DEFINITIONS: Diabetes is a chronic (lifelong) disease marked by high levels of sugar in the blood.

- Type 1 diabetes is usually diagnosed in childhood. Many patients are diagnosed when they are older than age 20. In this disease, the body makes little or no insulin. Daily injections of insulin are needed. The exact cause is unknown. Genetics, viruses and autoimmune problems may play a role.
- Type 2 diabetes is far more common than type 1. It makes up most of diabetes cases. It usually occurs in adulthood, but young people are increasingly being diagnosed with this disease. The pancreas does not make enough insulin to keep blood glucose levels normal, often because the body does not respond well to insulin. Many people with type 2 diabetes do not know they have it, although it is a serious condition. Type 2 diabetes is becoming more common due to increasing obesity and failure to exercise.
- Gestational diabetes is high blood glucose that develops at any time during pregnancy in a woman who does not have diabetes. Women who have gestational diabetes are at high risk of type 2 diabetes and cardiovascular disease later in life.

INDICATIONS: To treat diabetic ketoacidosis and high blood glucose levels in a manner that reduces symptoms, prolongs life, and prevents diabetes-related complications including but not limited to heart disease, kidney failure, blindness and amputation of limbs.

The above goals are accomplished through:

- Blood pressure control; blood pressure goals should be 130/80 mm/Hg or lower.
- Cholesterol control; aim for LDL levels below 100 mg/DL.
- Have your glycosylated hemoglobin (HbA1c) checked every six (6) months if your diabetes is well controlled, otherwise every three (3) months.
- Careful self-testing of blood glucose levels.
- Education.
- Exercise.
- Foot care providers should inspect feet during each visit.
- Meal planning and weight control.
• Get yearly tests to make sure your kidneys are working well (microalbuminuria and serum creatinine).

MEDICAL MANAGEMENT POLICY

<table>
<thead>
<tr>
<th>TITLE: Insulin Pumps (Pre-Cert Required) Yes <em>X</em>____ No_______</th>
<th>POLICY NUMBER: MEDM-043-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE DATE: 6/1/2011</td>
<td>REVISION DATE: 06/09/2012</td>
</tr>
<tr>
<td>PAGE: 2 of 3</td>
<td>REVIEW DATE: 03/06/2013</td>
</tr>
<tr>
<td>ORIGINATOR:</td>
<td>NEXT REVIEW DATE: 03/06/2014</td>
</tr>
<tr>
<td>REVIEWER:</td>
<td>POLICY IN COMPLIANCE WITH:</td>
</tr>
</tbody>
</table>

• Visit your ophthalmologist (preferably one who specializes in diabetic retinopathy) at least once a year, or more often if you have signs of diabetic retinopathy.
• See the dentist every six (6) months for a thorough dental cleaning and exam. Make sure your dentist and hygienist know that you have diabetes.
• Stay up-to-date with all of your vaccinations and get a flu shot every year in the fall.

POLICY: With the understanding that there is no cure for diabetes, prevention is of key importance. External insulin infusion pumps are an alternative to standard insulin infusion pumps for individuals who meet medically necessary criteria for the external pumps. Documentation of continued medical necessity of the external insulin infusion pump requires that the member be seen and evaluated by the treating physician at least once every six (6) months. It may be considered medically necessary to initiate the use of insulin infusion pumps during pregnancy earlier than the criteria stated above to avoid fetal and maternal complications of diabetes and pregnancy. It may be considered medically necessary for women with poorly controlled diabetes to sometimes get started on the pump pre-pregnancy or in the first trimester.

Consideration of the use of external insulin infusion pumps for diabetes is contingent on the member meeting the following criteria:

• The member has been on a program of multiple daily injections of insulin (i.e., at least three (3) injections per day), with frequent self-adjustments of insulin dose for at least six (6) months prior to initiation of the insulin pump**; and
• The member has completed a comprehensive diabetes education program; and
• The member has documented frequency of glucose self-testing an average of at least four (4) times per day during the 2 months prior to initiation of the insulin pump**; and
• The member meets at least one (1) of the following criteria while on multiple daily injections (more than three (3) injections per day) of insulin:
  o Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL; or
  o Elevated glycosylated hemoglobin level (HbA1c greater than 7.0%, where upper range of normal is less than 6.0%; for other HbA1c assays, 1% over upper range of normal); or
  o History of recurring hypoglycemia (less than 60 mg/dL); or
  o History of severe glycemic excursions; or
  o Wide fluctuations in blood glucose before mealtime (e.g., blood glucose levels before meals commonly exceed 140 mg/dL).
MEDICAL MANAGEMENT POLICY

TITLE: Insulin Pumps
(Pre-Cert Required) Yes ___ X _____ No ________
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REVIEWER:
Policy in compliance with:

PROCESS:
The member or provider must:

1. Contact the Customer Service department to verify eligibility/benefits.
2. Contact Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

CPT CODES/HCPCS CODES:
(Note the codes below are not all-inclusive and MHealth does follow Medicare Guidelines):

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>J1815</td>
<td>Injection, insulin, per 5 units</td>
</tr>
<tr>
<td>J1817</td>
<td>Insulin for administration through DME (i.e. insulin pump) per 50 units</td>
</tr>
<tr>
<td>A4230</td>
<td>Infusion set for external insulin pump, non needle cannula type</td>
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<tr>
<td>A4231</td>
<td>Infusion set for external insulin pump, needle type</td>
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<tr>
<td>A4232</td>
<td>Syringe with needle for external insulin pump, sterile, 3cc</td>
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<tr>
<td>A9274</td>
<td>External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories</td>
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<tr>
<td>E0781</td>
<td>Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient</td>
</tr>
<tr>
<td>E0784</td>
<td>External ambulatory infusion pump, insulin</td>
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<tr>
<td>S5570</td>
<td>Insulin delivery device, disposable pen (including insulin); 1.5 ml size</td>
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<tr>
<td>S5571</td>
<td>Insulin delivery device, disposable pen (including insulin); 3 ml size</td>
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<tr>
<td>S5552</td>
<td>Insulin, intermediate acting (NPH or LENTE); 5 units</td>
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