

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: MP.035**  
**REVISION DATE: 03/10**  
**ANNUAL APPROVAL DATE: 05/10**  
**PAGE NUMBER: 1 of 6**

**SUBJECT:** External Insulin Pumps  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** August 2008

**This policy applies to the following lines of business: (Check those that apply.)**

|                             |                         |                           |               |             |                           |
|-----------------------------|-------------------------|---------------------------|---------------|-------------|---------------------------|
| <b>COMMERCIAL:</b>          |                         |                           |               |             |                           |
| HMO ( )                     | POS ( )                 | PPO ( )                   | OOA ( )       |             |                           |
| Fully Insured ( )           | Self-funded/ASO ( )     | HSA ( )                   | All (X )      |             |                           |
| Medicare Select ( )         | Medicare Supplement ( ) | Individual Product ( )    |               |             |                           |
| <b>DPW-MA:</b>              |                         |                           |               |             |                           |
| Health Choices ( )          | Voluntary ( )           |                           |               | All (X )    |                           |
| <b>CMS-MA:</b>              |                         |                           |               |             |                           |
| OH ( )                      | WV ( )                  | PA ( )                    | All (X )      | Other ( )   |                           |
| HMO (X )                    | PPO (X )                | Specialty Needs Plan (X ) | Part D ( )    | PFFS (X )   | All ( )                   |
| <b>PID-CHIP/AdultBasic:</b> |                         |                           |               |             |                           |
| Free ( ) CHIP only          | Sub/CHIP ( )            | Sub/AB ( )                | Full/CHIP ( ) | Full/AB ( ) | All/CHIP (X ) All/AB (X ) |
| <b>ANCILLARY:</b>           |                         |                           |               |             |                           |
| Dental ( )                  | Vision ( )              |                           |               |             |                           |
| <b>APPLICABLE TO:</b>       |                         |                           |               |             |                           |
| Community Care ( )          | Work Partners ( )       |                           |               |             |                           |

## I. POLICY

It is the policy of UPMC Health Plan to provide payment for External Insulin Pumps when it is medically necessary and covered by the member's benefit plan. External Insulin Pumps are covered as an alternative to multiple daily injections of insulin and allows for intensive insulin therapy of subcutaneous insulin for the treatment of diabetes mellitus Type I and II. Acting in conjunction with blood glucose monitoring, carbohydrate counting and dieting, external insulin pumps deliver both short-acting and rapid insulin over a 24 hour period. Due to safety concerns, requests for external insulin pumps in **Children under 13 years of age will be by prior authorization based on the criteria described below.**

All denials are based on medical necessity and appropriateness, as determined by a UPMC Health Plan Medical Director (Medical Director).

For repairs and replacement information, refer to MP.010 Durable Medical Equipment and Corrective Appliances policy.

## II. DEFINITIONS

**Chronic Intermittent Intravenous Insulin Therapy (CIIT)** – A mechanism to deliver insulin intravenously over 6 to 7 hours using a specialized pump.

**Dawn Phenomenon** - A physiologic increase in blood sugar levels, especially in the early morning before breakfast that is observed in people with diabetes due to insufficient insulin production despite fasting throughout the night.

**Implantable Insulin Pump** - A small pump placed inside of the body that delivers insulin in response to commands from a hand-held device called a programmer.

**Insulin** - The major fuel regulating hormone produced by the pancreas. Insulin promotes the storage of glucose in the liver, skeletal muscle and fatty tissue, increases protein synthesis and prompts other vital metabolic body functions.

**Insulin C-peptide** - Is a blood test that measures the amount of C-peptide, a byproduct of normal insulin production by the beta cells in the pancreas. This measures whether the body is still producing its own insulin.

**Standard Portable External Insulin Infusion Pump** - A small battery-operated pump about the size of a personal pager, filled with insulin, and connected to an infusion catheter or needle inserted subcutaneously. The needle or catheter is inserted most frequently into the subcutaneous tissue in the abdomen, where a regulated dose of insulin is delivered to the user for a day or more at a time. The pump may be carried in a pocket or in a case worn attached to a belt fastened around an individual's waist.

## III. PURPOSE

The purpose of this policy is to define the criteria and limitations established for the use of External Insulin Pumps in members with Type I and II diabetes mellitus.

## IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

## V. PROCEDURE

### A. Medical Description

External Insulin Pumps provide an alternative therapy of subcutaneous insulin for the treatment of diabetes mellitus Type I, II and secondary diabetes. External Insulin pumps deliver both short-acting and rapid insulin at an hourly rate over a 24 hour period to both adults and children. External pumps are a vital part of the physician's goal of lowering A1C levels, and achieving control of low blood sugar levels.

### B. Criteria

The following criteria must be met to obtain the use of an FDA-approved External Insulin Pump:

1. The member has completed a diabetes and self-management educational program  
**and**
2. The member has been on a program of at least three (3) insulin injections per day with frequent self-administration of insulin for at least six (6) months prior to the initiation of the external insulin pump,  
**or**
3. The member has documented blood glucose self-testing on an average of at least four (4) times per day, for two (2) months prior to the initiation of the external insulin pump,  
**and**
4. The member meets at least one of the following criteria while on the multiple daily injection program:
  - History of severe glycemic excursions (including history of reoccurring hypoglycemia),
  - Glycoslated hemoglobin level (HbA1C) of more than 7.0%,
  - Wide fluctuations in blood glucose before or after meals,
  - Dawn phenomenon with fasting blood sugars frequently exceeding 180 mg/dl.
5. A written order, signed and dated must be received by the supplier before a claim is submitted to Pricing, Data Analysis and Coding Contractor (PDAC).
6. Continued coverage of an external insulin pump and supplies requires that the member be seen and evaluated by the treating physician at least every 6 months. The external insulin infusion pump must be ordered and follow-up care rendered by a physician who manages multiple patients on continuous subcutaneous insulin infusion therapy, and who works closely with a team including nurses, diabetic educators, and dieticians who are knowledgeable and trained in the use of continuous subcutaneous insulin infusion therapy.

### C. Limitations

1. Implantable insulin pumps are not covered.
2. Chronic Intermittent Intravenous Insulin Therapy (CIIT) is considered Experimental and Investigational.
3. Members are limited to 1 pump (1 brand) per warranty period of the first pump.

#### **D. Information Required for Review**

In order to assess medical necessity for Prior Authorization of the External Insulin Pump, adequate clinical information must be furnished by the treating physician. Necessary information includes the following:

1. The member has completed a diabetes and self-management educational program  
**or**
2. The member has been on a program of at least three (3) insulin injections per day with frequent self-administration of insulin for at least six (6) months prior to the initiation of the external insulin pump  
**and**
3. The member has documented blood glucose self-testing on an average of at least four (4) times per day, from testing for two months prior to the initiation of the external insulin pump  
**and**
4. The member meets at least one of the following criteria while on the multiple daily injection program:
  - History of severe glycemic excursions (including history of reoccurring hypoglycemia),
  - Glycoslated hemoglobin level (HbA1C) of more than 7.0%,
  - Wide fluctuations in blood glucose before meals,
  - Dawn phenomenon with fasting blood sugars frequently exceeding 180 mg/dl.

#### **E. Review Process**

1. The Medical Management staff assigned to review obtains the clinical information to determine if there is adequate clinical information. If the case does not meet the established criteria, it is referred to a Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

#### **F. Variations**

Medical Assistance Product (MA)

Omnipod pump is not covered for the MA product.

#### **G. Records Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

## H. References

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**Disclaimer:**

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