

Initial Insulin Pump Funding Request



This form provides confirmation of details relating to your application for an initial insulin pump.

Member number:

Patient name

Prostheses list code/description

Date of request / / 20 Hospital / clinic provider number

Hospital / clinic name

Diabetes educator's name

Diabetes educator's contact number

Physician confirmation Yes (letter of clinical need required)

Date of procedure / / 20 Patient status Outpatient Day patient Overnight

General conditions

The use of an insulin pump must be recommended by an endocrinologist, specialist clinician (specialising in the management of diabetes) or a Credentialed Diabetes Educator – Registered Nurse (CDE-RN). The evidence supporting the recommendation must include the following clinical criteria for a person with insulin dependent diabetes:

1. Has been on prescribed regime of multiple insulin injections (greater than 3 per day) of varying dosage for a minimum period of 6 months for newly diagnosed diabetics and 3 months for pre-existing diabetics; and
2. Has evidence of testing glucose levels at least 3 times daily for a period of 2 months prior to the recommendation; and
3. Has completed, or will complete at the time of receiving the pump, a comprehensive diabetes education scheme provided by a diabetes team consisting of at least an CDE-RN and either an endocrinologist or a specialist clinician; and
4. Has met two or more of the following criteria while on a multiple daily injection regime:
 - a. Glycosylated haemoglobin level (HbA1c) greater than 8%
 - b. A history of frequent hypoglycaemia
 - c. The occurrence of blood glucose reading less than 4mmol/L and greater than 12mmol/L more than 7 times each week, over a period of 3 months
 - d. Repeated occurrence of the 'dawn phenomenon' with overnight fasting blood sugars frequently exceeding 9mmol/L over a period of 3 months.

The insulin pump must be:

- compliant with TGA registration
- included on the Department of Health and Ageing's Prosthesis List at the date of implantation and
- clinically necessary for the patient.

The approval of any payment will only occur where the patient's cover includes benefits for insulin pumps and where they have served any relevant waiting periods.

Please return this form and supporting documentation to Defence Health.