

DOCUMENTATION CHECKLIST FOR EXTERNAL INFUSION PUMPS

Policy References:

- [Local Coverage Determination \(L33794\)](#)
- [Policy Article \(A52507\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The supplier must be able to provide all of these items on request:

[Standard Written Order \(SWO\)](#)

[DME Information Form \(DIF\) - CMS-10125](#)

[Beneficiary Authorization](#)

[Refill Requirements](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

Medical records should contain:

E0779, E0780, E0781, and E0791 are covered for indications I-III, V(A) - V(D), V(F), V(G), V(I), and V(J). Coverage of other pumps is addressed under indications IV, V(E), and V(H).

I. Deferoxamine for chronic iron overload

II. Chemotherapy for primary hepatocellular carcinoma or colorectal cancer where it's unresectable or the beneficiary refuses excision

III. Morphine for intractable pain caused by cancer

IV. Continuous subcutaneous insulin for diabetes if A or B is met and if C or D is met (administered with E0784):

A. C-peptide testing requirement-must meet criterion 1 or 2 and 3

1. C- peptide \leq 110% of the lower limit of normal of the lab's method; **or**

2. For beneficiaries with renal insufficiency and a creatinine clearance \leq 50 ml/minute, a fasting C-peptide level is \leq 200% of the lower limit of normal of the lab's method; **and**

3. A fasting blood sugar obtained at the same time as the C-peptide level is ≤ 225 mg/dl;
or

B. Beta cell autoantibody test is positive; **and**

C. The beneficiary has completed a diabetes education program, has been on multiple daily injections of insulin with frequent self-adjustments for at least six months prior to insulin pump use, and has documented glucose self-testing an average of at least four times/day during the two months prior to pump use, and meets one or more of the following criteria (1-5) while on multiple injection regimen:

1. H bA1C $> 7\%$
2. History of recurring hypoglycemia
3. Wide fluctuations in blood glucose before mealtime
4. Dawn phenomenon with fasting blood sugars frequently > 200 mg/dl
5. History of severe glycemic excursions; **or**

D. Has been on a pump prior to enrollment to Medicare and has self-testing an average of at least four times/day during the month prior to Medicare enrollment

V. Administration of other drugs if either of the following sets of criteria (1) or (2) are met:

Criteria set 1:

- Parenteral administration in the home is reasonable and necessary
- An infusion pump is necessary to safely administer the drug
- Administered by infusion \geq eight hours because of proven improved efficacy
- Significant advantages over intermittent bolus infusions lasting $<$ eight hours; **or**

Criteria set 2:

- Parenteral administration of the drug in the home is reasonable and necessary
- An infusion pump is necessary to safely administer the drug
- Administered by intermittent infusion which does not require the bene to return to the physician's office prior to each infusion
- Adverse effects of the drug are unavoidable without infusing it at a strictly controlled rate as indicated in the Physician's Desk Reference or the U.S. Pharmacopeia Drug Information

Administration of other drugs, based on criteria set (1) or (2), is limited to the following situations A-J:

- A. Anticancer chemotherapy drugs cladribine, fluorouracil, cytarabine, bleomycin, floxuridine, doxorubicin (non-liposomal), vincristine (non-liposomal) or vinblastine by

continuous infusion over \geq eight hours when the regimen has significant advantages over intermittent regimens

B. Narcotic analgesics (except meperidine) in place of morphine to a bene with intractable pain caused by cancer that has not responded to and/or cannot tolerate an adequate oral/transdermal therapeutic regimen

C. Antifungal or antiviral drugs: acyclovir, foscarnet, amphotericin B, and ganciclovir

D. Parenteral inotropic therapy (for services provided on/after 12/01/2015), using the drugs dobutamine, milrinone and/or dopamine for beneficiaries with American College of Cardiology Foundation/ American Heart Association Stage D heart failure (HF) or New York Heart Association Class IV HF if all of the following are met (for services provided prior to 12/01/2015 see the superseded LCD/PA):

1. Remains symptomatic despite optimal guideline directed medical therapy (GDMT); **and**
2. As “Bridge” therapy for patients eligible for and awaiting mechanical circulatory support (MCS)/cardiac transplantation, or as palliative care for patients not eligible for either MCS/ cardiac transplantation; **and**
3. Prescribed following an evaluation by a cardiologist with training in the management of advanced heart failure; **and**
4. There has been a documented improvement in beneficiary symptoms of heart failure while on the selected inotropic drug at the time of discharge from an inpatient or skilled nursing care facility; **and**
5. An evaluation every three months by the prescribing provider or a heart failure team with oversight by a cardiologist with training in the management of advanced heart failure, which documents the beneficiary’s cardiac symptoms and the continuing response and need for therapy. The heart failure team or physician may have no financial relationship with the supplier.

E. Epoprostenol (J1325) or treprostinil (J3285) for pulmonary hypertension if they meet the following disease criteria (administered using K0455):

1. The pulmonary hypertension is not secondary to pulmonary venous hypertension or disorders of the respiratory system; **and**
2. Primary pulmonary hypertension or pulmonary hypertension is secondary to one of the following conditions: connective tissue disease, thromboembolic disease of the pulmonary arteries, HIV, cirrhosis, diet drugs, congenital left to right shunts, etc. If these conditions are present, the following criteria must be met:
 - a. Pulmonary hypertension has progressed despite maximal medical and/or surgical treatment; **and**

b. Mean pulmonary artery pressure > 25 mm Hg at rest or > 30 mm Hg with exertion; **and**

c. Significant symptoms from the pulmonary hypertension; **and**

d. Treatment with oral calcium channel blocking agents has been tried and failed or has been considered and ruled out.

F. Gallium nitrate (J1457) for symptomatic cancer-related hypercalcemia.

G. Ziconotide (J2278) for the management of severe chronic pain for whom intrathecal (IT or epidural) therapy is warranted, and who are intolerant of or refractory to other treatment.

H. Subcutaneous immune globulin (J1559, J1561, J1562, J1569, J1575 and Cuvitru (J7799)) only if criteria 1 and 2 are met (administered with E0779): Only applies to subcutaneous administration products.

1. The subcutaneous immune globulin preparation is a pooled plasma derivative which is approved for the treatment of primary immune deficiency disease; **and**

2. The beneficiary has a diagnosis of primary immune deficiency disease.

I. Levodopa- Carbidopa enteral suspension (J7340) for treatment of motor fluctuations in beneficiaries with Parkinson's disease (PD), who meet all of the following criteria:

1. The beneficiary has been evaluated by a neurologist, who prescribes and manages treatment with the drug; **and**

2. Idiopathic PD based on the presence of bradykinesia and at least one other cardinal PD feature (tremor, rigidity, postural instability); **and**

3. L- dopa responsive with clearly defined "On" periods; **and**

4. Persistent motor complications with disabling "Off" periods for a minimum of three hours/ day, despite medical therapy with levodopa-carbidopa, and at least one other class of anti-PD therapy, i.e., COMT inhibitor or MAO-B inhibitor.

J. Blinatumomab (J9039) for treatment of adult beneficiaries with Philadelphia chromosome negative relapsed/refractory acute lymphoblastic leukemia.

Continued coverage of an external insulin pump and supplies requires that the beneficiary be seen and evaluated by the treating physician at least every three months.