



MaineCare Services
An Office of the
Department of Health and Human Services

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Provider Instructions for requesting External Infusion Pumps (Insulin Pumps) for members with Diabetes

Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)
(<http://www.maine.gov/sos/cec/rules/10/ch101.htm>)

Fax or mail request, please do not do both.

To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56) which can be downloaded at: http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html or External Infusion Pump Certificate of Medical Necessity (if available) (<http://www.dmerc.com/manual/forms/cmn0902.pdf>)

Please allow up to 30 calendar days from the date the request is received in the Prior Authorization Unit to review and make a decision.

Documentation required from the Durable Medical Equipment provider:

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Repair) **or** Certificate of Medical Necessity.
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields.

PA Criteria To Approve Request (Refer to Appendix in Section 60 for more details)

Physician or Primary Care Provider (PCP) must document the following clinical criteria:

- Member has a clinical diagnosis of Type I Diabetes
- Member has completed a comprehensive diabetes education program; give details
- Member has been on a program of at least three daily injections of insulin per day with frequent self-adjustments of dosage for at least 6 months prior to using the insulin pump
- It can be documented that member has tested self for glucose an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump [send testing log for past 2 to 3 weeks]
- Member meets one or more of the following criteria while on the regimen of multiple daily injections:
 - 2 Reports over previous 6 months that glycosylated hemoglobin level (HbA1C) > 7.0%

- History of recurring hypoglycemia
 - Wide fluctuations in blood glucose before mealtime
 - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl
 - History of severe glycemic excursions
- Member has been on a pump prior to enrollment and has documented frequency of glucose self-testing an average of at least 4 times per day during the month prior enrollment and has a C-peptide level <0.5
 - Member is seen by PCP or treating physician at least every 3 months and the treating physician must work closely with a team including nurses, diabetes educators, and dietitians who are knowledgeable in the use of Insulin Pumps

Request will be Deferred (need additional information) when:

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- Invoice or Prior Authorization form or Certificate of Medical Necessity was not submitted.

Request will be Denied when:

- Member does not meet policy criteria.
- Requested/Deferred information was not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.

Note: Insulin Pumps for members with Type II Diabetes are not covered at this time.