

## Medical Policy



An independent licensee of the  
Blue Cross Blue Shield Association.

### 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;  
May 15, 2012; December 14, 2012; January 21, 2014; September 29, 2015;  
March 31, 2016; October 1, 2016; October 1, 2017; January 16, 2019

Current Effective Date: March 31, 2016

**State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).**

**The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.**

**The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.**

**If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.**

#### **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 or put in a pocket 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 (earlier for pregnancy or preconception)
  3. Frequency of glucose self testing of at least 4 times per day during at least 30 days (1 month) 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
  - Recurring hypoglycemia
  - On insulin pump prior to enrollment
- 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.

**CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

CPT/HCPCS

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

ICD-10 Diagnoses

E10.10 Type 1 diabetes mellitus with ketoacidosis without coma  
 E10.11 Type 1 diabetes mellitus with ketoacidosis with coma  
 E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease  
 E10.29 Type 1 diabetes mellitus with other diabetic kidney complication  
 E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema  
 E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema  
 E10.3211 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye  
 E10.3212 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye  
 E10.3213 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral  
 E10.3291 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye  
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- E10.3511 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
- E10.3512 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
- E10.3513 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
- E10.3521 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
- E10.3522 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
- E10.3523 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
- E10.3531 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
- E10.3532 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
- E10.3533 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
- E10.3541 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
- E10.3542 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
- E10.3543 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
- E10.3551 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
- E10.3552 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
- E10.3553 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
- E10.3591 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
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- E10.3593 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
- E10.36 Type 1 diabetes mellitus with diabetic cataract
- E10.37X1 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
- E10.37X2 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
- E10.37X3 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral

- E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication
- E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
- E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy
- E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
- E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
- E10.44 Type 1 diabetes mellitus with diabetic amyotrophy
- E10.49 Type 1 diabetes mellitus with other diabetic neurological complication
- E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
- E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E10.59 Type 1 diabetes mellitus with other circulatory complications
- E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy
- E10.618 Type 1 diabetes mellitus with other diabetic arthropathy
- E10.620 Type 1 diabetes mellitus with diabetic dermatitis
- E10.621 Type 1 diabetes mellitus with foot ulcer
- E10.622 Type 1 diabetes mellitus with other skin ulcer
- E10.628 Type 1 diabetes mellitus with other skin complications
- E10.630 Type 1 diabetes mellitus with periodontal disease
- E10.638 Type 1 diabetes mellitus with other oral complications
- E10.641 Type 1 diabetes mellitus with hypoglycemia with coma
- E10.649 Type 1 diabetes mellitus with hypoglycemia without coma
- E10.65 Type 1 diabetes mellitus with hyperglycemia
- E10.69 Type 1 diabetes mellitus with other specified complication
- E10.8 Type 1 diabetes mellitus with unspecified complications
- E10.9 Type 1 diabetes mellitus without complications
- E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
- E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma
- E11.10 Type 2 diabetes mellitus with ketoacidosis without coma
- E11.11 Type 2 diabetes mellitus with ketoacidosis with coma
- E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
- E11.29 Type 2 diabetes mellitus with other diabetic kidney complication
- E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
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- E13.641 Other specified diabetes mellitus with hypoglycemia with coma
- E13.649 Other specified diabetes mellitus with hypoglycemia without coma
- E13.65 Other specified diabetes mellitus with hyperglycemia
- E13.69 Other specified diabetes mellitus with other specified complication
- E13.8 Other specified diabetes mellitus with unspecified complications
- O24.011 Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
- O24.012 Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
- O24.013 Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
- O24.02 Pre-existing type 1 diabetes mellitus, in childbirth
- O24.03 Pre-existing type 1 diabetes mellitus, in the puerperium
- O24.111 Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
- O24.112 Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
- O24.113 Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
- O24.12 Pre-existing type 2 diabetes mellitus, in childbirth
- O24.13 Pre-existing type 2 diabetes mellitus, in the puerperium
- O24.311 Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
- O24.312 Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
- O24.313 Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
- O24.32 Unspecified pre-existing diabetes mellitus in childbirth
- O24.33 Unspecified pre-existing diabetes mellitus in the puerperium
- O24.811 Other pre-existing diabetes mellitus in pregnancy, first trimester
- O24.812 Other pre-existing diabetes mellitus in pregnancy, second trimester
- O24.813 Other pre-existing diabetes mellitus in pregnancy, third trimester
- O24.82 Other pre-existing diabetes mellitus in childbirth
- O24.83 Other pre-existing diabetes mellitus in the puerperium
- O24.911 Unspecified diabetes mellitus in pregnancy, first trimester
- O24.912 Unspecified diabetes mellitus in pregnancy, second trimester
- O24.913 Unspecified diabetes mellitus in pregnancy, third trimester
- O24.92 Unspecified diabetes mellitus in childbirth
- O24.93 Unspecified diabetes mellitus in the puerperium

