

EVH_CG_2706.MPC External Insulin Pumps

Maryland Physicians Care considers **External Insulin Pumps** medically necessary for **ALL** the following indications ⁽¹⁻³⁾:

- The member has completed a comprehensive diabetes and self-management educational program
AND
- The member has been on a program of multiple daily injections of insulin (ie, at least three insulin injections per day) with frequent self-administration of insulin for at least six months prior to the initiation of the external insulin pump
OR
- The member has documented blood glucose self-testing on an average of at least four times per day, for two months prior to the initiation of the external insulin pump
AND
- The member meets at least one of the following criteria while on the multiple daily injection program:
 - History of severe glycemic excursions (including history of reoccurring hypoglycemia)
 - Glycosylated hemoglobin level (HbA1C) > 7.0%,
 - Wide fluctuations in blood glucose before or after mealtime
 - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl.
 - Pregnancy
 - Not meeting glycemic targets
 - Gastroparesis
 - Hypoglycemia unawareness
 - Desire more flexibility in diabetes management
 - Desire fewer injections
 - Unpredictable eating habits
 - Variable schedules or work shifts
 - Require small doses of insulin (ie, pediatric members)

Continued Coverage of An External Insulin Pump and Supplies

- Requires that the member be seen and evaluated by the treating physician at least every three months
- The external insulin infusion pump must be ordered and follow-up care rendered by a physician who manages multiple members on continuous subcutaneous insulin infusion therapy, and who works closely with a team including nurses,

EVH_CG_2706.MPC External Insulin Pumps

Policy Number: EVH_CG_2706.MPC

Last Review Date: 08/20/2026

Effective Date: 09/01/2026

diabetic educators, and dieticians who are knowledgeable and trained in the use of continuous subcutaneous insulin infusion therapy

Limitations

1. Members are limited to one pump (one brand) per warranty period of the first pump.
2. Implantable insulin pumps coverage varies according to the member's benefit plan.
3. Chronic Intermittent Intravenous Insulin Therapy (CIIT) is considered experimental and investigational, and therefore not covered.

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
A4230	Infusion set for external insulin pump, nonneedle cannula type
A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
*A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories <i>*This procedure code is not a covered benefit under Maryland Physicians Care.</i>
E0784	External ambulatory infusion pump, insulin
K0552	Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
ICD-10 codes covered if selection criteria are met:	

EVH_CG_2706.MPC External Insulin Pumps

Policy Number: EVH_CG_2706.MPC

Last Review Date: 08/20/2026

Effective Date: 09/01/2026

E08.00- E09.9	Diabetes mellitus due to underlying condition
E10.10- E10.9	Type 1 diabetes mellitus
E11.00- E11.9	Type 2 diabetes mellitus
E13.00- E13.9	Other specified diabetes mellitus

Policy History

Date	Summary
August 20, 2026	• This guideline was renumbered from PA.035.MPC External Insulin Pumps • Annual Review - Replaced patient with member throughout; updated in-text citations; re-ordered procedures codes and updated description of codes A4230, K0552, K0601, K0602, K0603, K0604 and K0605; removed non-billable diagnosis codes E08, E10, E11 and E13; added Policy History Log; updated References

References

1. Berget C, Messer LH, Forlenza GP. A clinical overview of insulin pump therapy for the management of diabetes: Past, present, and future of intensive therapy. *Diabetes Spectrum*. 2019;32(3):194-204. doi:10.2337/ds18-0091
2. Grunberger G, Sherr J, Allende M, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: The Use of Advanced Technology in the Management of Persons With Diabetes Mellitus. *Endocrine Practice*. 2021;27(6):505-537. doi:10.1016/j.eprac.2021.04.008
3. American Diabetes Association Professional Practice Committee. 7. Diabetes technology: Standards of care in diabetes—2025. *Diabetes Care*. 2025;48 (Suppl 1):S146-S166. doi:10.2337/dc25-S007

Disclaimer

Maryland Physicians Care medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Maryland Physicians Care and its affiliated managed care entities.

EVH_CG_2706.MPC External Insulin Pumps

Policy Number: EVH_CG_2706.MPC

Last Review Date: 08/20/2026

Effective Date: 09/01/2026

Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Maryland Physicians Care reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Maryland Physicians Care. Any sale, copying, or dissemination of said policies is prohibited.