**Medical Policy**

**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; January 1, 2020
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

A4226 Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
E0784 External ambulatory infusion pump, insulin
E0787 External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
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
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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
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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
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<td>05-15-2012</td>
<td>In the Policy section:</td>
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<td>• In Item A, #2, added &quot;(earlier for pregnancy or preconception)&quot;</td>
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<td>• In Item B, added &quot;Recurring hypoglycemia&quot; and &quot;on insulin pump prior to enrollment&quot;</td>
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<td>• Removed Item D, &quot;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</td>
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**Contains Public Information**
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.)"
REFERENCES


Other References

1. Blue Cross and Blue Shield of Kansas Internal Medicine Liaison Committee, Internal Medicine Liaison (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-06).
2. 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).
4. C&A Medical Consultant, Board Certified Internal Medicine, 09/20/12.
5. C&A Medical Consultant, Board Certified Endocrinologist (467), 10/12/12.