

Authorization Protocols Work Process

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocols for Authorizing Ambulatory Insulin Pumps
PAGE: 1 of 3	REPLACES DOCUMENT: CC.UM.02.14 Protocols for Authorizing Ambulatory Insulin Pumps
APPROVED DATE: 8/14	RETIRED:
EFFECTIVE DATE: 8/14	REVIEWED/REVISED: 8/15; 8/16; 8/17, 3/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.25

SCOPE:

Coordinated Care Medical Management Department

PURPOSE:

To provide guidelines for the authorization of ambulatory insulin pumps

WORK PROCESS:

1. An ambulatory insulin pump is considered medically necessary when ordered by the treating Endocrinologist or Diabetologist and the applicable InterQual DME criteria (or State guidelines as applicable) are met.
2. Medical information which supports the medical necessity determination (received either verbally or hard copy from the requesting endocrinologist office) must be documented in the documentation section of the DME authorization in the clinical documentation system.
 - a. In addition to a diagnosis, clinical presentation, and diabetes management criteria, the requesting Endocrinologist/Diabetologist must also submit information to support--**InterQual DME Criteria: Insulin Pump, Ambulatory: Criteria points (Notes 15-17), if applicable:**
 - i. Patient motivation, comprehension of the disease process and completion of psychosocial evaluation
 - ii. Dietician consultation including assessment of patient's understanding of carbohydrate counting and meal planning
 - iii. For children under the age of 12, documentation must support continuous supervision by parents and caretakers, who understand the pump technology, are able to measure blood glucose levels and make appropriate adjustments to the pump, and are willing to work closely with the diabetes care team.
3. The ambulatory infusion pump can be authorized as a 12 month rental. At which point the pump is considered purchased.
 - a. If the pumps is approved supplemental equipment such as tubing, filters, etc., needed to operate equipment, are considered incidental and do not require a separate authorization.

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- b. Some vendors/distributors of the pump may offer educational sessions at the specialist office and/or the patient's home; these vendor supplied services should be included in the price of the pump, and therefore do not require a separate authorization.
 - c. Visits to the endocrinologist office do not require a separate authorization.
 - d. Pre-filled insulin cartridges for the pump are a pharmacy benefit and should be obtained from a participating pharmacy. They do not require a separate authorization by the Plan or the pharmacy.
 - e. Home health care services for nursing visits, etc. will require a separate authorization, as described in the clinical documentation system training manual.
4. Upon initial authorization of an insulin pump, a referral/task is sent to the Case Management department for continued management and follow-up.
 5. If replacement device is requested due to loss, damage, etc., documentation to support the need for replacement is required and must be reviewed by the Plan Medical Director for medical necessity. The nurse reviewer must verify expiration of original product warranty before authorizing a replacement purchase.

REFERENCES:

ATTACHMENTS:

DEFINITIONS:

Insulin Pump (E0784): an external ambulatory infusion device. May also be known as continuous subcutaneous insulin infusion (CSII).

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REVISION LOG

REVISION	DATE:
Removed senior section-not applicable to this population. Changed Case Manager to PA nurse due to change in titles.	8/5/2015
Added Diabetologist to referring provider removed PA for non-par Endocrinologist to align with PA requirements, changed referral to Case Management from Prior Authorization.	8/8/2016
Changed CM to Nurse Reviewer	8/30/17
Removed instructions for Auth building from P&P	3/5/18

AUTHORIZATION PROTOCOLS APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Director, Med Management: Electronic Signature on File
VP, Medical Management: Electronic Signature on File