**HCHCP- Insulin Pump Questionnaire Criteria (Questionnaire for E0784)**

1. Has the patient completed a comprehensive diabetes education program?

**Must answer Yes**

1. Has the patient been on a program of multiple daily injections of insulin (i.e. at least 3 injections per day)?

**Must answer Yes**

1. The patient has had frequent self-adjustments of insulin dose for at least 6 months prior to initiation of the insulin pump?

**Must answer Yes**

1. The patienthas documented frequency of glucose self-testing an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump?

**Must answer Yes**

1. Patients Glycosylated hemoglobin level (HbAlc) > 7.0 percent?
**Must answer Yes**
2. History of recurring hypoglycemia?
**Must answer Yes**
3. Wide fluctuations in blood glucose before mealtime?
**Must answer Yes**
4. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl?
**Must answer Yes**
5. History of severe glycemic excursions

**Must answer Yes**

*\*If submitting provider answers “NO” to any of the above questions, their request does not meet criteria and will not be able to be submitted\**