July 14, 2025

Smitha M. Ballyamanda M.D.
Medical Director, DME MAC, Jurisdiction A
Noridian Healthcare Solutions, LLC

Sunil V. Lalla, M.D.
Medical Director, DME MAC Jurisdiction B
CGS Administrators, LLC

Robert D. Hoover, Jr., M.D.
Medical Director, DME MAC, Jurisdiction C
CGS Administrators, LLC

Angela S. Jenny, D.O.
Medical Director, DME MAC, Jurisdiction D
Noridian Healthcare Solutions, LLC

Dear Doctors Ballyamanda, Lalla, Hoover, and Jenny,

The undersigned represent organizations and stakeholders who are committed to advancing the health and wellbeing of the individuals we serve, especially those living with diabetes. We are writing to voice our strong support for the Local Coverage Determination (LCD) Reconsideration Request that was recently submitted by a group of leading clinicians and the Diabetes Technology Access Coalition, which seeks to update Medicare coverage policies for continuous glucose monitors (CGMs)[1] based on available clinical evidence, research, and new standards of care from the American Diabetes Association (ADA).

The prevalence of diabetes has risen significantly over the last 20 years and is only expected to grow in the coming years. Based on recent estimates, 38.4 million Americans have diabetes, which is expected to increase to 54.9 million Americans in 2030,[2] with racial and ethnic minorities experiencing a higher prevalence of diabetes compared to their white counterparts.[3] The overwhelming majority of Americans with diabetes–about 90 to 95 percent–have type 2 diabetes,[4] which is the primary driver of the increased prevalence of diabetes.[5]

Type 2 diabetes is a highly individualized disease that requires specific and personalized care plans developed in collaboration with patients' providers. As such, these individuals need access to a wide range of interventions, like CGMs, even if they do not use insulin. Based on multiple clinical studies, including large, real-world studies, individuals with type 2 diabetes who are allowed access to a CGM and do not use insulin achieve equal or better outcomes than those with type 2 diabetes who have coverage for CGMs by virtue of using insulin.[6] Accordingly, ADA updated its standards of care for 2025 to recommend that providers consider CGMs for diabetes management in individuals with type 2 diabetes who are using

---

[1] *LCD: Glucose Monitors (L33822)*, Ctrs. for Medicare & Medicaid Servs., https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822.
[2] *National Diabetes Statistics Report*, Ctrs. for Disease Control and Prevention, https://www.cdc.gov/diabetes/php/data-research/index.html; William Rowley, et. al., *Diabetes 2030: Insights from Yesterday, Today, and Future Trends*, 20 Population Health Mgmt. 6 (2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5278808/.
[3] Yiling Cheng, et. al., *Prevalence of Diabetes by Race and Ethnicity in the United States, 2011-2016*, 322 J. of the Am. Med. Assoc. 2389 (December 24, 2019), https://jamanetwork.com/journals/jama/fullarticle/2757817.
[4] *Type 2 Diabetes*, Ctrs. for Disease Control and Prevention, https://www.cdc.gov/diabetes/about/about-type-2-diabetes.html.
[5] *See Sulakshan Neupane, et. al., Regional disparities in type 2 diabetes prevalence and associated risk factors in the United States*, 26 Diabetes, Obesity and Metabolism 4776 (July 18, 2024), https://dom-pubs.onlinelibrary.wiley.com/doi/10.1111/dom.15797?af=R; Kai McKeever Bullard, et. al., *Prevalence of Diagnosed Diabetes in Adults by Diabetes Type — United States, 2016*, 67 Morbidity and Mortality Weekly Report 359 (2018), https://www.cdc.gov/mmwr/volumes/67/wr/mm6712a2.htm.
[6] Gregory Norman, et. al., *Initiating continuous glucose monitoring is associated with improvements in glycemic control and reduced health care resource utilization for people with diabetes in a large US-insured population: A real-world evidence study*, 31 J. of Managed Care & Specialty Pharm. 15 (Jan. 2025), https://www.jmcp.org/doi/10.18553/jmcp.2024.24255; Andrew Karter, et. al., *Association of Real-time Continuous Glucose Monitoring With Glycemic Control and Acute Metabolic Events Among Patients With Insulin-Treated Diabetes*, 325 J. of Am. Med. Assoc. 2273 (June 2021), https://jamanetwork.com/journals/jama/fullarticle/2780594.

glucose-lowering medications other than insulin.[7] This is in addition to ADA's recommendation that all individuals with diabetes on any type of insulin therapy use real-time CGMs or intermittently scanned CGMs. The American Association of Clinical Endocrinology's (AACE) standards of care reiterate the ADA's recommendations stating that "CGM[s] ha[ve] provided a major advance in the treatment of persons with all forms of [diabetes mellitus]."[8] It is important to note, that the evidence base itself, which was thoroughly reviewed by the parties submitting the reconsideration request, does not differentiate between patients who are using some sort of glucose lowering medication and those who do not. It supports use of CGM by both cohorts.

As such, we strongly urge you to update the current CGM LCD to expand access to all individuals with type 2 diabetes who are not treated with insulin, as this is what the research strongly supports. Ensuring the coverage criteria reflect current clinical evidence and practice guidelines will ensure more older Americans can receive this critical tool to help manage their diabetes.

Thank you again for your collective efforts to ensure that all of America's seniors can access the diabetes care that they need.

Sincerely,

African American Diabetes Association
American Association of Nurse Practitioners
Association of Diabetes Care & Education Specialists
Beyond Type 1
Children with Diabetes
Diabetes Leadership Council (DLC)
Diabetes Link
Diabetes Patient Advocacy Coalition (DPAC)
DiabetesSisters
The diaTribe Foundation
National Minority Quality Forum (NMQF)
Obesity Action Coalition
Taking Control of Your Diabetes

[7] American Diabetes Association Professional Practice Committee, *Diabetes Technology: Standards of Care in Diabetes—2025*, 48 Diabetes Care S146 (2025), https://diabetesjournals.org/care/article/48/Supplement_1/S146/157557/.
[8] Susan Samson, et. al., *American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update*, 29 Endocrine Practice 305 (2023), https://www.endocrinepractice.org/action/showPdf?pii=S1530-891X%2823%2900034-4.