**Insulin Potentiation Therapy**

**Effective Date:** 2/1/17

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**Important Information – Please Read Before Using This Policy**

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

**Coverage Policy**

Insulin potentiation therapy (IPT) using insulin as an adjunctive agent to potentiate the effects of pharmacologic therapy is investigative and therefore NOT COVERED.

Note: This policy is no longer scheduled for routine review of the scientific literature and is on Clinical Review Reserve.

**Description**

Insulin potentiation therapy (IPT) uses insulin as an adjunctive agent to potentiate the effects of pharmacologic therapy in the treatment of cancer, infectious diseases, chronic degenerative disorders and many other conditions. The physiologic effects of insulin in IPT are thought to increase the permeability of cell membranes and facilitate increased intracellular absorption of pharmacologic agents. Theoretically, the increased absorption of a pharmacologic agent could result in higher intracellular drug concentrations, lower dosage requirements, and reductions in toxicity and adverse side effects.

**FDA Approval**

Insulin Potentiation Therapy is a treatment protocol and treatment protocols are not regulated through the FDA approval process. Insulin does not have FDA approval for chemotherapeutic treatment and would be considered an off-label use for this indication.

**Prior Authorization**

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

**Coding Considerations**

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

**CPT Codes**

Original Effective Date: 7/19/2007

Re-Review Date(s): 2/1/2017, 06/16/2011, 07/19/2007

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