathy, nephropathy and retinopathy

- Glycosylated hemoglobin (HgbA1c) level > 7.0% or 1% over upper range of normal.
 - Preconception or pregnancy with suboptimal glycemic control with multiple daily insulin injections
- C. The provider's order and rationale for the insulin pump must be provided from the clinical record or from a letter from the ordering provider
- D. Insulin pumps are not indicated for the type II diabetic with evidence of insulin resistance such as high insulin requirements. In some cases a C-peptide to document insulinopenia may be requested. The requirement would be a C-peptide less than 110% of the lower limit of normal with a concurrent fasting blood sugar less than 225. (For a person with renal insufficiency with creatinine clearance less than 50 ml/min insulinopenia is defined as a fasting C-peptide level less than 200% of the lower limit of normal with a fasting blood sugar less than 225.)

CODING

CPT/HCPCS

- E0784 External ambulatory infusion pump, insulin
- S9145 Insulin pump initiation, instruction in initial use of pump (pump not included)

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

- 250.00-250.93 Diabetes mellitus
- 648.00-648.04 Diabetes mellitus of mother, complicating pregnancy, childbirth, or the puerperium

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4. DeVries JH, Snoek FJ, Kostense PJ, et al. A randomized trial of continuous subcutaneous insulin infusion and intensive injection therapy in type 1 diabetes for patients with long-standing poor glycemic control. *DiabetesCare*. 2002; 25(11):2074-80.
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<http://www.cms.hhs.gov/transmittals/downloads/R27NCD.pdf> Accessed January 19, 2006.
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7. Blue Cross and Blue Shield of Kansas Medical Advisory Committee (MAC) meeting, November 2, 2006 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-06).

Web site

1. American Diabetes Association. <http://www.diabetes.org/home.jsp>. Accessed January 19, 2006.