


<b>MEDICAL POLICY</b>	<b>Temporary Policy Emergency Provisions for:</b> <b>Diabetes: Insulin Infusion Pumps (External and Implanted) (Medicare Only)</b>	
<b>Effective Date: 60 day effective period beginning 12/1/2020</b>   12/1/2020	Section: DME	Policy No: 414
	Medical Policy Committee Approved Date: 2/2020	
Medical Officer	Date	

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

**NEED AND DURATION OF EMERGENCY PROVISIONS**

1. **Need for the temporary Provisions:** COVID-19 public health emergency
2. **Documents or source relied upon:** Centers for Medicare & Medicaid Services (CMS) released [“Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19”](#)
3. **Initial Effective Date:** 3/1/2020
4. **Re-review dates:** 11/30/2020
5. **Termination Date:** 2/1/2021
6. **Reassessment Date determined at Companies sole discretion:** 1/27/2021

**POLICY ADDENDUM**

COVID-19 Public Health Emergency

On March 30<sup>th</sup>, 2020, the Centers for Medicare & Medicaid Services (CMS) released [“Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19”](#), which states:

*National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) on Respiratory Related Devices, Oxygen and Oxygen Equipment, **Home Infusion Pumps** and Home Anticoagulation Therapy: Clinicians now have maximum flexibility in determining patient needs for respiratory related devices and equipment and the flexibility for more patients to manage their treatments at the home. The current NCDs and LCDs that restrict coverage of these devices and services to patients with certain clinical characteristics do not apply during the public health emergency. For example, Medicare will cover non-invasive ventilators, respiratory assist devices and continuous positive airway pressure devices based on the clinician’s assessment of the patient.*

**Therefore, beginning 3/1/2020, the Medicare Guidelines below do not apply during this public health emergency. During this time, the DME addressed in this medical policy will be covered based solely on the clinician’s assessment of the patient.**

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**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare Only

**MEDICARE POLICY CRITERIA**

Notes:

- Any requests for disposable insulin pumps (HCPCS code A9274) in Medicare members must be sent to Pharmacy for review. Disposable insulin pumps are only covered under the Part D Medicare benefit.
- This policy does not address integrated insulin pump and glucose monitoring systems. These systems require prior authorization for both Type 1 and Type 2 diabetics and are addressed in our **Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only), DME397**, medical policy.

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<u>External Insulin Infusion Pump</u>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): External Infusion Pumps (<a href="#">L33794</a>)<sup>1</sup></li> <li>Local Coverage Article (LCA): External Infusion Pumps (<a href="#">A52507</a>)</li> </ul> <p><i>Note: see criterion IV.</i></p>
<u>Implantable Insulin Infusion Pump</u>	National Coverage Determination (NCD) for Infusion Pumps ( <a href="#">280.14</a> ) <sup>2</sup> <i>Note: see criterion C.2.</i>

**BILLING GUIDELINES**

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- Please see Local Coverage Article: External Infusion Pumps ([A52507](#))<sup>3</sup> for applicable billing guidelines.
- Disposable insulin pumps (HCPCS code A9274) are part of the Part D Medicare benefit. Therefore, any requests for disposable insulin pumps in Medicare members must go through Pharmacy review.
- HCPCS code E0784 (external ambulatory infusion pump, insulin) only require prior authorization for the use of insulin infusion pumps in Type 2 diabetics. This includes all of the following diagnosis codes:

E11	E11.3	E11.8
E11.0	E11.4	E11.9
E11.1	E11.5	
E11.2	E11.6	

**CPT/HCPCS CODES**

<b>Medicare Only</b>	
<b>Prior Authorization Required</b>	
<i>Note: prior authorization only required for type 2 diabetes diagnoses (see billing guidelines for complete ICD-10 list)</i>	
E0784	External ambulatory infusion pump, insulin
<b>No Prior Authorization Required</b>	
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
A4230	Infusion set for external insulin pump, non needle cannula type
A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each

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K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
<b>Unlisted Codes</b> All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then <b>prior-authorization is required.</b>	
E1399	Durable medical equipment, miscellaneous

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

**MEDICAL POLICY CROSS REFERENCES**

- Diabetes: Insulin Infusion Pumps – External and Implanted (All Lines of Business Except Medicare), DME208
- Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare), DME112
- Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only), DME397

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- Diabetes: Blood Glucose Monitor and Supplies, DME206
- Diabetes: Continuous Glucose Monitors (All Lines of Business Except Medicare), DME207
- Diabetes: Continuous Glucose Monitors (Medicare Only), DME392

## REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): External Infusion Pumps (L33794). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33794>. Published 2015. Accessed 11/15/2019.
2. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Infusion Pumps (280.14). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=223>. Published 2005. Accessed 11/15/2019.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: External Infusion Pumps - Policy Article (A52507). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52507>. Published 2015. Accessed 1/15/2020.