



NHS MEDICAL POLICY

INSULIN PUMP DME 2014-001

A. INITIATION of an insulin pump may be indicated when ALL the following are present:

1	A minimum of 2 HgbA1c values with dates drawn, at least three months apart. Both values should be within the past 6 months.
2	Finger stick blood glucoses: a copy of patient's log with dates and times, demonstrating frequency of glucose self-testing an average of at least 4 times per day during the prior 2 months.
3	Copy of a certificate or letter of patient's attendance in a diabetic education class that includes insulin pump education and carbohydrate counting. For a pediatric patient, a parent or guardian may attend diabetic education class for or with the child.
4	<p>Provider progress notes documenting ALL of the following:</p> <ul style="list-style-type: none"> • Diabetic management efforts over the past 3-6 months • Repeated alterations in insulin dosing strategy and the appropriate use of basal bolus insulin dosing with at least 3 injections per day and repeated adjustment • Patient compliance with insulin, monitoring and diabetic diet as ordered.
5	<p>Provider progress notes must document at least ONE of the following indications:</p> <ul style="list-style-type: none"> • Attempts to reach target HgbA1C levels with multiple daily insulin injections result in severe recurrent hypoglycemia requiring medical attention or disabling hypoglycemia with episodes occurring frequently or without warning symptoms. • Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl while on optimal multiple daily insulin therapy. • Severe glycemic excursions or wide fluctuations in blood glucose before mealtimes while on optimal multiple daily insulin therapy • Poor glycemic control while on optimal multiple daily insulin therapy with one of the following: <ul style="list-style-type: none"> ○ HgbA1C 7 % or higher for adults age 20 and over ** ○ HgbA1C 7.5% or higher for children age 13-19 ** ○ HgbA1C 8 % or higher for children age 6-12 ** ○ HgbA1C 8.5% or higher for children age 5 and under **

B. Continuation of an insulin pump may be indicated when ALL of the following are present:

1	The member has been seen and evaluated by the treating physician every 3 months on average.
2	Finger stick blood glucoses: a copy of patient's log with dates and times, demonstrating frequency of glucose self-testing an average of at least 4 times per day during the prior month.

Note: Children who use insulin pump therapy should have a trial of multiple daily injections when they are between the age of 12 and 18 years

SOURCES

1. **Centers for Medicare and Medicaid Services, Department of Health, and Human Services (DHHS) Coverage Issues Manual, Transmittal 143, Date September 26, 2001.
2. Adult threshold level and recommendations per National Institute for Health and Care Excellence, National Health Service, UK
3. Milliman Care Guidelines, 24th edition, Continuous Glucose Monitoring (A-0126), accessed Mar 12, 2020.
4. Bergenstal RM, et al. Effectiveness of sensor-augmented insulin-pump therapy in type 1 diabetes. N Engl J Med. 2010;363(4):311.

GUIDELINES

** The 2006 ADA consensus guidelines for HbA1c in children are:
7.5% to 8.5% in children under age 6
< 8% for children 6-12 (no lower limit)
< 7.5% for children 13-19 (no lower limit)

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
Dec 18, 2014	Updated with guideline information and continuation criteria
Jan 24, 2015	Updated replacement guideline
Mar 30, 2015	# 3 added "letter" and removed "approved"
Jun 19, 2015	Updated item #1- both values should be within 6 mos.
06/16/2016	Annual review of policy – no changes
06/14/2017	Annual review of policy – no changes
06/13/2018	Annual review of policy – no changes
06/12/2019	Annual review of policy – no changes
03/12/2020	Under Sources added lines 3 and 4
03/12/2021	Annual review of policy – no changes
03/28/2022	Annual review of policy – no changes
02/22/2023	Annual review of policy – no changes

