MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Distribution: Medical Supplier 01-03

Issued: July 1, 2001

Subject: Removal of Prior Authorization of External Ambulatory Infusion Pumps (Insulin) and Related Supplies
Coverage Revision of External Ambulatory Infusion Pumps, Insulin (as a Purchase Only)

Effective: August 1, 2001

Programs Affected: Medicaid and Children's Special Health Care Services (CSHCS)

Removal of Prior Authorization of Insulin Pumps and Related Supplies

Effective for dates of service on and after August 1, 2001, insulin pumps and related supplies as described in **Table 1** will be covered without prior authorization when reported with specified diagnosis codes as described in **Table 2.** Insulin pumps are covered when all other methods to control blood glucose levels have been tried without success. Insulin pumps are not covered for the purpose of solving problems of beneficiary non-compliance. For claims that fall outside of these parameters, prior authorization will be required.

Documentation supporting the medical necessity of an insulin pump must include a physician prescription and a Certification of Medical Necessity (CMN). Both items must be signed and dated by the treating physician and be kept on file by the supplier. Do not submit documentation with the claim form. (For CSHCS beneficiaries, a pediatric endocrinologist or other pediatric specialist must complete the prescription.) The physician's CMN should contain the following:

- Lab values of blood glucose levels that demonstrate poor glycemic control on multiple daily injections of insulin, including a persistently elevated glycosylated hemoglobin level greater than seven percent.
- History of severe glycemic excursions, brittle diabetes, hypoglycemic/hyperglycemic reaction, nocturnal hypoglycemia, any extreme insulin sensitivity, and/or very low insulin requirements.
- Evidence of "dawn" phenomenon where fasting blood glucose level often exceeds 200 mg/dl.
- Any other documented Insulin Dependent Diabetes Mellitus (IDDM) complications (e.g., neuropathy, retinopathy, cardiovascular).

In addition, documentation must support the ability of the patient or caregiver to self-monitor blood glucose levels at least four times a day; is committed and motivated to achieve and maintain improved glycemic control through careful attention to diet and exercise; and is compliant to the regimen of pump care.

Replacement of equipment will be considered on a case-by-case basis when loss or irreparable damage has occurred and will require prior authorization. Replacement and repairs will not be authorized in situations where the equipment has been abused or neglected.

TABLE 1 - Procedure Codes for Insulin Pumps and Related Supplies

CODE	MODIFIERS	DESCRIPTION	QUANTITY
A4230	G	Infusion Set for External Insulin Pump, Non-Needle Cannula Type	30 per month
A4231	G	Infusion Set for External Insulin Pump; Needle Type	30 per month
A4232	G	Syringe with Needle for External Insulin Pump, Sterile, 3 CC	60 per month
E0784	G	External Ambulatory Infusion Pump, Insulin	1 in 4 years

TABLE 2 - ICD-9 Specified Diagnosis Codes

Diagnosis Code	Description
250.10 – 250.13	Diabetes with ketoacidosis
250.20 - 250.23	Diabetes with hyperosmolarity
250.30 – 250.33	Diabetes with other coma
250.40 – 250.43	Diabetes with renal manifestations
250.50 – 250.53	Diabetes with ophthalmic manifestations
250.60 – 250.63	Diabetes with neurological manifestations
250.70 – 250.73	Diabetes with peripheral circulatory disorders
250.80 – 250.83	Diabetes with other specified manifestations
250.90 – 250.93	Diabetes with unspecified complications
648.00 – 648.04	Diabetes mellitus complicating pregnancy
648.80 – 648.84	Gestational diabetes

Coverage of Insulin Pumps (as a Purchase Only)

Effective for dates of service on and after August 1, 2001, insulin pumps will be considered as a purchase only. Insulin pump therapy is considered to be long-term, even though conditions could result to interrupt its use.

For beneficiaries with other insurance coverage, the medical supplier must follow the rules of the primary insurance coverage prior to submitting a claim to Medicaid.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProgramSupport@state.mi.us. Providers may phone toll free 1-800-292-2550. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary.

Approved

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