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The Department of Vermont Health Access Clinical Criteria

Subject: External Infusion Pumps

Last Review: August 30, 2024*

Past Revisions: March 22, 2023, December 21, 2021, June 2, 2020, April 4, 2017; February 4, 2016; February 20, 2015; December 12, 2013; October 10, 2012; May 20, 2011; 2006

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

External infusion pumps are medical devices used to deliver drugs under pressure at a controlled flow rate directly into a vein. An external infusion pump may operate by electrical or battery power and may be either a portable or a stationary unit. External infusion pumps are devices used to provide continuous ambulatory drug infusion therapy over an extended period of time. The most common usages include the infusion of insulin, chemotherapeutic agents, antibiotics, or heparin.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.209 Durable Medical Equipment
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services



Coverage Position

External infusion pump may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of Professional Regulation's website*, who is knowledgeable regarding external infusion pumps and who provides medical care to the member **AND**
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

The DVHA will cover external infusion pumps in accordance with Medicare coverage guidance under local coverage determination (LCD) 33794. For services performed on or after 01/01/2024 (<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33794&ver=146&bc=0>)

Exceptions to Medicare LCD L33794:

- Vermont Medicaid does not require that the member be seen and evaluated by the treating practitioner at least every 3 months for continued coverage of an external insulin pump and supplies.
- Under section IV Vermont Medicaid does not require the C-peptide test for members who have been diagnosed with DM type 1 or 2.

See coding guideline information below.

Please see the DVHA Pharmacy Preferred Drug List at <https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria> for drug-specific coverage information.

Please see DVHA Pharmacy prior authorization request and order forms at <https://dvha.vermont.gov/forms-manuals/forms/pharmacy-prior-authorization-request-forms-and-order-forms> for information related to continuous glucose monitors.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Repeat service or replacement of devices will be considered when:

- The device is no longer functional through normal wear and tear, or the useful lifetime has been reached (Medicaid Rule 4.209.4) (see DME Limitations list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>)

The member should be seen and evaluated by the treating physician in conjunction with pump replacement to determine continued use and benefit.

Type of service or procedure not covered (this list may not be all inclusive)

- The DVHA considers external infusion pumps experimental and investigational for all other indications not listed in the Medicare coverage guidance within LCD L33794.
- Replacement batteries are not separately payable when billed with a rented infusion pump.
- Catheter insertion devices for use with external insulin infusion pump infusion cannulas are included in the allowance for code A4224 and are not separately payable.
- Medicare/Medicaid only pays for one pump (K0455) for administering epoprostenol and treprostini; the supplier is responsible for ensuring that there is an appropriate and acceptable contingency plan to address any emergency situations or mechanical failures of the equipment. A second pump provided as a backup will be denied as not separately payable.

Coding guidelines

- The following are Vermont Medicaid noncovered codes: E2102, E2103, A4225, A9270, J7799
- For in-state allowable modifiers, contact DVHA fiscal agent Gainwell Provider Representatives at (800) 925-1706 as Medicaid and Medicare do not allow the same modifier(s).
- See the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

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