

Portable External Infusion Pump

Policy ID:	HHO-DE-MP-1134
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	12/15/2021; 03/01/2023
Original Effective Date:	01/15/2022; 04/01/2023
Annual Approval Date:	09/28/2022
Last Revision Date:	09/28/2022
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary portable external infusion pump.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

Portable infusion pumps – Small battery-driven devices which can be worn by the ambulatory individual (usually attached to a belt). These pumps are attached to a needle or a catheter and are designed to provide continuous and/or intermittent delivery of a given drug. The most common usages include the infusion of chemotherapeutic agents, antibiotics, or heparin.

PROCEDURES

Prior authorization is required for items over \$500 dollars.

A portable external infusion pump and related supplies may be considered medically necessary for the administration of drugs when ALL of the following set of criteria is met:

- Parenteral administration of the drug in the home is reasonable and necessary; and
- An infusion pump is necessary to safely administer the drug; and
- The drug is administered by a prolonged infusion of at least eight (8) hours because of proven improved clinical efficacy; and
- The therapeutic regimen is proven or generally accepted to have significant advantages over intermittent bolus administration regimens or infusions lasting less than eight (8) hours and
- The drug is administered by intermittent infusion (each episode of infusion lasting less than eight (8) hours which does not require the individual to return to the physician's office prior to the beginning of each infusion; and
- Systemic toxicity or adverse effects of the drug are unavoidable without infusing it at a strictly controlled rate. A portable external infusion pump not meeting the above criteria is considered not medically necessary.

Portable external infusion pumps and related supplies may be considered medically necessary for ANY ONE of the following:

- Iron Poisoning: When used in the administration of deferoxamine for the treatment of acute iron poisoning and iron overload; or
- Thromboembolic Disease: When used in the administration of heparin for the treatment of thromboembolic disease and/or pulmonary embolism (covered only in an institutional setting); or
- Chemotherapy for Treatment of Cancer; or
- Morphine and other parenteral analgesics for treatment of severe, chronic cancer pain that is resistant to conventional therapy (in either an inpatient or out-patient setting, including a hospice)
- A portable external infusion pump not meeting the above criteria is considered not medically necessary.

A portable external infusion pump may be considered medically necessary when ALL the following are met:

- It is used for the administration of medications; and
- Payment may be made for only one pump for administering the medications; and
- 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 is considered not medically necessary.

A portable external infusion pump not meeting the criteria as indicated in this policy is considered not medically necessary.

All cannulas, needles, dressings, and infusion supplies related to the infusion sets and dressings related to subcutaneous immune globulin administration are limited to one (1) unit of service per week. Additional units will be denied as not medically necessary.

All supplies (including dressings) used in conjunction with a durable infusion pump are billed with one (1) codes A4221 or A4222 or two (2) codes A4221 and K0552. Other codes should not be used for the separate billing of these supplies.

Replacement batteries are not separately payable when billed with a rented infusion pump.

Quantity level limits exceeding the guidelines as indicated on this policy are considered not medically necessary.

The pump refilling, maintenance, and cost of the drug are payable in accordance with coverage outlined in the member's benefits.

Payment for chemotherapy administration may not be made in addition to pump refilling and maintenance since the portable infusion pump is easily filled and maintained. Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the individual's records must support its use in accordance with CPT guidelines. Replacement batteries are not separately payable when billed with a rented infusion pump.

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: OUTPATIENT

The use of a portable external infusion pump is typically utilized on an outpatient basis which is only eligible for coverage on an inpatient basis in special circumstances including, but not limited to the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

COVERED CODES

CPT Code	Description
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately)
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0791	Parental infusion pump, stationary, single or multi-channel
E1399	Durable medical equipment, miscellaneous
K0552	Supplies for external 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
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring use of a portable or implantable pump
96521	Refilling and maintenance of portable pump

NONCOVERED CODES

CPT code	Description
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., Epoprostenol or Treprostinol)

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

Noridian Healthcare Solutions, LLC. L33794. Effective 10/01/2015. Revised 01/01/2017.

Hayes, Inc. Hayes clinical research response. Patient-Controlled Analgesia Infusion Pumps. Lansdale, Pa; Hayes, Inc; Published April 8, 2019. Accessed May 13, 2019.

CMS Manual System, Pub 100-3 Medical National coverage Determination Manual, Chapter 1, Section 280.14. Infusion Pumps.

Hobbs JG, Ryan KR, Ritchie B, Sluggett, et al. Protocol for a randomized crossover trial to evaluate patient and nurse satisfaction with electronic and elastomeric portable infusion pumps for the continuous administration of antibiotic therapy in the home: The Comparing Home Infusion Devices (CHID) study. BMJ 2017;7e016763.

Perks SJ, Pain T, Franklin R. Total intended antibiotic delivery related to drug concentration affecting the flow rate of elastomeric devices used in outpatient parenteral therapy (OPAT). J Pharm Prac and Research. 2019; 49: 349-355.

POLICY UPDATE HISTORY

10/01/2021	Approved in medical policy committee
11/2021	Approved in QI/UM
09/27/2022	Annual review, approved in medical policy committee
10/2022	Approved in QI/UM