

November 4, 2023

National Government Services
Medical Policy Unit
PO Box 7108
Indianapolis, IN 46207-7108

Submitted electronically to Draft_LCD_Comments_Part_A@anthem.com

Dear Medical Directors,

The Endocrine Society is pleased to offer our comments on the draft local coverage determination (LCD) titled Implantable Continuous Glucose Monitors (I-CGM) (DL38623) in support of the expanded coverage proposed for I-CGMs.

Founded in 1916, the Society represents approximately 18,000 physicians and scientists engaged in the treatment and research of all endocrine disorders, including diabetes. Our members are leaders in the treatment of diabetes and have authored Society clinical practice guidelines in diabetes technology, diabetes and pregnancy, and treatment of diabetes in older adults. As such, our members are knowledgeable about the challenges patients with diabetes face controlling their condition and have found that various types of diabetes technology have significantly improved the quality of their patients' lives.

The Endocrine Society appreciates the efforts that the Centers for Medicare & Medicaid Services (CMS) and the Medicare Administrative Contractors (MAC)s have taken thus far to support Medicare beneficiaries in managing their diabetes, which includes the coverage of continuous glucose monitors for patients with diabetes mellitus and coverage for those with a history of problematic hypoglycemia. In tandem with CGM coverage NGS has now proposed the coverage of I-CGMs to further enhance and support management of diabetes among the Medicare population.

I-CGMs are an important device that allow people with diabetes to frequently monitor and track their glucose levels and receive alerts when these levels are outside of their targeted range. The use of I-CGM helps people with diabetes avoid severe hypoglycemia and the associated medical costs, such as emergency room visits, ambulance fees, and hospitalization.

The Endocrine Society supports the changes as outlined including removing the requirement that a beneficiary is insulin-treated with three or more daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump, allowing coverage for all insulin-treated beneficiaries



with diabetes mellitus, and removal of criterion that the beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of blood glucose monitoring (BGM) or CGM testing results. We believe that this draft LCD will enable individuals in conjunction with their physicians, to select the CGM modality—a traditional CGM or I-CGM—that best meets their healthcare needs and lifestyle requirements.

Additionally, we encourage the agency to include all ICD-10-CM codes that may apply to the use of CGM systems, including I-CGMs. We noticed that not all the ICD-10-CM codes that are applicable to CGMs have been included in the draft LCD for I-CGMs, and therefore, we are requesting that the same ICD-10-CM codes used for CGM coverage are also applicable to I-CGM coverage. Doing so will ensure coverage parity among the CGM devices whether implantable or not.

We reiterate our support for the draft LCD that provides coverage for I-CGMs. Should you have any questions or if there is any additional information you need from us, please contact Rob Goldsmith, Director, Advocacy and Policy at rgoldsmith@endocrine.org.

Sincerely,

A handwritten signature in black ink, appearing to read "SR Hammes".

Stephen R Hammes, M.D., Ph.D.
President
Endocrine Society