**REVISIONS**

05-15-2012	<p>In the Policy section:</p> <ul style="list-style-type: none"> <li>• In Item A, #2, added "(earlier for pregnancy or preconception)"</li> <li>• In Item B, added "Recurring hypoglycemia" and "on insulin pump prior to enrollment"</li> <li>• Removed Item 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.)"</li> </ul>
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	Updated References section.
12-14-2012	Revision posted to BCBSKS website, November 15, 2012. In the Policy section: <ul style="list-style-type: none"> <li>In Item B, #3, removed "2 months" and inserted "30 days (1 month)" to read "Frequency of glucose self testing of at least 4 times per day during at least 30 days (1 month)..."</li> <li>Added Item D, "Insulin pump therapy is considered not medically necessary in the morbidly obese (BMI <math>\geq</math>35) Type II diabetic with evidence of insulin resistance."</li> </ul>
	In the Coding section: <ul style="list-style-type: none"> <li>Updated code nomenclature format.</li> </ul>
	Updated References section.
01-21-2014	Policy reviewed. In Coding section: <ul style="list-style-type: none"> <li>Added ICD-10 Diagnosis (<i>Effective October 1, 2014</i>)</li> </ul>
09-29-2015	Policy reviewed. In Coding section: <ul style="list-style-type: none"> <li>Revised ICD-10 Diagnoses effective date to "<i>October 1, 2015</i>"</li> </ul>
03-31-2016	In Policy section: <ul style="list-style-type: none"> <li>Removed Item D, "Insulin pump therapy is considered not medically necessary in the morbidly obese (BMI <math>\geq</math>35) Type II diabetic with evidence of insulin resistance. (16-18)"</li> </ul>
	Updated References section.
10-01-2016	In Coding section: <ul style="list-style-type: none"> <li>Added ICD-10 codes effective 10-01-2016: E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E10.37X1, E10.37X2, E10.37X3, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, E13.37X1, E13.37X2, E13.37X3</li> <li>Termed ICD-10 codes effective 09-30-2016: E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359</li> <li>Revised nomenclature to ICD-10 codes effective 10-01-2016: O24.011, O24.012, O24.013, O24.02, O24.03, O24.111, O24.112, O24.113, O24.12, O24.13</li> </ul>
10-01-2017	In Coding section: <ul style="list-style-type: none"> <li>Added ICD-10 codes: E11.10, E11.11.</li> </ul>
	Updated References section.
01-16-2019	Updated Description section. In Coding section: <ul style="list-style-type: none"> <li>Removed ICD-9 codes.</li> </ul>
	Updated References section.

**REFERENCES**

1. Bode BW, Steed RD, Davidson PC. Reduction in severe hypoglycemia with long-term continuous subcutaneous insulin infusion in type I diabetes. *Diabetes Care*. 1996; 19:324-27.
2. Bruttomesso D, Pianta A, Crassolara D, et al. Continuous subcutaneous insulin infusion (CSII) in the Veneto region: efficacy, acceptability, and quality of life. *Diabetic Medicine*. 2002; 19:628-34.
3. The Business of Insulin Pumps in Diabetes Care: Clinical and Economic Considerations. *Clinical Diabetes* 20:214-216, 2002.
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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