

Medical Policy Artificial Pancreas Device System

Policy Number: 06

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

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 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

Medicare Variations

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.

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

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

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

January 2024: Annual update. Prior authorization requirement removed from table 1 on page 1. Medicare language added.

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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