



MEDICAL POLICY STATEMENT GEORGIA MARKETPLACE

Policy Name	Policy Number	Date Effective
Insulin Infusion Pump	MM-1002	08/01/2021-06/30/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

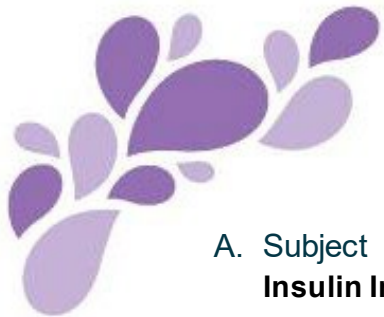
Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Insulin Infusion Pump

B. Background

34.2 million people or 10.5 percent of the population in the United States have diabetes (DM). This does not include the estimated 7.3 million adults aged 18 years or older that are considered undiagnosed. 5 to 10% of cases in the United States, Canada and Europe include Type 1, Type 2 accounts for the remaining 90% of cases. The incidence of both Type 1 and Type 2 in children and adolescents has significantly increased, according to the Centers for Disease Control's (CDC's) National Diabetes Statistic Report. Some of the unique challenges associated with caring for children and adolescents include size of the patient and inability to communicate symptoms of hypoglycemia. Health care resources spent on diabetes are considered to be the highest among all other health conditions. Immediate impacts on both physical and mental well-being are common with severe hypoglycemia and extreme hyperglycemia.

Patients with diabetes need to be closely monitored. When blood glucose levels are poorly controlled patients are at risk of complications including: heart disease, stroke, peripheral vascular disease, retinal damage, kidney disease, impotence and nerve damage. Patients should also be monitored for comorbidities that may not be present during the early stages of the disease, but develop as the disease progresses, these include: hearing impairment, fatty liver disease, sleep apnea, periodontal disease, depression, anxiety, cognitive impairment and fractures.

Reasonable glycated hemoglobin (A1C) goals for diabetic patients should be customized for the individual patient balancing established benefits with prevention of complications and risk of hypoglycemia. Goals vary depending on age, patients with comorbidities, limited lifetime expectancy and benefits of intensive therapy. Patients with Type 1 Diabetes and pregnancy may require stricter control.

External insulin pumps are an option for intensive insulin therapy designed to provide continuous subcutaneous insulin infusion (CSII) to improve glycemic control, meet basal insulin requirements and supplement bolus insulin delivery to assist in mealtime insulin needs. Insulin absorption with CSII therapy appears to be less variable and may help members that have not been able to achieve optimum glycemic goals on multiple daily injections. The choice of insulin delivery via multiple daily injections or continuous subcutaneous delivery of a rapid-acting insulin preparation via a pump should be carefully considered and thoroughly explained to the member. Additionally newer sensor-augmented insulin pump systems are available with continuous glucose monitoring integrated into the pump, which may reduce nocturnal hypoglycemia.



Professional Society Recommendations:

The following professional society's recommendations are derived from the latest guidelines and scientific based literature available.

American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE) (2015)

- Candidates for CSII Candidates for CSII include patients with T1D and patients with T2D who are insulin dependent
- CSII should only be used in patients who are motivated and knowledgeable in DM self-care, including insulin adjustment.
- To ensure patient safety, prescribing physicians must have expertise in CSII therapy, and CSII users must be thoroughly educated and periodically reevaluated.
- Sensor-augmented CSII, including those with a threshold-suspend function, should be considered for patients who are at risk of hypoglycemia

American Diabetes Association (ADA) Standards of Care 2021

- Insulin pump therapy may be considered as an option for all adults and youth with type 1 diabetes who are able to safely manage the device.
- Insulin infusion pump therapy may be considered as an option for adults and youth with type 2 diabetes and other forms of diabetes who are on multiple daily injections who are able to safely manage the device.
- Sensor-augmented pump therapy with automatic low glucose suspend may be considered for adults and youth with diabetes to prevent/mitigate episodes of hypoglycemia.
- Automated insulin delivery systems may be considered in youth and adults with type 1 diabetes to improve glycemic control.

C. Definitions

- **Insulin Infusion Pump** - An external pump used to deliver insulin subcutaneously or through an intraperitoneal route in a controlled and programmed way in order to prevent acute metabolic complications of the disease and obtain normal blood glucose levels.
- **Sensor-Augmented Insulin Pump System** - Is an insulin infusion pump equipped with a continuous glucose monitoring (CGM) sensor. The pump uses the glucose readings taken by the CGM sensor to modify the amount of insulin infused.

