

Insulin Pump Models, Accessories, and Insurance Types

This section provides essential reference tables to help prescribers quickly identify age requirements, HCPCS codes, and insurance coverage for insulin pumps and their accessories. Use these guides to ensure accurate coding, streamline reimbursement, and select the most appropriate device and supplies for your patient's needs.

Table 1: Age Requirements, HCPCS[†] Codes and Insurance Types

Insulin Pump	HCPCS	Diabetes Type and Age	Insurance Coverage
Insulet Omnipod® Dash	E0784	Type 1 & Type 2: all ages	Commercial Only (Not covered under Medicare Part B)
Insulet Omnipod® 5	E0784	Type 1: 2+ years of age Type 2: 18+ years of age	Commercial Only (Not covered under Medicare Part B)
Tandem Mobi	E0784	Type 1: 2+ years of age Type 2: 18+ years of age	Medicare, Medicare Adv, Commercial
Tandem t:slim X2	E0784	Type 1: 2+ years of age Type 2: 18+ years of age	Medicare, Medicare Adv, Commercial
MiniMed™ 780G*	E0784	Type 1: 7+ years of age Type 2: 2+ years of age	Medicare, Medicare Adv, Commercial
iLet Bionic Pancreas	E0784	Type 1: 6+ years of age	Medicare, Medicare Adv, Commercial

Table 2: HCPCS Codes by Insurance Type for Accessories

Item	HCPCS Code (Commercial and Private Insurance)	HCPCS Code (Medicare and Medicare Advantage)
CGM Sensors	A9276	E2102 (Adjunctive CGM) E2103 (Non-adjunctive CGM)
CGM Transmitter	A9277	Included in E2102/E2103
CGM Receiver	A9278	Included in E2102/E2103
Infusion Set (Tubed Pumps)	A4230	A4224
Reservoir/Cartridge (Tubed Pumps)	A4232	A4225
Omnipod Pods (Tubeless Pumps)	A9274 (Pharmacy Benefit)	Not covered under Medicare Part B
CGM Supply Allowance	Not Applicable	A4238 (Adjunctive CGM) A4239 (Non-adjunctive CGM)

[†]Always check with CMS to verify codes.

*The safety of the MiniMed™ 780G system has not been studied in pregnant women, persons with type 2 diabetes, or in persons using other anti-hyperglycemic therapies that do not include insulin.