

EXTERNAL INFUSION PUMP

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I. PROCEDURE CODES

HCPCS Level II Codes E0781, E1520, K0110-K0111, K0284, Q0081, Q0084-Q0085

II. DESCRIPTION

An exterior device designed to deliver measured amounts of a drug through injection over a period of time.

III. POLICY

External infusion pumps approved by the Food and Drug Administration (FDA) for use in delivering continuous or intermittent drug therapy on an inpatient or outpatient basis when determined to be appropriate medically necessary treatment is covered.

IV. POLICY CONSIDERATIONS

A. The use of an FDA approved external infusion pump under the following circumstances is eligible for cost-sharing:

1. Cancer chemotherapy agents.
2. Morphine when used in the treatment of intractable pain.
3. Desferoxamine.
4. Insulin:

Only when the diagnosis is insulin dependent type I diabetes mellitus and there is documentation by the physician of poor diabetic control, such as:

- a. Widely fluctuating blood sugar before mealtime.
- b. Frequent episodes of insulin reaction.
- c. Evidence of frequent significant ketosis.

- d. Insulin dependent type I diabetes mellitus complicated by pregnancy.
 5. Antibiotic therapy.
 6. Heparin therapy in the treatment of thromboembolic disease.
- B. Other conditions not appearing on this list may be considered for cost-sharing when medical review determines the treatment to be medically necessary and generally accepted medical practice.
- C. Drugs prescribed for usage in the external infusion pump must be FDA approved for the type and route of delivery before reimbursement may be made. Claims for routes or drugs that differ from those approved by the FDA or generally accepted medical practice should be referred for second level review before payment may be made.
- D. Claims for periods of time that exceed the recommended schedule for a drug and/or a diagnosis should be referred to second level review.
- E. Payment may be made for otherwise covered medical supplies and durable medical equipment required in the administration of the drug therapy performed in the home. However, cost-sharing will be for no more than the quantity corresponding to the doses and therapy ordered by the physician.
- F. Payment may be made for skilled nursing visits when determined to be medically necessary.
- G. External infusion pumps may be cost-shared as durable medical equipment. (See [Chapter 13, Section 3.2](#) for more information on reimbursement of durable medical equipment.)
- H. Prescription drugs are to be reimbursed in accordance with the guidelines outlined in [Chapter 13, Section 3.6](#).
- I. No separate reimbursement is allowed for the education or training services provided in relation to administering the drug therapy.

V. EXCEPTION

Implantable infusion pumps. These types of pumps are considered unproven except as outlined in the [Chapter 3, Section 5.5](#).

VI. EXCLUSIONS

- A. Subcutaneous heparin therapy for systemic lupus erythematosus.
- B. Attributing therapy for preterm labor. See [Chapter 3, Section 13.2](#).

NOTE: Payment will not be excluded for noncovered medical treatment when furnished to a patient in a hospital or skilled nursing facility as part of a DRG rate or an all inclusive per diem rate.

However, payment will not be reimbursed for noncovered medical treatment itemized separately on either an inpatient or outpatient basis.

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