

## Medical Policy

### Artificial Pancreas Device System

**Policy Number:** 06

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

#### Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical necessity for an artificial pancreas device system.

#### Coverage Guidelines

Medical necessity for an artificial pancreas device system is determined through InterQual® criteria. To access the criteria, log in to Mass General Brigham Health Plan’s provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) and click the InterQual® Criteria Lookup link under the Resources Menu.

Mass General Brigham Health Plan may authorize coverage of an artificial pancreas system if a member meets **ALL** of the following criteria:

1. A history of Type 1 diabetes mellitus
  2. Supporting clinical documentation and prescription by an Endocrinologist
  3. a) A history of recurrent hypoglycemia or nocturnal hypoglycemia or hypoglycemia unawareness
- OR**
- b) Two consecutive A1c levels over 7% within the last 12 months

#### Exclusions

1. When the member does not meet the coverage criteria
2. The member has diabetes mellitus type 2
3. The member has gestational diabetes
4. Replacement or repair of units or associated equipment when lost or damaged secondary to improper care or neglect
5. The device is not an FDA-approved artificial pancreas device system
6. The member has a functioning model and a newer or upgraded model is not medically necessary

#### Definitions

**Artificial Pancreas Device System:** An artificial pancreas device system (APDS) is a series of devices, such as a continuous glucose monitor (CGM), blood glucose device and an insulin pump, plus a computer algorithm that communicates with all of the devices. The goal of the APDS is to automatically monitor glucose levels and adjust insulin levels. These systems are also called closed-loop systems or autonomous systems for glucose control.

#### Codes

CPT/HCPCS Codes	Code Description
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices

S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system

### Effective

December 2022: Annual update. References updated.  
 December 2021: Annual update. References updated.  
 December 2020: Annual update. References updated.  
 December 2019: Annual update. References updated.  
 December 2018: Annual update  
 May 2018: Added codes.  
 January 2018: Effective date.

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