
Item: **External Infusion Pump (Insulin Pump)**

Effective: 12/03

Covered by: ☒ DME Benefit

Reviewed: 06/20, 06/19, 06/18

Reviewed/Revised: 06/26, 11/25, 05/25, 01/25, 07/24,
03/23, 4/21, 6/19, 06/17, 03/17, 11/16, 05/15, 05/14,
05/09, 08/08, 02/08, 08/06, 04/05Category: ☒ DME ☐ Prosthetic
☐ Orthotic ☐ Medical SupplyReview Responsibility: DME Manager

Clinical Criteria:

External infusion pumps (insulin pumps) and related supplies are covered for all members with a DME benefit when the following Kaiser Permanente criteria are met:

For initial authorization member needs to meet criteria I AND either II or III or IV:

- I. Ordered by an endocrinologist or diabetologist*

AND

- II. Member is 11 years old or older and meets all of the following criteria:

- A. Has one of the following diagnoses:

- i. Type 1 diabetes mellitus as indicated by one of the following:

- a. Lab results showing presence of any of the following 3 antibodies: anti-GAD, or anti-islet, or anti-Zinc transporter 8 antibody (but NOT anti-insulin antibody in insulin-treated individuals)

OR

- b. Lab results showing presence of insulinopenia defined as (all 3 conditions must be met):

1. A fasting C-peptide level:

- For patients with creatinine clearance more than 50 ml/minute: less than or equal to 110% of the lower limit of normal of the laboratory's measurement method
- For patients with renal insufficiency (creatinine clearance less than or equal to 50 ml/minute): less than or equal to 200% of the lower limit of normal of the laboratory's measurement method

2. A fasting glucose level obtained concurrently with fasting C-peptide level is less than or equal to 225 mg/dl

3. Diabetes is controlled (as defined by an A1c < 8%) at the time of the C-peptide measurement

OR

- c. Clinical documentation by endocrinologist or diabetologist confirms that member has diagnosis and has been receiving treatment for type 1 diabetes mellitus

OR

- ii. Type 2 or other Diabetes with insulinopenia defined as (all 3 conditions must be met):
 - a. A fasting C-peptide level:
 - 1. For patients with creatinine clearance more than 50 ml/minute: less than or equal to 110% of the lower limit of normal of the laboratory's measurement method.
 - 2. For patients with renal insufficiency (creatinine clearance less than or equal to 50 ml/minute): less than or equal to 200% of the lower limit of normal of the laboratory's measurement method.
 - b. A fasting glucose level obtained concurrently with fasting c-peptide levels is less than or equal to 225 mg/dl
 - c. Diabetes is controlled (as defined by an A1c $\leq$ 8%) at the time of the c-peptide measurement, and
- B. Takes multiple daily insulin injections (MDI): minimum 3 injections per day, and
- C. Has failed MDI therapy over a 3-month period for members 11 to 17 years of age and 6 months for members 18 and older as determined by the treating clinician (or any period of failed MDI therapy for pregnant members with type 1 diabetes), and
- D. Has been working with an Endocrinologist/Diabetic Specialist and/or Diabetic Care Team for at least 3 months for members 11 to 17 years of age and 6 months for members 18 and older ("at least 3 or 6 months" requirement does not apply to pregnant members with type 1 diabetes), and
- E. Has necessary carbohydrate counting skills as determined by the treating clinician (or for pediatric members 11 to 17 years of age is assisted by a family member), and
- F. Performs frequent blood glucose monitoring (at least 4 times daily) or uses a continuous glucose monitor

OR

- III. Member has been on an external insulin infusion pump prior to enrollment at Kaiser Permanente and has one of the following diagnoses:

- A. Type 1 diabetes mellitus as indicated by one of the following:
 - i. Lab results showing presence of any of the following 3 antibodies: anti-GAD, or anti-islet, or anti-Zinc transporter 8 antibody (but NOT anti-insulin antibody in insulin-treated individuals)
OR
 - ii. Lab results showing presence of insulinopenia defined as (all 3 conditions must be met):
 - a. A fasting C-peptide level:
 - 1. For patients with creatinine clearance more than 50 ml/minute: less than or equal to 110% of the lower limit of normal of the laboratory's measurement method
 - 2. For patients with renal insufficiency (creatinine clearance less than or equal to 50 ml/minute): less than or equal to 200% of the lower limit of normal of the laboratory's measurement method
 - b. A fasting glucose level obtained concurrently with fasting C-peptide level is less than or equal to 225 mg/dl
 - c. Diabetes is controlled (as defined by an A1c $<$ 8%) at the time of the C-peptide measurement

OR

- iii. Clinical documentation by endocrinologist or diabetologist confirms that member has diagnosis and has been receiving treatment for type 1 diabetes mellitus

OR

- B. Type 2 or other Diabetes with insulinopenia defined as (all 3 conditions must be met):
 - i. A fasting C-peptide level:
 - a. For patients with creatinine clearance more than 50 ml/minute: less than or equal to 110% of the lower limit of normal of the laboratory's measurement method.
 - b. For patients with renal insufficiency (creatinine clearance less than or equal to 50 ml/minute): less than or equal to 200% of the lower limit of normal of the laboratory's measurement method.
 - ii. A fasting glucose level obtained concurrently with fasting c-peptide levels is less than or equal to 225 mg/dl
 - iii. Diabetes is controlled (as defined by an A1c < 8%) at the time of the c-peptide measurement

OR

- IV. Member is younger than 11 years old and meets all of the following criteria:
 - 1. Diagnosis of diabetes mellitus requiring insulin therapy
 - 2. Documentation that family/member has demonstrated proficiency in blood glucose monitoring by blood glucose meter or CGMS
 - 3. Documentation that family/member has demonstrated proficiency in use of MDI insulin
 - 4. Documentation that family/member has or will have completed pump training in pediatric diabetes clinic

For continued coverage / renewal of authorizations: insulin pump and supplies must be ordered by an endocrinologist or diabetologist* and all of the following criteria must be met:

- II. The member has periodic follow-up with Endocrinologist, Diabetes Specialist, Diabetes Care Manager, or Certified Diabetes Educator

*Diabetologists are medical doctors who specialize in the diagnosis, treatment, and management of diabetes mellitus

[Comments on Application of Benefit:](#)

Line of Business	Apply KP Criteria	If No, Link to External Criteria
Commercial (Includes Self-Funded & KPIF plans)	Yes	
Senior Advantage	No	External Infusion Pumps L33794
OR Medicaid (OHP)	No	External Insulin Infusion Pump OAR 410-122-0525
WA Medicaid (Molina)	Yes	

REFERENCES:**Medicare**

Local Coverage Determination: External Infusion Pumps L33794

Policy Article: A52507

National Coverage Determination: 280. Durable Medical Equipment List

Oregon Health Authority

OAR 410-122-0525 External Insulin Infusion Pump

Washington Apple Health

Washington HCA Home Infusion Therapy and Parenteral Nutrition Program Billing Guide