Appeal Letter for Dexcom G7 15-Day Sensor Coverage

To: **(Redacted)** Appeals Department
Re: Appeal of Denial for Dexcom G7 15-Day Sensor
Member Name: **(Redacted)**
Member ID: **(Redacted)**

Date: 01/08/2026

Introduction

I am writing to formally appeal **(Redacted)** denial of coverage for the Dexcom G7 15-day sensor. I am currently using the Dexcom G7 10-day sensor, which was approved by my previous insurance provider. The 15-day sensor is the FDA-approved successor to the 10-day sensor, offering identical clinical functionality with improved wear time and reduced burden of sensor changes. Denying coverage for the 15-day sensor disrupts continuity of care and imposes unnecessary hardship.

Medical Necessity

(Redacted) denial cites Medicare Benefit Policy Manual (Chapter 15, Section 50.4) and LCD L33822, requiring either insulin therapy or documented problematic hypoglycemia. I meet these criteria as follows:

- [If you are on insulin]: I require ongoing insulin therapy, and continuous glucose monitoring is medically necessary to safely manage my condition.
- [If you have documented hypoglycemia]: I have a history of problematic hypoglycemia, including [insert specific events, dates, or glucose readings if available]. These episodes persisted despite adjustments to my treatment plan, demonstrating the need for continuous monitoring.

The Dexcom G7 system provides real-time glucose data, alerts, and trends that are essential for preventing dangerous hypoglycemia and hyperglycemia. Extending sensor wear from 10 to 15 days reduces gaps in monitoring, improves adherence, and lowers risk of missed data due to sensor changes.

Consistency with Prior Coverage

My previous insurance provider approved the Dexcom G7 10-day sensor. The 15-day sensor is not a new or experimental device; it is the updated version of the same FDA-approved technology. Denying coverage for the 15-day sensor while approving the 10-day sensor is inconsistent and medically unjustified.

Reasonable and Necessary Standard

The Dexcom G7 15-day sensor meets the Medicare standard of “reasonable and necessary” because:

- It is FDA-approved for continuous glucose monitoring.
- It is widely accepted in medical practice and recommended in major diabetes guidelines.
- It directly addresses my individual medical needs by reducing hyperglycemia risk and improving treatment safety.

Request

I respectfully request that **(Redacted)** reconsider its denial and approve coverage for the Dexcom G7 15-day sensor under my plan. This device is medically necessary, consistent with CMS coverage criteria, and essential for safe and effective management of my condition.

Sincerely,
(Redacted)
(Redacted)

Grievance Letter (Separate Filing)

To: **(Redacted)** Grievance Department
Re: Grievance Regarding Denial of Dexcom G7 15-Day Sensor
Date: 01/08/2026

I am filing a grievance regarding **(Redacted)** denial of coverage for the Dexcom G7 15-day sensor. The denial disregards medical necessity, continuity of care, and consistency with prior coverage. It places my health at risk by limiting access to an FDA-approved device that is standard of care for individuals requiring insulin therapy or with documented hypoglycemia.

I request that **(Redacted)** review this grievance promptly and overturn the denial to ensure uninterrupted access to medically necessary care.

Sincerely,
(Redacted)

I have attached supporting documentation — physician's letter of medical necessity, glucose logs showing hypoglycemia, and proof of prior coverage approval.

Medical Necessity Support Letter

(Redacted)
(Redacted)
(Redacted)
(Redacted)
(Redacted)

01/08/2026

To: **(Redacted)** Appeals Department
Re: Medical Necessity for Dexcom G7 15-Day Sensor
Patient: **(Redacted)**
DOB **(Redacted)**
Member ID: **(Redacted)**

Introduction

I am the treating physician for **(Redacted).** I am writing to provide medical documentation supporting the necessity of the Dexcom G7 15-day sensor for continuous glucose monitoring. This device is essential for safe and effective management of [Patient Name]'s diabetes.

