

OHCA Guideline

Medical Procedure Class:	External Ambulatory Insulin Pump
Initial Implementation Date:	12/15/2021
Last Review Date:	3/27/25
Effective Date:	4/1/2025
Next Review/Revision Date:	April 2028
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Diabetes – a disease in which the body’s ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.</p> <p>Gestational Diabetes – Diabetes diagnosed in the second or third trimester of pregnancy that was not clearly overt diabetes prior to gestation.</p> <p>Type I Diabetes (DM1) – Diabetes due to autoimmune beta-cell destruction, usually leading to absolute insulin deficiency.</p> <p>Type II Diabetes (DM2) – Diabetes due to a progressive loss of beta-cell insulin secretion frequently on the background of insulin resistance.</p>	
Description	
<p>An insulin pump provides continuous delivery of short acting insulin all day long. The insulin pump substitutes the need for long-acting insulin. A pump also replaces the need for multiple daily injections with a continuous insulin infusion and helps to improve blood sugar levels.</p> <p>Insulin pumps are small, computerized devices that mimic the way the human pancreas works by delivering small doses of short acting insulin continuously (basal rate). The device also is used to deliver variable amounts of insulin when a meal is eaten (bolus). The basal insulin rates are usually set up in the pump as directed by the member’s provider, and there may be one or multiple basal settings programmed in the pump, based on the member’s needs. The amount of insulin is programmed for a mealtime bolus directly on the pump. Most pumps come with built-in bolus calculators to help figure out how much insulin is needed at mealtime based on glucose levels and the amount of carbohydrates that are eaten.</p> <p>The pump, which is about the size of a smart phone or deck of cards, is worn on the outside of the body and delivers insulin through a tube (catheter), connected to a thin cannula, placed into the layer of fat under the skin, typically around the stomach area.</p>	
HCPCS Codes Covered Requiring Prior Authorization (PA)	

A4226, E0784, and E0787 (See HCPCS manual for code descriptions)

Approval Criteria

An external insulin infusion pump may be considered medically necessary when **ALL** the following criteria have been met:

1. Member has a documented diagnosis of one of the following:
 - a. Diabetes mellitus type 1; or
 - b. Diabetes mellitus type 2; or
 - c. Gestational diabetes treated with insulin, without pre-existing type 1 or 2 diabetes; or
 - d. Other types of insulin dependent diabetes; and
2. Glucose testing log supports that glucose testing has occurred $\geq 4x/day$ for ≥ 8 weeks completed within 30 days prior to PA submission; and
3. Member has completed a diabetes management program; and
4. Documentation of multiple daily insulin injections ($\geq 3x/day$) and self-adjusted dose changes given for ≥ 6 months; and
5. Glucose management concerns - must have at least **one** of the following:
 - a. Unexplained, nocturnal, or severe hypoglycemia; or
 - b. Hypoglycemia unawareness; or
 - c. Dawn phenomenon blood glucose > 200 mg/dL; or
 - d. Wide and unpredictable (erratic) swings in blood glucose levels; or
 - e. Glycosylated hemoglobin (HbA1C) $> 7\%$; and
6. Assessment by diabetes care team documents **both** of the following:
 - a. Patient or caregiver motivated to assume responsibility for self-care and insulin management; and
 - b. Patient or caregiver demonstrates knowledge of the importance of nutrition including carbohydrate counting and meal planning.
7. Replacement of an external insulin pump will require the following documentation from the **ordering** provider:
 - a. Member continues to benefit from the use of the pump and using appropriately as prescribed; and
 - b. Pump is irreparably damaged, lost, or stolen and not covered by manufacturer warranty; or
 - c. Replacement pump necessary after reasonable useful lifetime of 5 years or more; or
 - d. Replacement due to a change in clinical status and features of a different device is medically necessary.

Note: Requests outside this guideline will require OHCA Medical Director review.

References

1. Oklahoma Health Care Authority Policy and Procedures, OAC 317:30-3-1 and 317:30-5-211.10
2. Diabetes Care, January 1, 2021. (ADA) American Diabetes Association Diabetes Care 2021 Jan; 44 (Supplement1): S85-S99 <https://doi.org/10.2337/dc21-S007>
3. Change Healthcare; InterQual, CP Durable Medical Equipment, External Ambulatory Infusion Pump, Insulin; March 2025