



MO HealthNet PA Criteria Proposal V 3.2

Medical Procedure Class:	Insulin Pump, E0784RR
Implementation Date:	October 24, 2017
Prepared for:	MO HealthNet
Prepared by:	Conduent Heritage

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of insulin pumps.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre-Certification	E0784RR: External ambulatory infusion pump, insulin.	
Setting & Population:	All MO HealthNet fee-for-service participants	
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee for service participants.

Approval Criteria

An ambulatory infusion pump for the administration of continuous subcutaneous insulin for the treatment of diabetes mellitus may be covered for patients with a diagnosis of Diabetes Mellitus.

- A. The individual has been on a maintenance program for at least six months involving at least 3 injections of insulin per day with frequent self-adjustments of insulin dosage. The individual has performed glucose self-testing an average of at least SIX times per day or using a CGM during the 3 months prior. The patient has at least one of the following symptoms or conditions:
1. Glycosylated hemoglobin level (HbA1c) greater than 7 percent
 2. History of recurring hypoglycemia
 3. Wide fluctuations in blood glucose before mealtime
 4. A marked early morning increase in fasting blood sugar (Dawn phenomenon)- glucose level exceeds 200 mg/dL
 5. History of severe glycemic fluctuations

Denial Criteria

The approval criteria are not met.

Quantity Limitation

Physician specified length of need up to 12 months rental. (After 12 months of rental reimbursement the pump will be considered purchased.)

Approval Period

Physician specified length of need up to 12 months.