

MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 89

POLICY TITLE: External Insulin Infusion Pumps

POLICY STATEMENT: Medical Associates Health Plans has established this policy to ensure that MAHP members meet the criteria for treatment of diabetes with an insulin pump

Note: MAHP Contracted Providers for Insulin Pumps and Supplies should be used.

PROCEDURE:

1. In order to be covered members must meet the following criteria:

Continuous subcutaneous insulin infusion (CSII) and related drugs/supplies are covered as medically reasonable and necessary in the home setting for the treatment of diabetic patients who: 1) either meet the updated fasting C-Peptide testing requirement, or, are beta cell autoantibody positive; and, 2) satisfy the remaining criteria for insulin pump therapy as described below.

The member must have a documented diagnosis of Type 1 diabetes, has completed a comprehensive diabetes education program, and has been on a program of multiple daily injections of insulin (at least three injections per day), with frequent self-adjustments of insulin dose for at least 6 months prior to the initiation of the insulin pump, and has documented frequency of glucose self-testing an average of at least 4 times per day during the 2 months prior to the initiation of the insulin pump, and meets one or more of the following criteria while on the multiple daily injection regimen:

1. Glycosylated hemoglobin level (HbA1c) > 7.0
2. History of recurring hypoglycemia
3. Wide fluctuations in blood glucose before mealtime
4. Dawn phenomenon with fasting blood sugars frequently exceeding 200mg/dl
5. History of severe glycemic excursions

Or

The member with diabetes has been on a pump prior to enrollment in MAHP and has documented frequency of glucose self-testing an average at least 4 times per day prior to MAHP enrollment.

The member with diabetes must be insulinopenic per the updated fasting C-Peptide testing requirements, or, as an alternative, must be beta cell autoantibody positive.

Updated fasting C-Peptide testing requirement:

- A. Insulinopenic is defined as a fasting C-Peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method.
- B. For patients with renal insufficiency and creatinine clearance (actual or calculated from age, gender, weight and serum creatinine) ≤ 50 ml/minute, insulinopenic is defined as a fasting C-Peptide level that is less than or equal to 200% of the lower limit of normal of the laboratory's measurement method.

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- C. Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose ≤ 225 mg/dl.
 - D. Levels only need to be documented once in the medical records.
2. This policy applies to all Commercial members. The criteria have been adapted from the Medicare coverage policy - CMS Coverage Issues Manual Chapter 1, Part 4, Section 200-310.1. Medicare members must meet Medicare criteria. Please check member's contract for coverage determination.
 3. The use of insulin pumps in pregnancy may be implemented earlier than the criteria stated above to avoid fetal and maternal complications of diabetes and pregnancy.
 4. Continued coverage of the external insulin pump requires that the member be seen and evaluated every three months.
 5. The member must demonstrate the ability and willingness to be trained to use the insulin pump as prescribed and comply with the regimen of pump care, frequent self-monitoring and careful attention to diet and exercise or in the case of a Pediatric member, a responsible individual can be trained to use the equipment and monitor the member's care and pump regimen.
 6. Implanted infusion pump for the infusion of Insulin to treat diabetes is not covered. The data does not demonstrate that the pump provides effective administration of insulin.
 7. Insulin pumps for members with Type 2 diabetes are on a case by case basis.

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Date

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Director of Health Care Services/Quality Improvement

Date

References: Centers for Medicare and Medicaid criteria on External Insulin Pumps

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