



**MedStar Family
Choice**

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1413	
Subject:	External Insulin Pumps	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	12/01/2015	
Revision Effective Date(s):	07/18, 07/19, 07/20, 07/21, 10/21, 07/22, 07/23, 07/24, 07/25, 07/26	
Historical Revision Date(s):	10/16, 07/17	
Review Effective Date(s):		
Historical Review Date(s):	06/16	
Responsible Parties:	Medical Director, Manager of Utilization Management	
Responsible Department(s):	Clinical Operations	
Regulatory References:	N/A;	
Approved:	AVP of Clinical Operations,	Chief Medical Officer

Purpose: It is the purpose of this policy to define the criteria and limitations established for the use of External Insulin Pumps in members with Type 1 and Type 2 Diabetes.

Scope: MedStar Family Choice, Maryland

Policy: It is the policy of MedStar Family Choice to authorize External Insulin Pumps when it is medically necessary as outlined in the criteria below. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Medical Director for a medical exception.

A. Medical Description/Background:

External Insulin pumps offer an alternative delivery method for subcutaneous insulin for the treatment of diabetes mellitus Type 1 and Type 2. The American Association of Clinical Endocrinologist (AACE) issued guidelines in 2021 regarding the use of advanced technology in the management of persons with diabetes including continuous subcutaneous insulin infusion (CSII). In 2025 American Diabetes Association (ADA) updated Diabetes

Technology: Standards of Care. Pump therapy requires appropriate patient selection, which is a critical factor for success. A thorough assessment of the patient's diabetes knowledge and management principles is recommended. Prospective pump users or caregivers must understand pump usage and must be able to troubleshoot pump complications (i.e., infusion set or pump failure). Regardless of the insulin pump system patients must be able to count carbohydrates and monitor blood glucose levels frequently or verify blood glucose level if the continuous glucose monitor (CGM) reading does not match symptoms.

Sensor-augmented insulin pump therapy can also suspend basal insulin delivery either in response to a low sensor glucose value or when the CGM predicts hypoglycemia.

Automated insulin delivery systems consist of insulin pumps, a CGM device and an algorithm which can automatically adjust basal rate delivery (increase or decrease) in response to CGM readings. The systems when placed in the "auto" mode are referred to Hybrid closed-loop mode, with the capacity to both increase or reduce basal insulin delivery based on sensor glucose values. The currently used systems will still require the user to manually enter carbohydrate intake to calculate prandial boluses as well as adjustments for physical activity.

An alternative option is a disposable patch pump. The patch pump is a tubeless device. One example is the Omnipod. The Omnipod is a tubeless insulin pump system with 2 components: a pod filled with insulin attached to the skin and controlled by a hand-held device or personal diabetes manager (PDM). It provides non-stop insulin delivery for up to 3 days (72 hours) and is waterproof. It also has a version which automatically increases, decreases, or pauses insulin every 5 minutes, based on the customized target.

B. Indications for Insulin Pump Therapy:

1. Members must meet all the following criteria:
 - a. Insulin pumps must be ordered and managed by an endocrinologist and/or diabetes specialist.
 - b. The patient must have completed a diabetes self-management education program within the past year and is able to count carbohydrates.
 - c. The patient must require multiple daily injections (at least three insulin injections per day) for at least 6 months prior to initiation of insulin pump. OR has Type 1 diabetes.
 - d. The patient must test blood glucose levels at least 3 times per day during the 60 days prior to the request for an insulin pump or on a CGM.
 - e. The patient must possess the ability to understand insulin pump technology and is able to act based on glucose data interpretation.
2. Insulin pump must be FDA approved for member's condition and age.

C. Information Required for External Insulin Pump Review: The insulin pump company should fax a request for authorization with supporting documentation to MedStar Family Choice . Authorization requests for insulin pumps are not taken via phone.

1. Order/prescription/request for pre-authorization must include the following:
 - a. Diagnosis Code
 - b. Type of insulin pump
 - c. HCPC codes, description and quantities for insulin pump and supplies
 2. Clinical documentation to support medical necessity including the following:
 - a. A Certificate of Medical Necessity (CMN) signed by the prescribing provider (endocrinologist or physician/nurse practitioner specializing in diabetes). This must include the following:
 - i. Frequency of blood glucose self-testing, blood glucose range, recent hemoglobin A1C.
 - ii. Frequency recommended for changing of infusion sets/pods.
 - iii. Diagnosis Code.
 - iv. Diabetes Complications.
 - b. Office visit notes from the last two encounters with the prescribing provider. The prescriber's note should support the information in the Certificate of Medical Necessity.
 - c. Documented blood glucose self-testing 3 times per day in the 60 days prior to the pump request (or being monitored by CGM). A blood glucose log downloaded by the prescribing provider from a member's blood glucose meter is preferred.
 - d. Documentation of recent diabetes education.
 - e.
- D. Continued Coverage of an External Insulin Pump and Supplies:
1. Members require follow-up care and evaluation by an endocrinologist or practitioner specializing in diabetes at least every six months or more frequently if specified by the prescribing practitioner.
 2. Supplies are considered medically necessary and are provided through **MedStar Family Choice** DME supplier with the exception for disposable insulin delivery systems (see F).
- E. Limitations/Exclusions:
1. Implantable insulin pumps are not a covered benefit.
 2. Devices under warranty are not a covered benefit and are the liability of the manufacturer.
 - a. Replacement of insulin pumps under warranty is not a covered benefit.
Note: Typical pump warranty is 4 years.
 3. Insulin Pumps that are not FDA approved for member's condition and age will not be considered.
- F. Disposable insulin delivery systems
1. Background:
There are several disposable insulin systems on the market currently; Omnipod is one of them.

