

**No review or update is scheduled on this Medical Policy as it is unlikely that further published literature would change the policy position. If there are questions about coverage of this service, please contact Blue Cross and Blue Shield of Kansas customer service, your professional or institutional relations representative, or submit a predetermination request.**

## Medical Policy



**Title: Insulin Pump**

<b>Professional</b>
Original Effective Date: January 1, 1999
Revision Date(s): June 1, 1999; June 9, 2003; October 3, 2006; November 2, 2006; May 15, 2012; December 14, 2012; January 21, 2014; September 29, 2015; March 31, 2016; October 1, 2016; October 1, 2017; January 16, 2019; January 1, 2020; April 19, 2021; July 1, 2022
Current Effective Date: March 31, 2016

**Archived Date: July 26, 2022**

**State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).**

**The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.**

**The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.**

**If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.**

### DESCRIPTION

An external insulin infusion pump is a small, battery-operated device (about the size of a pager) worn on a belt around the waist or put in a pocket and attached to a needle or catheter that provides continuous infusion of insulin.

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## **POLICY**

Benefits for an insulin pump will be considered per the following guidelines:

- A. Prerequisites:
1. Completion of a comprehensive diabetes education program to include education pertaining to:
    - a. When to bolus
    - b. How much to bolus depending on meal content
    - c. How to adjust basal rates
    - d. Meal boluses depending on projected activity level
    - e. Use of sick day guidelines
  2. At least 4 multiple daily injections of insulin with self adjustments for at least 6 months (earlier for pregnancy or preconception)
  3. Frequency of glucose self testing of at least 4 times per day during at least 30 days (1 month) prior to initiation of the insulin pump
  4. Ability and commitment to comply with a regimen of pump care, frequent self-monitoring of blood sugar and attention to diet and exercise.
  5. The pump must be ordered and managed by a provider with experience and expertise with managing insulin pumps.
- B. Consideration will be given to the following (when not explained by noncompliance):
1. History of severe glycemic excursions (commonly associated with brittle diabetes, hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity and/or very low insulin requirements)
  2. Dawn phenomenon with morning fasting blood sugars frequently exceeding 200mg/dl
  3. Diabetic complications such as neuropathy, nephropathy and retinopathy
  4. Glycosylated hemoglobin (HgbA1c) level > 7.0% or 1% over upper range of normal.
  5. Preconception or pregnancy with suboptimal glycemic control with multiple daily insulin injections
  6. Recurring hypoglycemia
  7. On insulin pump prior to enrollment
- C. The provider's order and rationale for the insulin pump must be provided from the clinical record or from a letter from the ordering provider.

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

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## CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.

Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

The code(s) listed below are medically necessary **ONLY** if the procedure is performed according to the "Policy" section of this document.

<b>CPT/HCPCS</b>	
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
E0784	External ambulatory infusion pump, insulin
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)

<b>ICD-10 DIAGNOSES</b>	
E10.10- E13.8	Diabetes mellitus code range
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium
O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester

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### ICD-10 DIAGNOSES

O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium

### REVISIONS

05-15-2012	<p>In the Policy section:</p> <ul style="list-style-type: none"> <li>• In Item A, #2, added "(earlier for pregnancy or preconception)"</li> <li>• In Item B, added "Recurring hypoglycemia" and "on insulin pump prior to enrollment"</li> <li>• Removed Item D, "Insulin pumps are not indicated for the type II diabetic with evidence of insulin resistance such as high insulin requirements. In some cases a C-peptide to document insulinopenia may be requested. The requirement would be a C-peptide less than 110% of the lower limit of normal with a concurrent fasting blood sugar less than 225. (For a person with renal insufficiency with creatinine clearance less than 50 ml/min insulinopenia is defined as a fasting C-peptide level less than 200% of the lower limit of normal with a fasting blood sugar less than 225.)"</li> </ul> <p>Updated References section.</p>
12-14-2012	<p>Revision posted to BCBSKS website, November 15, 2012.</p> <p>In the Policy section:</p> <ul style="list-style-type: none"> <li>▪ In Item B, #3, removed "2 months" and inserted "30 days (1 month)" to read "Frequency of glucose self testing of at least 4 times per day during at least 30 days (1 month)..."</li> <li>▪ Added Item D, "Insulin pump therapy is considered not medically necessary in the morbidly obese (BMI <math>\geq</math>35) Type II diabetic with evidence of insulin resistance."</li> </ul> <p>In the Coding section:</p> <ul style="list-style-type: none"> <li>▪ Updated code nomenclature format.</li> </ul> <p>Updated References section.</p>
01-21-2014	<p>Policy reviewed.</p> <p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Added ICD-10 Diagnosis (<i>Effective October 1, 2014</i>)</li> </ul>
09-29-2015	<p>Policy reviewed.</p> <p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Revised ICD-10 Diagnoses effective date to "<i>October 1, 2015</i>"</li> </ul>
03-31-2016	<p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ Removed Item D, "Insulin pump therapy is considered not medically necessary in the morbidly obese (BMI <math>\geq</math>35) Type II diabetic with evidence of insulin resistance. (16-18)"</li> </ul> <p>Updated References section.</p>

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<b>REVISIONS</b>	
10-01-2016	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Added ICD-10 codes effective 10-01-2016: E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E10.37X1, E10.37X2, E10.37X3, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, E13.37X1, E13.37X2, E13.37X3</li> <li>▪ Termed ICD-10 codes effective 09-30-2016: E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359</li> <li>▪ Revised nomenclature to ICD-10 codes effective 10-01-2016: O24.011, O24.012, O24.013, O24.02, O24.03, O24.111, O24.112, O24.113, O24.12, O24.13</li> </ul>
10-01-2017	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Added ICD-10 codes: E11.10, E11.11.</li> </ul> <p>Updated References section.</p>
01-16-2019	<p>Updated Description section.</p> <p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Removed ICD-9 codes.</li> </ul> <p>Updated References section.</p>
01-01-2020	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Added HCPCS Codes: A4226, E0787</li> </ul>
04-19-2021	Policy reviewed without revisions
07-26-2022	Archived

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