

# External Insulin Pumps

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4011

Recent review date: 8/2023

Next review date: 12/2024

Policy contains: External infusion pumps; insulin pumps; diabetes.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Items including glucometers, insulin pumps, and supplies for insulin pumps other than the insulin itself, are covered through the durable medical equipment, prosthetics, orthotics and supplies.

### Continuous Subcutaneous Insulin External Infusion Pumps

A continuous subcutaneous insulin external infusion pump is a portable insulin pump. It is about the size and weight of a small pager. The pump delivers a continuous basal infusion of insulin. Insulin pumps can be automatically programmed for multiple basal rates over a 24-hour time period. This can be useful for such situations as nocturnal hypoglycemia, the dawn phenomenon, and to assist with tight glycemic control.

Before meals or at other times (e.g., hyperglycemia after unanticipated caloric intake), the pump can be set to deliver a bolus of insulin, similar to taking an injection of pre-meal regular insulin for someone using multiple daily injections.

Payment for a continuous subcutaneous insulin external infusion pump and related supplies will be authorized for treatment of Type I diabetes. **Beneficiaries must meet either Criterion A or B as follows:**

**Criterion A:** The beneficiary has completed a comprehensive diabetes education program and has been on a program of multiple daily injections of insulin (at least three injections per day) with frequent self-adjustments of insulin dose for at least six months prior to initiation of the insulin pump; and has documented frequency of glucose self-testing an average of at least four times per day during the two months prior to initiation of the insulin pump; and meets two or more of the following criteria while on the multiple daily injection regimen:

- Has a glycosylated hemoglobin level (HbA1c) greater than 7.0 percent;
- Has a history of recurring hypoglycemia;
- Has wide fluctuations in blood glucose levels (regardless of A1C);
- Demonstrated microvascular complications;
- Recurrent severe hypoglycemia;
- Suboptimal diabetes control (A1C exceeds target range for age);
- Adolescents with eating disorders;
- Pregnant adolescents;
- Ketosis-prone individuals;
- Competitive athletes; and
- Extreme sensitivity to insulin in younger children.

**OR**

**Criterion B:** The beneficiary with Type I diabetes has been on a pump prior to enrollment in AmeriHealth Caritas Louisiana and has documented frequency of glucose self-testing an average of at least four times per day during the month prior to AmeriHealth Caritas Louisiana enrollment.

In addition to meeting Criterion A or B above, the beneficiary with diabetes must be insulinopenic per the updated fasting C-peptide testing requirement, or must be autoantibody positive (e.g. islet cell autoantibodies (ICA), glutamic acid decarboxylase (GAD65), the 40K fragment of tyrosine phosphatase (IA2), insulin autoantibodies (IAA), or zinc transporter 8 autoantibodies (ZnT8)).

Updated fasting C-peptide testing requirement:

- Insulinopenia (defined as fasting C-peptide level less than or equal to 110 percent of the lower limit of normal of the laboratory's measurement method); and
- Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose less than 225 mg/dl.

**NOTE:** Levels only need to be documented once in the medical record.

The pump must be ordered by and follow-up care of the beneficiary must be managed by a physician who has familiarity with continuous subcutaneous insulin infusion (CSII) and who works closely with a team of nurses, diabetes educators and dietitians who are knowledgeable in the use of CSII.

## **Non-Covered Items DMEPOS**

Continuous subcutaneous insulin external infusion pumps shall be denied as not medically necessary for all Type II diabetics, including insulin requiring Type II diabetics.

Insulin for the continuous subcutaneous insulin external infusion pumps must be obtained through the Pharmacy Program.

The AmeriHealth Caritas Louisiana Program will not cover the replacement of a currently functioning insulin pump for the sole purpose of receiving the most recent insulin pump technology as this would not be medically necessary.

The AmeriHealth Caritas Louisiana Program will not cover additional software or hardware required for downloading data to a device such as a personal computer, smart phone, or tablet to aid in self-management of diabetes mellitus.

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## **References**

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Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Diabetic Supplies and Equipment. Chapter 18, Section 18.2. Issued 04/13/23.

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## **Policy updates**

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Initial review date: 3/2/2021

8/2023: Policy references updated.