

<b>Title: Insulin Pump</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 4/13/18</b>	<b>LOB: Medicaid, FHP, HIV SNP, CHP, MetroPlus Gold, Market Plus, Essential, HARP</b>
<b>Effective Date: 4/13/18</b>	<b>Policy Number: UM-MP232</b>
<b>Review Date: 4/13/19</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 1 of 3</b>

## 1. POLICY DESCRIPTION:

Guideline for Ambulatory Insulin Pumps for all diabetics

## 2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claims Department, Provider Contracting.

## 3. POLICY:

An external ambulatory infusion pump will be covered for Diabetes Mellitus up to 2 times per lifetime as medically necessary when ordered by an endocrinologist if the following coverage criteria are met:

- A. The patient has failed to achieve acceptable control of blood sugars on 3-4 daily injections that is not explained by poor motivation or compliance **AND**
- B. There is a documentation that the patient has been testing glucose levels prior to initiation of pump therapy **AND**
- C. One of the following criteria is met:
  - a. HB A1c >7%
  - b. History of recurring hypoglycemia (<60mg/dl)
  - c. Wide fluctuations in blood glucose before mealtime (>140mg/dl)
  - d. Dawn phenomenon in a fasting state (>200mg/dl)
  - e. History of severe glycemc excursions
  - f. Diagnosis of gestational diabetes

### Exclusions/Limitations:

- A. If the request is for Omnipod the following criteria apply:
  - a. Member is < 6 years old **AND**
  - b. Members daily dose is at least 28 Units/day **AND**
  - c. The prescriber submits documentation with the member's total expected daily dose of insulin.

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#### 4. APPLICABLE PROCEDURE CODES

CPT Code	Description
E0784	External ambulatory infusion pump, insulin
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories

#### References

1. NYS Medicaid DME guidelines
2. Omnipod FAQ Available at: "<https://www.myomnipod.com/podder-support/faq>"

#### REVISION LOG:

REVISIONS	DATE
Creation date	

<b>Approved:</b>	<b>Date:</b>	<b>Approved:</b>	<b>Date:</b>
<b>Bruce Sosler, MD</b> <b>Clinical Medical Director</b>		<b>Talya Schwartz, MD</b> <b>Chief Medical Officer</b>	

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### Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.