18.2.20 Diabetic Supplies and Equipment

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.

Continuous Subcutaneous Insulin External Infusion Pumps

A continuous subcutaneous insulin external infusion pump is a portable insulin pump. It is 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 (e.g., 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.

Payment for a continuous subcutaneous insulin external infusion pump and related supplies will be authorized for treatment of Type I diabetes. **Beneficiaries must meet either Criterion A or B as follows**:

Criterion A: The beneficiary has completed a comprehensive diabetes education program and, for at least six months prior to initiation of the insulin pump, has been on a program of multiple daily injections of insulin (at least three injections per day) with frequent self-adjustments of insulin dosages; and has documented an average frequency of glucose self-testing of at least four times per day during the two months prior to initiation of the insulin pump; and meets two or more of the following criteria while on the multiple daily injection regimen:

1. Glycosylated hemoglobin level (HbAlc) greater than 7.0 percent;

2. History of recurring hypoglycemia;

3. Wide fluctuations in blood glucose levels (regardless of A1C);

4. Demonstrated microvascular complications;

5. Recurrent severe hypoglycemia;

6. Suboptimal diabetes control (A1C exceeds target range for age);

7. Adolescents with eating disorders;

8. Pregnant adolescents;

9. Ketosis-prone individual;

10. Competitive athletes; and

11. Extreme sensitivity to insulin in younger children.

OR

Criterion B: The beneficiary with Type I diabetes has been on a pump prior to enrollment in Medicaid and has documented an average frequency of glucose self-testing of at least four times per day during the month prior to Medicaid enrollment.

In addition to meeting Criterion A or B above, the beneficiary with diabetes must be insulinopenic per the updated fasting C-peptide testing requirement, ***or*** must be 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:

1. 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

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

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

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.