

## INSULIN PUMP

FORMS REQUIRED: [OHCA Forms](#)

- HCA-29

### REQUIRED DOCUMENTATION

- Comprehensive history & physical
- Current office visit notes
- Lab work - required as listed below
- Documentation with evidence of a comprehensive diabetes education program
- Daily glucose self-testing results showing an average of at least 4 times per day during the **2 months** prior to initiation of the insulin pump
- Documentation of multiple daily injections of insulin (i.e., at least 3 injections per day) with frequent self-adjustments of insulin dose for at least 6 months prior to initiation of the insulin pump
- Completed External Infusion Pump CMN

### Criteria:

- I. Administration of continuous subcutaneous insulin for the treatment of diabetes mellitus if criterion **A or B** is met **and** if criterion **C or D** is met:
  - A.** C-peptide testing requirement – must meet criterion 1 or 2 and criterion 3:
    1. C-peptide level is less than or equal to 110 percent of the lower limit of normal of the laboratory's measurement method , or
    2. For patients with renal insufficiency and a creatinine clearance (actual or calculated from age, weight, and serum creatinine) less than or equal to 50 ml/minute, a fasting C-peptide level is less than or equal to 200 percent of the lower limit of normal of the laboratory's measurement method, and
    3. A fasting blood sugar obtained at the same time as the C-peptide level is less than or equal to 225 mg/dl
  - B.** Beta cell autoantibody test is positive.

- C. The patient has completed a comprehensive diabetes education program, has been on a program of multiple daily injections of insulin (i.e., at least 3 injections per day) with frequent self-adjustments of insulin dose for at least 6 months prior to 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 initiation of the insulin pump, and meets one or more of the following criteria (1 - 5) while on the multiple injection regimen:
1. Glycosylated hemoglobin level (HbA1C) greater than 7 percent
  2. History of recurring hypoglycemia
  3. Wide fluctuations in blood glucose before mealtime
  4. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL
  5. History of severe glycemic excursions
- D. The patient has been on an external insulin infusion pump prior to enrollment and has documented frequency of glucose self-testing an average of at least 4 times per day during the month prior to enrollment.
1. Documentation required for replacement pump:
    - i. Comprehensive history & physical
    - ii. Office visit notes documenting insulin pump use
    - iii. Provide manufacturer name, purchase date, and condition of pump to be replaced
    - iv. Document why the current equipment is not meeting the member's needs (be very specific)
    - v. Completed External Infusion Pump CMN

Suppliers are reminded that the reasonable useful lifetime of durable medical equipment (DME) is determined through program instructions. In the absence of program instructions, carriers may determine the reasonable useful lifetime of equipment, but in no case can it be less than five years. Computation of the useful lifetime is based on when the equipment is delivered to the beneficiary, not the age of the equipment.

**\*\*PLEASE NOTE - PRIOR AUTHORIZATION SUBMISSION DOES NOT GUARANTEE APPROVAL. Additional Documentation may be required. Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record.**