Tubeless Insulin Pump Added as CCP Benefit Effective July 1, 2011

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Effective for dates of service on or after July 1, 2011, the tubeless external insulin infusion pump (procedure code E0784) and supplies will be a benefit of the Comprehensive Care Program (CCP) when prior authorized.

The tubeless external insulin infusion pump is a programmable, battery-powered, mechanical syringe/reservoir device that is controlled by a microcomputer and provides a basal continuous subcutaneous insulin infusion (CSII) and release a "bolus" dose at meals and at programmed intervals. The purpose of the insulin pump is to provide an accurate, continuous, controlled delivery of insulin, which can be regulated by the user to achieve intensive glucose control and prevent the metabolic complications of hypoglycemia, hyperglycemia, and diabetic ketoacidosis. The typical external insulin pump capacity is two to three days of insulin.

The tubeless external insulin pump must be ordered by and the client's follow-up care must be managed by a prescribing provider who has experience managing clients with insulin infusion pumps and who is knowledgeable in the use of insulin infusion pumps.

Providers must use procedure code E0784 and modifier U1 to request prior authorization for the rental or purchase of the tubeless external insulin pump.

Note: The external insulin pump may be considered through Title XIX Home Health Services with prior authorization and documentation of medical necessity.

Providers must use procedure code A9274 to request prior authorization for the tubeless external insulin pump supplies. Procedure code A9274 may be reimbursed to home health durable medical equipment (DME) and DME medical supplier providers in the home setting for clients who are 20 years of age and younger. Procedure code A9274 is limited to 15 per month.

Prior Authorization

Prior authorization is required for the tubeless external insulin pump and related supplies and repairs.

A completed CCP Prior Authorization Request Form that requests the DME and any related supplies must be signed, dated, and submitted by a physician who is familiar with the client. All signatures and dates must be current, unaltered, original, and handwritten. Computerized or stamped signatures or dates will not be accepted. The completed CCP Prior Authorization Request Form must include the procedure codes and numerical quantities of the requested services. Whether the request is submitted on paper (by fax or mail) or electronically, the prescribing physician must maintain the completed CCP Prior Authorization Request Form with the original dated signature in the client's medical record.

To avoid unnecessary denials, the physician must provide correct and complete information, including documentation of medical necessity for the equipment and supplies that are requested. If a determination of medical necessity cannot be made, additional documentation may be requested.
Prior authorization is required for a tubeless external insulin pump with carrying cases. The tubeless external insulin pump supplies may be considered separately when a tubeless external insulin pump is rented.

A DME repair will be considered based on the age of the item and the cost to repair it. A request for the repair of DME must include a statement or medical information from the attending physician that substantiates that the medical appliance or equipment continues to serve a specific medical purpose, and the request must include an itemized estimated cost list from the vendor or DME provider of the repairs. Rental equipment may be provided to replace purchased medical equipment for the period of time it will take to make the necessary repairs to the purchased medical equipment.

**Tubeless External Insulin Pump Rentals**

Tubeless external insulin pump rentals may be considered for prior authorization with the submission of clinical documentation that indicates one of the following:

- The client has a diagnosis of type 1 or type 2 diabetes and meets at least two of the following criteria while on multiple daily injections of insulin:
  - Elevated glycosylated hemoglobin level (HbA1c) > 7.0 percent.
  - A history of dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl.
  - A history of severe glycemic excursions with wide fluctuations in blood glucose.
  - A history of recurring hypoglycemia (less than 60 mg/dL) with or without hypoglycemic unawareness.
  - Expectation of becoming pregnant within three months.

- The client has a diagnosis of gestational diabetes and meets at least one of the following criteria:
  - Erratic blood sugars in spite of maximal compliance and split dosing.
  - Other evidence that adequate control is not being achieved by current methods.

In addition to the clinical documentation, the provider must submit an [External Insulin Pump](#) form that indicates:

- The client or caregiver possesses:
  - The cognitive and physical abilities to use the recommended insulin pump treatment regimen.
  - An understanding of cause and effect.
  - The willingness to support the use of the external insulin pump.

- The prescribing provider has attested that:
  - A training/education plan will be completed prior to initiation of pump therapy.
  - The client or caregiver will be given face-to-face education and instruction and will be able to demonstrate the necessary proficiency to integrate insulin pump therapy with their current treatment regimen for ambient glucose control.
The External Insulin Pump form has been updated to incorporate the required prior authorization criteria for the rental of the external insulin pump.

**Purchase of Tubeless External Insulin Pump**

The purchase of a tubeless external insulin pump may be considered for prior authorization after it has been rented for a three-month trial and all of the following documentation has been provided:

- The training/education plan has been completed.
- The pump is the appropriate equipment for the specific client.
- The client is compliant with the use of the pump.

**Reimbursement**

A tubeless external insulin pump that has been purchased is expected to last a minimum of three years and may be considered for replacement when three years have passed or the equipment is no longer repairable. The DME may then be considered for prior authorization. The replacement of the equipment may also be considered when it has been lost or irreparably damaged. A copy of the police or fire report, when appropriate, and the measures to be taken to prevent a reoccurrence must be submitted. Additional services may be reimbursed with prior authorization based on documentation of medical necessity.

Routine maintenance of rental equipment is the provider’s responsibility.