D. Policy

- I. CareSource considers the use of external insulin infusion pumps medically necessary when ordered by a physician and the following clinical criteria are met:
 - A. Documented diagnosis of Type 1 or Type 2 Diabetes (if Type 2, must be insulin dependent) and meet All of the following:
 1. The member's provider and provider team has an expert level of experience in the management and support of members with insulin infusion pumps.
 2. Documentation that the patient has completed a comprehensive diabetes education program within the last 12 months by a certified, registered or



licensed provider with expertise in diabetes and will conform to current standards established by the American Diabetes Association (ADA)

- a. Diabetic self-management training and education, including medical nutrition therapy must be ordered by a physician or podiatrist.
 - b. The self-mangement training and education, including medical nutrition therapy, must be given:
 01. Upon the initial diagnosis visit;
 02. Visits necessitated by a significant change in the member's symptoms or conditions resulting in a change in the member's self-management of diabetes; or
 03. When a new medication or therapeutic process relating to the member's treatment and/or management of diabetes has been identified as medically necessary by the physician.
3. The member or member's caregiver must be knowledgeable in operating the device.
 4. The member has been on a maintenance program for at least six (6) months involving at least three (3) injections of insulin per day and frequent self-adjustments of insulin dosage;
 5. The member has performed glucose self-testing at least four (4) times per day on average during the last month;
 6. The member is at high risk for preventable complications of diabetes, early signs of which include:
 - a. Micro-albuminuria; and
 - b. Persistent difficulty in controlling blood sugar levels despite good compliance with an intensive multiple-injection regimen, as indicated in documented member log.

AND

7. The member has at least ONE of the following symptoms or conditions:
 - a. Glycated hemoglobin level (A1c) is greater than 7%;
 - b. A history of recurring hypoglycemia;
 - c. Wide fluctuations in blood glucose before mealtime;
 - d. Dawn phenomenon frequently exceeding 200 mg/dl; or
 - e. A history of severe glycemic excursions.

II. Exclusions

- A. Member has end-stage complications such as renal failure;
- B. Neither the member or anyone assisting the member is able to operate a pump or to perform frequent blood glucose monitoring;
- C. Portable external insulin infusion pumps that are requested for purely convenience or member preference;
- D. Surgically implanted infusion devices for systems;
- E. Jet pressure devices;
- F. Devices associated with chronic intermittent intravenous insulin therapy (CIIT); or
- G. Devices associated with pulsatile intravenous therapy (PIVIT).



- III. Device Replacement or Repair CareSource may cover the repair, adjustment and replacement of purchased equipment, supplies or appliances when approved. The repair, adjustment or replacement of the purchased equipment, supply or appliance is covered if:
- A. The equipment, supply or appliance is a covered service;
 - B. The continued use of the item is medically necessary; and
 - C. There is reasonable justification for the repair, adjustment, or replacement.
 - 1. Replacement of a functioning device just because the warranty has expired is not considered medically necessary.
 - D. In addition, replacement of purchased equipment, supplies or appliances may be covered if:
 - 1. The equipment, supply or appliance is worn out or no longer functions.
 - 2. Repair is not possible or would equal or exceed the cost of replacement. An assessment by a rehabilitation equipment specialist or vendor should be done to estimate the cost of repair.
 - 3. The equipment, supply or appliance is damaged and cannot be repaired.

Note: Benefits for repairs and replacement do not include:

- Repair and replacement due to misuse, malicious breakage or gross neglect
- Replacement of lost or stolen items.

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

	DATE	ACTION
Date Issued	05/13/2020	New Policy
Date Revised	04/28/2021	Annual Update: Updated self-management training and education criteria.
Date Effective	08/01/2021	
Date Archived	06/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. National Diabetes Statistics Report (2020). Estimates of Diabetes and Its Burden in the United States. Retrieved on April 20, 2021 from www.cds.gov
2. Levitsky, Lynne L MD (November 24, 2020). Management of type 1 diabetes mellitus in children and adolescents. Retrieved on April 20, 2021 from www.UpToDate.com



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8. National Institute of Diabetes and Digestive and Kidney Diseases. Continuous Glucose Monitoring (2017). Retrieved on April 20, 2021 from www.ncbi.nlm.nih.gov
9. Evidence of Coverage and Health Insurance Contract. Marketplace Plan, Georgia (2021). Retrieved on April 20, 2021 from www.caresource.com

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – April 2020