

## Health Technology Clinical Committee

**Date:** March 21, 2025  
**Time:** 8:00 a.m. – 4:00 p.m.  
**Location:** Webinar  
**Adopted:** June 13, 2025

Meeting materials and transcripts are available on the [HTA website](#).

### HTCC Minutes

**Members present:** John Bramhall, MD, PhD; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Laurie Mischley, ND, MPH, PhD; Evan Oakes, MD, MPH; Amy Occhino, MD; Jonathan Staloff, MD, MSc; Tony Yen, MD  
**Clinical experts:** Jay Rubinstein, MD & Luke Wander, MD

### HTCC Formal Action

- Welcome and Chair remarks:** Dr. Friedly, chair, called the meeting to order; members present constituted a quorum.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- Previous meeting business:**

**January 31, 2025 meeting minutes:** Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

*Action:* Eight committee members approved the January 31, 2025 meeting minutes.

**Vote on vertebroplasty, kyphoplasty, and sacroplasty draft findings and decision:** Public comments and draft findings reviewed.

*Action:* Eight committee members voted to finalize vertebroplasty, kyphoplasty, and sacroplasty draft findings.
- Hyperbaric oxygen therapy (HBOT) for sudden sensorineural hearing loss (SSNHL)**

#### HTCC discussion and action:

##### Discussion

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of hyperbaric oxygen therapy (HBOT) for idiopathic sudden sensorineural hearing loss (SSNHL) and acute acoustic trauma (AAT). The committee decided that the current evidence on SSNHL and AAT is sufficient to determine coverage with conditions. The committee considered the evidence, public comment, and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

**Final**

Based on these findings, the committee voted to cover with conditions on HBOT for SSNHL and AAT.

	Not covered	Covered with conditions	Covered unconditionally
HBOT for SSNHL	0	7	1
HBOT for AAT	3	5	0

**Discussion**

The committee reviewed and discussed the available studies on HBOT for sensorineural hearing loss and acute acoustic trauma. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. In addition to consideration of the evidence from the report and evidence shared by public commenters, the committee discussed other payer policies and the relationship to Medicare and HTCC decision process. A majority of committee members present supported the conditions of coverage of HBOT for SSNHL and AAT. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed as well as clinical application.

**Decision**

- Covered for idiopathic SSNHL and AAT for individuals with:
  - Moderate to severe hearing loss, AND
  - Treatment must start within 30 days of onset

**Action**

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Based on the information provided in the systematic review, there are no NCDs identified for HBOT that were specific to the SSNHL indication.

The committee discussed clinical guidelines identified from the following organizations:

- American Academy of Otolaryngology - Head and Neck Surgery Foundation (AAO-HNSF): Clinical practice guideline: sudden hearing loss, 2019
- European Committee for Hyperbaric Medicine (ECHM): The Tenth European Conference on Hyperbaric Medicine: recommendations for accepted and non-accepted clinical indications and practice of hyperbaric oxygen treatment, 2017
- National Institute of Health and Care Excellence (NICE): Hearing loss in adults: assessment and management, 2018 (updated 2023)
- The Underseas and Hyperbaric Medical Society (UHMS): Idiopathic SSNHL, 2011

The recommendations of the guidelines vary. The committee’s determination is consistent with the noted guidelines.

HTA staff will prepare a findings and decision document on vertebroplasty, kyphoplasty, and sacroplasty for public comment to be followed by consideration for final approval at the next committee meeting.

**5. Continuous glucose monitoring**

**HTCC discussion and action:**

**Discussion**

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of continuous glucose monitors (CGM) for adults and children with type 2 diabetes on insulin, pregnant people with type 1, type 2, or gestational diabetes, and adults and children with type 2 diabetes not on insulin. The committee decided that the current evidence on CGM is sufficient to determine coverage with conditions for those on insulin. The committee considered the evidence, public comment, and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions CGM for adults and children with type 2 diabetes on insulin, and cover unconditionally CGM for pregnant people with type 1, type 2, or gestational diabetes.

	Not covered	Covered under certain conditions	Covered unconditionally
Adults and children with type 2 diabetes on insulin	0	7	1
Pregnant people with type 1, type 2, or gestational diabetes	0	0	8
Adults and children with type 2 diabetes not on insulin	8	0	0

**Discussion**

The committee reviewed and discussed the available studies on CGM for adults and children with type 2 diabetes on and not on insulin, and pregnant people with type 1, type 2, or gestational diabetes. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. In addition to consideration of the evidence from the report and evidence shared by public commenters, the committee discussed other payer policies and the relationship to Medicare and HTCC decision process. A majority of committee members present supported the conditions of coverage on CGM for adults and children with type 2 diabetes on insulin and to cover unconditionally for pregnant people with type 1, type 2, or gestational diabetes. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed as well as clinical application.

**Decision**

CGM is a covered benefit for:

- Individuals with Type 1 diabetes
- OR
- Individuals with Type 2 diabetes who are on insulin therapy, AND

- Are unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan, OR
- Are suffering from recurrent severe episodes of hypoglycemia (blood glucose < 50 mg/dl or symptomatic), OR
- Have hypoglycemia unawareness

OR

- Individuals who are pregnant who have:
  - Type 1 diabetes, OR
  - Type 2 diabetes, OR
  - Gestational diabetes

### Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Based on the information provided in the systematic review, adults with type 2 diabetes, continuous glucose monitors are covered if taking insulin of any kind or any amount, or have a history of problematic hypoglycemia. Not applicable to children or pregnant people with type 2 diabetes, or pregnant people with gestational diabetes mellitus.

The committee discussed clinical guidelines identified from the following organizations:

- American Diabetes Association Standards of Care in Diabetes: Chapter 7 Diabetes Technology, 2024
- American Association of Clinical Endocrinology Developing a Diabetes Mellitus Comprehensive Care Plan, 2022
- American Association of Clinical Endocrinology The Use of Advanced Technology in the Management of Persons with Diabetes Mellitus, 2021
- Endocrine Society Management of Individuals with Diabetes at High Risk for Hypoglycemia, 2023
- National Institute for Health and Care Excellence (NICE): Type 2 Diabetes in Adults: Management, 2022
- Ontario Health Quality: Flash Glucose Monitoring System for People with Type 1 or Type 2 Diabetes: Recommendations, 2019
- Veterans Administration/Department of Defense: Management of Type 2 Diabetes Mellitus, 2023

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

HTA staff will prepare a findings and decision document on continuous glucose monitoring for public comment to be followed by consideration for final approval at the next committee meeting.

### 6. Meeting adjourned

**Final**