Overview
The purpose of this document is to describe the guidelines AllWays Health Partners 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 AllWays Health Partners’ provider website at allwaysprovider.org and click the InterQual® Criteria Lookup link under the Resources Menu.

AllWays Health Partners 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.

CPT/HCPC Codes
<table>
<thead>
<tr>
<th>S1034</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1035</td>
<td>Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system</td>
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<tr>
<td>S1036</td>
<td>Transmitter; external, for use with artificial pancreas device system</td>
</tr>
<tr>
<td>S1037</td>
<td>Receiver (monitor); external, for use with artificial pancreas device system</td>
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</tbody>
</table>

**Effective**
December 2019: Annual update. References updated.
December 2018: Annual update
May 2018: Added codes.
January 2018: Effective date.

**References**


Beklari E et al. Artificial pancreas treatment for outpatients with type 1 diabetes: systematic review and meta-analysis. BMJ 2018 April 18; 361: k1310


