

09-E0000-10

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Reviewed: 09/28/23

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## Subject: External Infusion Pumps (non-insulin)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
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### DESCRIPTION:

External infusion pumps are devices used to provide continuous ambulatory drug infusion therapy over an extended period of time. An external infusion pump may also be referred to as an external pump, ambulatory pump, or mini-infuser. A catheter is connected from the pump to the individual's access at the desired delivery site.

Routes of drug administration using external infusion pumps include intravenous, intra-arterial, subcutaneous and intra-peritoneal. The external infusion pump is battery powered, and drug reservoir refilling is non-invasive.

### POSITION STATEMENT:

Use of an external infusion pump **meets the definition of medical necessity** when used to deliver an FDA-approved drug for an appropriate indication via an appropriate route.

Examples of indications for which an external ambulatory infusion pump may be **medically necessary** include, but are not limited to the following:

- Chemotherapeutics for treatment of cancer
- Parenteral antibiotic, antifungal or antiviral drugs
- Parenteral drug therapy for the treatment of acute iron poisoning and iron overload
- Parenteral inotropic therapy
- Parenteral narcotic analgesics for intractable pain caused by cancer

## BILLING/CODING INFORMATION:

### HCPCS Coding:

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 with administrative equipment, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.
E0791	Parenteral infusion pump, stationary, single or multichannel
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)

### HCPCS codes for supplies for external infusion pumps:

A4220	Refill kit for implantable infusion pump (1 kit, per month)
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each

### LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, treatment plan, laboratory studies and medications.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Laboratory studies	26436-6	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

## REIMBURSEMENT INFORMATION:

Reimbursement for supplies used with external infusion pumps is as follows:

- An IV pole (E0776) is reimbursable when a stationary infusion pump (E0791) is covered. It is considered not medically necessary when billed with an ambulatory infusion pump (E0779, E0780, E0781, or K0455).
- Supplies used for the maintenance of a parenteral drug infusion catheter (A4221) are reimbursable for the period of covered use of an infusion pump. Reimbursement is allowed up to 13 sets in a 3-month period.
- Code A4221 includes all supplies (including dressings, flush solutions, cannulas, needles, infusion sets, etc associated with a durable infusion pump (E0779, E0780, E0781, E0791, and K0455) and should be billed separately in addition to this code.
- Supplies used with an external infusion pump, A4222 or K0552, are reimbursable for the period of covered use of an infusion pump. Allowance is based on the number of cassettes or bags (A4222) prepared or syringes (K0552) used. For intermittent infusions, no more than one cassette or bag is allowed for each dose of drug.
- Code A4222 includes the cassette or bag, diluting solutions, tubing, and other administration supplies, port cap changes, compounding charges, and preparation charges.
- K0552 is a syringe-type reservoir used with K0455 when administering treprostinil, or with an E0780 to administer subcutaneous immune globulin. The reservoir is either glass or plastic and includes the needle for drawing up the drug.
- All supplies used in conjunction with these pumps should be billed with one of the following combinations:
- A4221 and A4222
- OR
- A4221 and K0552
- The following codes are considered incidental to A4221, A4222 and K0552 when billed with or without a durable infusion pump (E0779, E0780, E0781, E0791, and K0455):
- A4244, A4245, A4246, A4247, A4450, A4452, A4455, A4927, A4930, A6216-A6230 (code range), A6250, A6257, A6258, A6259, A6266, A6403, A6404, and J1642.
- Batteries that can be used to power non-medical equipment are **not considered durable medical equipment and are not eligible for coverage (K0601, K0602, K0603, K0604, K0605).**

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:**

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Infusion Pumps (280.14), and Durable Medical Equipment Reference List 280.1, located at cms.gov.

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: External Infusion Pumps (L33794), located at cms.gov.

**DEFINITIONS:**

**Intra-arterial:** an injection made into an artery.

**Intractable pain:** chronic pain that is not relieved by usual medical or surgical measures.

**Intraperitoneal:** injection into the lining of the peritoneal cavity.

**Intravenous:** an injection made into a vein.

**Subcutaneous:** beneath the skin or dermal layer.

**RELATED GUIDELINES:**

[Hyperalimentation, 09-A4000-04](#)

[Enteral Formulas, 09-J0000-61](#)

[Intrathecal Drug Therapy for Long-Term Pain Management, 09-J1000-31](#)

**OTHER:**

None applicable.

**REFERENCES:**

1. Center for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) Durable Medical Equipment Reference List (280.1) (05/16/23).
2. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for INFUSION PUMPS (280.14) (12/17/04).
3. Centers for Medicare & Medicaid (CMS). Local Coverage Determination (LCD) for External Infusion Pumps (L33794) (10/01/15) (Revised 07/01/23).

**COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 09/28/23.

**GUIDELINE UPDATE INFORMATION:**

06/15/00	New Medical Coverage Guideline.
08/23/01	MCG reviewed. No changes.

10/01/02	Local codes removed.
02/15/03	Reviewed; remove investigational statement regarding external infusion pumps used to administer vancomycin.
02/15/04	Reviewed; no change in coverage statement.
10/15/06	Revised to add investigational statement regarding combination glucose monitor and insulin pump systems; updated Related Guidelines section.
11/15/06	Revised to add reimbursement information regarding supplies.
02/15/07	Revision to coverage criteria for external insulin infusion pumps; added ICD-9 diagnosis codes for gestational diabetes.
06/15/07	Reformatted guideline; updated references.
04/15/08	Revised to update coding and reimbursement sections.
04/20/09	Unscheduled review. Revision due to creation of separate guideline for external insulin infusion pumps. Deleted ICD 9 codes 250.00 – 250.93 and 648.80 – 648.84. Deleted HCPCS codes E0784, A4230, A4231, A4232, and A9247. Update references. Delete investigational statement for integrated insulin infusion pumps and glucose monitors. Revised title of guideline adding the term non-insulin.
03/15/11	Revision; formatting changes.
09/15/11	Revision; formatting changes.
11/15/12	Revision; revised description and position statement. Updated references and reformatted guideline.
05/11/14	Revision: Program Exceptions section updated.
01/01/17	Annual CPT/HCPCS update. Revised A4221 and K0552 descriptors.
10/15/19	Reformatted guideline.
11/15/19	Scheduled review. Maintained position statement and updated references.
11/15/21	Scheduled review. Maintained position statement and updated references.
10/15/23	Scheduled review. Maintained position statement and updated references.