The Omnipod is made of two main components: the Pod and a smartphone-like Controller. The pod receives insulin delivery instructions from the Controller and then delivers insulin into the body through a small, flexible tube called a cannula. It also has a version which

automatically increases, decreases, or pauses insulin every 5 minutes, based on a customized target.

2. Limitations for Disposable insulin delivery systems:
It is a pharmacy benefit and not processed as DME.

References

1. American Diabetes Association. Standards of Medical Care in Diabetes-2025. Diabetes Care 2025;48(Suppl.1).
https://diabetesjournals.org/care/article/48/Supplement_1/S146/157557/7-Diabetes-Technology-Standards-of-Care-in. Accessed 05/28/2026.
2. The American Association of Clinical Endocrinologists. (2021, June). George Grunberger MD, FACP, MACE, Co-Chair et al. American Association of Clinical Endocrinologists Clinical Practice Guideline: The Use of Advanced Technology in the management of Persons With Diabetes Mellitus. *In Endocrine Practice*. (Volume 27, Issue 6, June 2021, Pages 505-537)Retrieved 04/17/2025 <https://doi.org/10.1016/j.eprac.2021.04.008>. Accessed 05/28/2026.
3. Safety of a Hybrid Closed-Loop Insulin Delivery System in Patients with Type 1 Diabetes. Bergenstal RM, Garg S, Weinzimer SA, Buckingham BA, Bode BW, Tamborlane WV, Kaufman FR. JAMA. 2016 Oct;316(13):1407-1408.
4. . [Omnipod® 5 Automated Insulin Delivery System | Omnipod](#)
Accessed 05/28/2026.
5. [What is Omnipod? | Tubeless Insulin Pump Therapy](#)
Accessed 05/28/2026.

Summary of Changes:	07/26 • V-Go insulin pump was removed from the policy as it is not a covered benefit. • References accessed and confirmed. Outdated references were removed.
	07/25 • Updated reference date for American Diabetes Association. Standards of Medical Care in Diabetes. • Broadened eligibility for coverage criteria • Simplified Disposable insulin delivery systems section reflecting coverage through pharmacy benefits
	07/24

	- Removed specific names from “responsible parties” and changed to titles- Medical Director and Manager of Utilization Management - Removed specific names from “approved” and changed to titles AVP of Clinical Operations and Chief Medical Officer - Updated reference date for American Diabetes Association. Standards of Medical Care in Diabetes. - Clarified description of automated insulin delivery systems - Clarified description of disposable patch pumps - Deleted DM case management assessment from indications criteria. Clarified Information Required for External Insulin Pump Review - Added Omnipod to Disposable insulin delivery systems and References. 07/23: - Removed 2022 ADA standards, AACE/ACE2014 consensus statement and AACE 2010 statement on Insulin Pumps from regulatory references; added Maryland ECRO standard - Updated approved by to Carol Attia and Dr. Wills - Updated Medical decision/Background section A - Updated Indications for Insulin Pump Therapy section B - Deleted references to brand names of Insulin Pumps and clarified “FDA approved” meaning in Limitations/Exclusions section 07/22: - Updated responsible parties from Dr. Toye, Theresa Bittle and Nitza Larbie to Dr. Kats, Blaine Willis and Teresa Boileau. - Updated American Diabetes Association. Standards of Medical Care in Diabetes date in References section. - Formatted reference section. 10/21: - Section B item d.- added “or on a CGM” to acknowledge the increasing use of this technology.
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	07/21: • Removed Sharon Henry from Responsible Parties. • Updated Responsible Departments from Utilization management to Clinical Operations. • Added “Maryland” to scope. • Updated Background section. • Updated Limitations and exclusions section. • Updated References. 07/20: • Updated Section from Care Management to Medical Non-Pharmacy Protocols. • Clarified insulin pump patient selection. • Added FDA age limits for The Tandem T:slim with Control-IQ • Updated references and links. 07/19: • Removal of “Maryland” from scope. • Changed Priscilla Thomas to Nitza Larbie in “Responsible Parties.” • Added VGO review requirements. • Added and deleted references. • Updated Limitations and Exclusions. • Removed Acceptable Variations of External Insulin Infusion Pumps. 07/18: • Removed references to DC health plans. • Updated references. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. 07/17: • Added Responsible Parties. • Changed “Physician Advisor” to “Medical Director.” • Changed Carol Attia to Theresa Bittle and updated Dr. Patryce Toye’s title from Senior Medical Director to Chief Medical Officer. • 2017 ADA Guideline utilized. 10/16: • Under #2: Deleted reference to (e.g., MiniMed Paradigm VEO and MiniMed 530G with Enlite Sensor; and Animas VIBE). 06/16: • No changes. 12/15:
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	• New Policy.
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