Continuous Subcutaneous Insulin External Infusion Pump

DRAFT

Humana

Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2023
Effective Date: XX/XX/XXXX
Review Date: 09/02/2025
Policy Number: LA.CLI.042.001
~~**Policy Number: LA.CLI.042**~~
Line of Business: Medicaid
State(s): LA

Table of Contents

Description
Coverage Limitations
References
Coverage Determination
Change Summary

Disclaimer
The Medical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

~~Summary of Changes:~~
~~9/30/2024: Annual Review, minor grammatical changes and updated references to most recent edition reviewed.~~

~~Scope:~~

Description

This policy applies to all Humana Healthy Horizons in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

A continuous subcutaneous insulin external infusion pump is a portable insulin pump about the size and weight of a small pager. The pump delivers a continuous basal infusion of insulin. Insulin pumps can be automatically programmed for multiple basal rates over a 24-hour time period. This can be useful for such situations as nocturnal hypoglycemia, the dawn phenomenon, and to assist with tight glycemic control.

Before meals or at other times (eg, hyperglycemia after unanticipated caloric intake), the pump can be set to deliver a bolus of insulin, similar to taking an injection of pre-meal regular insulin for someone using multiple daily injections.

~~Policy:~~

Coverage Determination

Insulin pumps requiring tubing and supplies are covered through the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program. All reservoirs and canisters will be covered through the DMEPOS program. All other diabetic supplies and equipment are covered through the Louisiana Medicaid Pharmacy program.

The pump must be ordered by a physician who has familiarity with continuous subcutaneous insulin infusion (CSII) and who works closely with a team of nurses, diabetes educators, and dietitians who are knowledgeable in the use of CSII. The follow-up care of the beneficiary must be managed by a physician meeting these same requirements.

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for a continuous subcutaneous insulin external infusion pump and related supplies for **the** treatment of Type I diabetes when**:** ~~members meet Criterion A or Criterion B as follows~~:

- **Criteria sets A AND C are met; OR**
- **Criteria sets B AND C are met**

Criteria Set A:

- **Type 1 diabetes; AND**

- ~~The member~~ **H**~~h~~as completed a comprehensive diabetes education program**;** ~~and~~ **AND,**

- **H**~~h~~as been on a program of multiple daily injections of insulin (at last three injections per day) with frequent self-adjustments of insulin dose ~~F~~for at least ~~six~~ **6** months prior to initiation of the insulin pump;~~and~~ **AND**

- **Has** documented **an average** frequency of glucose self-testing ~~an average~~ of at least ~~four~~ **4** times per day during the ~~two~~ **2** months prior to initiation of the insulin pump; ~~and~~ **AND**

- ~~m~~**M**eets **2 or more** of the following criteria while on the multiple daily injection regimen**:**
  - ~~Has a g~~**G**lycosylated hemoglobin level (HbA1c) greater than 7.0 percent; **OR**
  - ~~Has a h~~**H**istory of recurring hypoglycemia; **OR**
  - ~~Has w~~**W**ide fluctuations in blood glucose levels (regardless of A1C); **OR**
  - Demonstrated microvascular complications; **OR**
  - Recurrent severe hypoglycemia; **OR**

- Suboptimal diabetes control (A1C exceeds target range for age); **OR**
- Adolescents with eating disorders; **OR**
- Pregnant adolescents; **OR**
- Ketosis-prone individuals; **OR**
- Competitive athletes; ~~and~~ **OR**
- Extreme sensitivity to insulin in younger children

OR

Criteria Set B:

- **Type 1 diabetes; AND**

- ~~The member with Type I diabetes;~~

- ~~h~~**H**as been on a pump prior to enrollment in Medicaid**; AND** ~~and~~

- ~~h~~**H**as documented **an average** frequency of glucose self-testing ~~an average~~ of at least ~~four~~ **4** times per day during the month prior to Medicaid enrollment~~.~~;

Criteria Set C:

- **The individual with Type 1 diabetes must be;**

  - **Autoantibody positive (eg islet cell autoantibodies (ICA), glutamic acid decarboxylase (GAD65), the 40K fragment of tyrosine phosphatase (IA2), insulin autoantibodies (IAA), or zinc transporter 8 autoantibodies (ZnT8)~~,~~; OR**

  - **Insulinopenic per the updated fasting C-peptide testing requirement~~,~~; ~~or~~**

    - **Insulinopenia (defined as fasting C-peptide level less than or equal to 110 percent of the lower limit of normal of the laboratory's measurement method); ~~and~~ AND**

    - **Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose less than 225 mg/dl~~.~~**

NOTE: Levels only need to be documented once in the medical record~~.~~

~~In addition to meeting Criterion A or B above, the member with diabetes must be:~~

- ~~Insulinopenic per the updated fasting C-peptide testing requirement, or~~ **OR**
- ~~Autoantibody positive (e.g. islet cell autoantibodies (ICA), glutamic acid decarboxylase (GAD65), the 40K fragment of tyrosine phosphatase (IA2), insulin autoantibodies (IAA), or zinc transporter 8 autoantibodies (ZnT8).~~

~~Updated fasting C-peptide testing requirement:~~

- ~~Insulinopenia (defined as fasting C-peptide level less than or equal to 110 percent of the lower limit of normal of the laboratory's measurement method); and~~ **~~AND~~**
- ~~Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose less than 225 mg/dl.~~

~~NOTE: Levels only need to be documented once in the medical record.~~

~~The pump must be ordered by, and follow-up care of the member must be managed by a physician who has familiarity with continuous subcutaneous insulin infusion (CSII) and who works closely with a team of nurses, diabetes educators, and dietitians who are knowledgeable in the use of CSII.~~

~~Definitions:~~

~~N/A~~

References

1. **Louisiana Department of Health. Medicaid Services Manual. Chapter 18: Durable Medical Equipment. https://ldh.la.gov/medicaid. Published September 1, 2010. Updated June 25, 2025.**

~~State of Louisiana Bureau of Health Services Financing. Medicaid Services Manual. Durable Medical Equipment Provider Manual. Chapter 18.~~ (~~3/18/2024~~. ~~Accessed (9/30/2024).~~ https://ldh.la.gov/medicaid

~~Version Control:~~

Change Summary

8/22/22: Policy creation-Approved by LDH for Readiness
5/15/23: Approved by LA UM Committee
9/5/23: Changed to new template for Annual Review Due by 5.15.24.
1/11/24: Minor changes made.
9/30/2024: Annual Review, minor grammatical changes and updated references to most recent edition reviewed
09/02/2025 Annual Review, No Coverage Change. New Clinical Coverage Policy Template

~~Non-Compliance:~~

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~