

# APDS, CGM, Insulin Pump Supplement



## Step 1

Select the device being requested from the following table. (Please note which HCPC code for each device is accepted by Blue Cross Blue Shield of North Dakota [BCBSND] for these devices.)

Device being requested (check one)	Accepted Codes
<b>Artificial pancreas device systems (APDS) also known as sensor augmented pump</b>	
<i>Must meet all criteria in BCBSND Medical Policy</i>	
<input type="checkbox"/> Medtronic 630G system with CGM and Enlite sensor	E0784, A9276, A9277
<input type="checkbox"/> Medtronic 670G system with CGM and Guardian 3 sensor	E0784, A9276, A9277
<b>Insulin pump with built-in CGM capability (but not artificial pancreas)</b>	
<i>Must meet criteria for BOTH insulin pump AND CGM system in BCBSND Medical Policy</i>	
<input type="checkbox"/> Tandem t:slim G5	E0784, A9276, A9277
<b>Insulin pump only</b>	
<i>Must meet insulin pump criteria in BCBSND Medical Policy</i>	
<input type="checkbox"/> Insulet Omnipod	E0784 plus A9274 for Pod
<input type="checkbox"/> Medtronic 630G pump only (member does not qualify or does not want APDS)	E0784
<input type="checkbox"/> Tandem t:slim	E0784
<input type="checkbox"/> Tandem t:flex	E0784
<input type="checkbox"/> Tandem t:slim X2	E0784
<input type="checkbox"/> Tandem t:slim G4 pump only (member does not qualify or does not want CGM)	E0784
<b>Continuous glucose monitoring (CGM) system</b>	
<i>Must meet criteria for CGM system in BCBSND Medical Policy</i>	
<input type="checkbox"/> Dexcom G4	A9276, A9277, A9278
<input type="checkbox"/> Dexcom G5	K0554
<b>Other</b>	
Please specify	

## Step 2

Verify that the patient meets ALL applicable criteria in the BCBSND Medical Policy *“Insulin Pump, Sensor Augmented Pump (Artificial Pancreas Device System) and Continuous Glucose Monitoring Devices”* available at <https://www.bcbsnd.com/web/providers/policies>

## Step 3

Include ALL necessary clinical documents (see Medical Policy for requirements)

- Clinic notes from PRESCRIBING provider
- Clinic notes from CDE (CDE may not be the same as the prescribing provider)
- FOR REPLACEMENTS ONLY: Manufacturer’s helpline notes documenting device problems

## Step 4

Return completed **APDS, CGM, Insulin Pump Supplement Form** to BCBSND by:

- Fax: 701-277-2971  
Attn: Utilization Management.