Medical Background

- **(Redacted)** has a diagnosis of Type 2 diabetes.
- The patient is in danger of requiring ongoing insulin therapy to manage blood glucose.
- The patient has a documented history of problematic hyperglycemia, including:
- Multiple episodes of hyperglycemia above 250mg/dl.
- 2 events of Level 3 hyperglycemic events requiring external assistance.

These episodes demonstrate the need for continuous, real-time glucose monitoring to prevent severe complications.

Medical Necessity of Dexcom G7 15-Day Sensor

The Dexcom G7 system provides real-time glucose data, alerts, and trends that are critical for preventing hypoglycemia and hyperglycemia. The 15-day sensor is FDA-approved and represents the updated version of the 10-day sensor, which the patient has already been using successfully. Extending sensor wear from 10 to 15 days provides:

- Improved adherence by reducing the frequency of sensor changes.
- Reduced gaps in monitoring, lowering risk of missed data.
- Enhanced safety through uninterrupted glucose tracking.
- Consistency of care, as the patient has already demonstrated benefit from the G7 system.

Alignment werth CMS Coverage Criteria:

According to LCD L33822 and Medicare Benefit Policy Manual (Chapter 15, Section 50.4), coverage is appropriate when use is “reasonable and necessary.” [Patient Name] meets these criteria because:

- The patient is in danger of requiring insulin therapy.
- The patient has documented problematic hypoglycemia despite treatment adjustments.
- The Dexcom G7 15-day sensor is widely accepted in medical practice and supported by diabetes management guidelines.

Conclusion

For the reasons outlined above, I strongly recommend approval of the Dexcom G7 15-day sensor for **(Redacted).**

This device is medically necessary, consistent with CMS coverage criteria, and essential for safe diabetes management.

Sincerely,
(Redacted)

(Redacted)

Addendum: Hyperglycemia Events and Medical Necessity

To: **(Redacted)** Appeals Department
Re: Medical Necessity for Dexcom G7 15-Day Sensor
Patient: **(Redacted)**
Date: 01/08/2026

Clinical Context

While CMS LCD L33822 emphasizes hypoglycemia as a qualifying criterion, it is medically essential to recognize that [Patient Name] also experiences recurrent hyperglycemic events. These episodes are not benign; they pose immediate and long-term risks, including:

- Diabetic ketoacidosis (DKA): Sustained hyperglycemia can rapidly progress to DKA, requiring emergency intervention.
- Hospitalization risk: Severe hyperglycemia often necessitates ER visits or inpatient care.
- Long-term complications: Persistent hyperglycemia accelerates microvascular and macrovascular damage, increasing risk of neuropathy, nephropathy, retinopathy, and cardiovascular disease.
- Treatment safety: Insulin adjustments without continuous monitoring can lead to dangerous swings between hyperglycemia and hypoglycemia.

Role of Continuous Glucose Monitoring

The Dexcom G7 15-day sensor provides uninterrupted, real-time glucose data that is critical for preventing both hypoglycemia and hyperglycemia. For this patient:

- Alerts for rising glucose levels allow timely intervention before progression to DKA.
- Continuous data supports safe insulin titration, reducing risk of rebound hypoglycemia.
- Longer wear time (15 days vs. 10 days) minimizes gaps in monitoring, ensuring consistent protection against dangerous highs.

Reasonable and Necessary Standard

Although LCD criteria emphasize hypoglycemia, the Medicare Benefit Policy Manual (Chapter 15, Section 50.4) defines coverage as “reasonable and necessary for treating the individual patient.” For [Patient Name], continuous monitoring is reasonable and necessary because:

- Hyperglycemia events have led to [documented ER visits, hospitalizations, or dangerously high readings — insert specifics].
- The Dexcom G7 system is FDA-approved and widely accepted in medical practice for preventing both hypo- and hyperglycemia.
- Without CGM, the patient faces significant risk of acute and chronic complications.

Conclusion

For these reasons, I strongly recommend approval of the Dexcom G7 15-day sensor. It is medically necessary not only to prevent hypoglycemia but also to protect against recurrent, dangerous hyperglycemia events that threaten patient safety and quality of life.

