MEDICAL POLICY

Diabetes: Insulin Infusion Pumps (External and Implanted) (Medicare Only)

Effective Date: 5/1/2020

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

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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicare Guidelines</th>
</tr>
</thead>
</table>
| External Insulin Infusion Pump | • Local Coverage Determination (LCD): External Infusion Pumps (L33794)¹  
• Local Coverage Article (LCA): External Infusion Pumps (A52507)  
  Note: see criterion IV. |
| Implantable Insulin Infusion Pump | National Coverage Determination (NCD) for Infusion Pumps (280.14)²  
  Note: see criterion C.2. |
BILLING GUIDELINES

- Please see Local Coverage Article: External Infusion Pumps (A52507) 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
  - E11.0
  - E11.1
  - E11.2
  - E11.3
  - E11.4
  - E11.5
  - E11.6
  - E11.8
  - E11.9

CPT/HCPCS CODES

<table>
<thead>
<tr>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior Authorization Required</strong></td>
</tr>
<tr>
<td><strong>Note</strong>: prior authorization only required for type 2 diabetes diagnoses (see billing guidelines for complete ICD-10 list)</td>
</tr>
<tr>
<td>E0784</td>
</tr>
<tr>
<td><strong>No Prior Authorization Required</strong></td>
</tr>
<tr>
<td>A4224</td>
</tr>
<tr>
<td>A4225</td>
</tr>
<tr>
<td>A4226</td>
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<tr>
<td>A4230</td>
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<td>A4231</td>
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<tr>
<td>A4232</td>
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<tr>
<td>J1817</td>
</tr>
<tr>
<td>K0601</td>
</tr>
<tr>
<td>K0602</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0603</td>
<td>Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each</td>
</tr>
<tr>
<td>K0604</td>
<td>Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each</td>
</tr>
<tr>
<td>K0605</td>
<td>Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each</td>
</tr>
</tbody>
</table>

### Unlisted Codes

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 prior-authorization is required.

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

REFERENCES

