

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 9/18/2022
	Subject: Coverage criteria for Omnipod

Omnipod Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for Omnipod.

2. Initial Coverage Criteria

- **Members Aged 21 and Over**

This is not a covered item.

- **Members Aged 20 and Under**

Omnipod and related supplies are covered when all the following coverage criteria are met.

- The member is aged 20 and under and meets or exceeds the FDA-approved minimum age.
- The member has a diagnosis of Type 1 diabetes.
- The member has a prescription from their medical practitioner.
- There is clinically documented compliance with the diabetes management plan, with current clinical notes dates within the previous 90 days.
- Patient and/or parent education has been provided on the proper use of the device.
- The patient and/or parent have determined that this type of device would be a good fit for the member.
- The members meet the applicable criteria of [LCD L33794](#), [Policy Article A52507](#), and related standard documentation requirements.

3. Continuation of Supplies Criteria

To be eligible for continued coverage, the following criteria must be met.

- There is clinically documented compliance with the diabetes management plan.
- There is continued use of Omnipod.

4. Authorization Requirements

Prior authorization is not required when the above criteria are met.

For individuals aged 20 and under who do not meet the coverage criteria, prior authorization is required if the provider determines the service is medically necessary.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

5. Reimbursement

Omnipod and related supplies are currently billed through the Pharmacy Point-of-Sale (POS) system. Claims submitted through the medical benefit are denied for payment.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.