Sincerely,
(Redacted)

(Redacted)

Additional Notes from Patient:

I have been using the Dexcom G7 Sensors for over 2 years and any lapse in distribution of these sensors seriously jeopardizes my health. Even though I cannot see the exact reasons for the denial, because it is not available for my viewing on the **(Redacted)** website and I have not received anything in my email as I have gone "paperless". I can easily figure out why and I also know why the decision was in error.

I have been using the Dexcom G7 Sensors for over 2 years and although I do not have problems with Hypoglycemia I do have major problems with hyperglycemia. These sensors have been a great addition to my medical treatment and I know they help me to maintain my blood sugars in a reasonable range. However, I have had multiple incidents where my blood sugar goes well over 300 and causes me to become nauseous and confused and very shaky requiring external assistance. I have attached 2 PDF's showing 2 years of prior approval paperwork. I am also having my physician write a letter of medical necessity. While CMS LCD L33822 emphasizes hypoglycemia as a qualifying criterion, it is medically essential and "reasonable and necessary" to recognize that I also experience recurrent hyperglycemic events. These episodes are not benign; they pose immediate and long-term risks, including: 1 Diabetic ketoacidosis (DKA): Sustained hyperglycemia can rapidly progress to DKA, requiring emergency intervention. 2 Hospitalization risk: Severe hyperglycemia often necessitates ER visits or inpatient care. 3 Long term complications: Persistent hyperglycemia accelerates microvascular and macrovascular damage, increasing risk of neuropathy, nephropathy, retinopathy, and cardiovascular disease. I reasonably request immediate approval of the Dexcom G7 15 day sensor.

A Statement from Medicare:

CONTINUOUS GLUCOSE MONITOR (CGM) SYSTEM ABOVE FOR YOUR TYPE 2 DIABETES. THE MEDICARE RULE IN THE MEDICARE BENEFIT POLICY MANUAL (CHAPTER 15, SECTION 50.4) SAYS A MEDICAL DEVICE IS COVERED UNDER THE PART B (MEDICAL) BENEFIT WHEN THE USE IS REASONABLE AND NECESSARY FOR TREATING THE INDIVIDUAL PATIENT. WE LOOKED AT THE MAJOR DRUG GUIDES, MEDICAL JOURNALS, AND STANDARD MEDICAL PRACTICES TO DECIDE IF THE USE IS ACCEPTED (REASONABLE AND NECESSARY). WE ALSO LOOKED AT LCD - GLUCOSE MONITORS (L33822) (CMS.GOV). THE ACCEPTED USE OF THIS MEDICAL DEVICE FOR YOUR CONDITION REQUIRES THAT YOU: MEET ONE OF THE FOLLOWING: REQUIRES TREATMENT WITH INSULIN; OR HAS A DOCUMENTED HISTORY OF PROBLEMATIC HYPOGLYCEMIA WITH DOCUMENTATION OF ONE OF THE FOLLOWING: MORE THAN ONE LEVEL 2 HYPOGLYCEMIC EVENT (DEFINED AS GLUCOSE LESS THAN 54MG/DL (3.0MMOL/L)) THAT PERSISTS DESPITE MORE THAN ONE ATTEMPT TO ADJUST MEDICATION THERAPY OR MODIFICATION OF DIABETES TREATMENT PLAN OR HISTORY OF ONE LEVEL 3

HYPOGLYCEMIC EVENT (GLUCOSE LESS THAN 54MG/DL (3.0MMOL/L)) CHARACTERIZED BY ALTERED MENTAL OR PHYSICAL STATE REQUIRING HYPOGLYCEMIA TREATMENT. YOU DO NOT MEET THESE REQUIREMENTS. PLEASE ASK YOUR PROVIDER TO SEND US NEW INFORMATION TO SHOW YOU MEET THESE REQUIREMENTS OR TELL US WHY THEY SHOULD NOT APPLY TO YOU.