DIABETES LEADERSHIP COUNCIL

DIABETES PATIENT ADVOCACY COALITION

May 16, 2025

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Noridian Healthcare Solutions, LLC

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Angela S. Jenny, D.O.
Medical Director, DME MAC, Jurisdiction D
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RE: Local Coverage Determination Reconsideration Request – Glucose Monitors (L33822)

Dear Doctors Ballyamanda, Lalla, Hoover, and Jenny,

The Diabetes Leadership Council (DLC) and Diabetes Patient Advocacy Coalition (DPAC) would like to offer our strong support for reconsideration of the local coverage determination (LCD) for Glucose Monitors (L33822) to revise the Medicare Part B coverage criteria for continuous glucose monitors (CGMs) and related supplies. CGMs are critical for patients managing their diabetes, allowing them to spend more time in their target glucose range which improves quality of life and health outcomes, and also reduces complications.

About DPAC and DLC

The Diabetes Patient Advocacy Coalition (DPAC) is an alliance of people with diabetes, caregivers, patient advocates, health professionals, and others working together to support public policy initiatives to improve the lives of all 38 million Americans with diabetes. As an organization run by and for people living with diabetes, DPAC seeks to ensure quality of and access to care, medications, and devices for people living with diabetes. The Diabetes Leadership Council (DLC) unites former leaders of national diabetes organizations, dedicated to securing effective, accessible, and affordable health care for every person we serve.

Request for Updates to CGM Coverage in Medicare

We appreciate the consistent attention the DME MAC Medical Directors have given to updating coverage of CGMs in Medicare based on new evidence in recent years, ensuring that beneficiaries with diabetes have access to the technology they need to manage the disease. Evidence has shown that use of CGMs by individuals with diabetes helps them achieve glycemic goals such as time in range and A1C targets, and leads to better health outcomes which lowers the long-term, system-wide costs of diabetes complications and comorbidities. As the landscape of diabetes technology continues to evolve, so does the evidence supporting which populations can be helped by the use of the technology.

Based on this evidence, the American Diabetes Association (ADA) updated their Standards of Care in 2025 to state in Recommendation 7.16: “Consider using real time CGM (rtCGM) and intermittently scanned CGM (isCGM) in adults with type 2 diabetes treated with glucose-lowering medications other than insulin to achieve and maintain individualized glycemic goals. The choice of device should be made based on the individual’s circumstances, preferences, and needs.” This is in addition to their other recommendations, including recommended use of CGM

in people with diabetes on any type of insulin therapy. We applaud the DME MACs for updating CMS coverage requirements already to cover CGM for any inidividuals with diabetes on insulin.

We request that the DME MACs update the LCD and continue to expand coverage of CGMs for the Medicare population in line with the updated ADA Standards of Care and the evidence submitted in support of reconsideration.

We also support the request for removal of the requirement that patients see their treating practitioner every 6 months in order to receive their supplies. The frequency with which a patient sees their treating practitioner should be the judgment of the treating practitioner and the patient. While 6 months may be appropriate for some patients with diabetes, it may not be necessary for all, especially in the current challenging landscape of practitioner availability. Further, some patients may face barriers such as mobility or transportation challenges preventing them from getting to their appointments. Preventing beneficiaries from accessing the supplies they need due to circumstances that may be beyond their control creates an unnecessary and potentially dangerous hurdle.

Thank you for your consideration of our comments in support of updating the CGM LCD in alignment with the ADA Standards of Care and updated evidence.

Sincerely,

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