Diabetes Home Monitoring

Adjudication Guideline

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Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Medical Standards & Research	N/A

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1. Abstract

1.1 For Members

Diabetic patients need regular blood sugar monitoring to ensure effectiveness and safety of medical management. This can be done during regular check-ups, and at home with a glucose meter as per doctor's instructions.

For patients with frequent episodes of low blood sugar, continuous monitoring might be recommended.

1.2 For Medical Professionals

Self-monitoring of blood glucose (SMBG) is an important part of glycaemic control for diabetic patients. It is mostly recommended for patients on insulin therapy and/or those on medications associated with hypoglycaemia.

Coverage of consumables and equipment for monitoring glucose control is subject to medical necessity, as well as policy terms and conditions. Allowable quantities for strips and lancets are determined by the type and severity of Diabetes.

2. Scope

This adjudication guideline clarifies the coverage criteria and limits for diabetes home monitoring consumables and equipment as part of diabetes self-management. Supplies for the administration of diabetes medications (ex. syringes and needles for insulin) are outside the scope of this guideline.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

1. Only patients with diagnosed Diabetes are eligible for DM home monitoring consumables and/or equipment. Patients not diagnosed with Diabetes (ex. "Pre-diabetes," "Hyperglycaemia," and "Impaired Fasting Glucose," etc.) are not covered.
2. Continuous glucose monitoring (CGM) is covered under the following conditions:
    a. Adults and children with Type 1 diabetes.
    b. Pregnant women on insulin therapy.
    c. Adults with Type 2 diabetes that are on long-term insulin therapy, and one of the following:
        i. Members with recurrent severe hypoglycaemia or impaired hypoglycaemia awareness

ii. Members having a condition or disability (including a learning disability or cognitive impairment) that causes difficulty in self-monitoring of their blood glucose by capillary blood glucose monitoring.
iii. They would otherwise be advised to self-measure at least 8 times a day by the treating physician.

3. Providers are required to specify the ICD10CM diagnosis code pertaining to use of insulin when billing DM-related supplies for patients on insulin therapy.
4. Specific plan-wise coverage for diabetes home monitoring items is detailed in Table A. DM home monitoring items are not-covered for Basic plan, as stated within the corresponding General Exclusion document.

Table A. Plan-wise coverage of diabetes home monitoring consumables and equipment

<table>
<tr><th>Code Description</th><th>Basic</th><th>Enhanced</th><th>Thiqa</th></tr>
<tr><td>Alcohol Wipes</td><td rowspan="6">Not covered as per General exclusion</td><td rowspan="3">Covered as per SOBs</td><td rowspan="6">Covered</td></tr>
<tr><td>Strips, Lancets</td></tr>
<tr><td>Platforms from home blood glucose monitor</td></tr>
<tr><td>Spring-powered device for the lancet/ glucometer lancing device, each</td></tr>
<tr><td>Home blood glucose monitor</td><td rowspan="2">Covered if with “Medical Appliances and Medical equipment” Benefit</td></tr>
<tr><td>Sensor, transmitter, receiver; for use with interstitial continuous glucose monitoring system</td></tr>
</table>

5. Maximum allowable quantity of supplies per month and per 3 months is detailed for each type of Diabetes in Table B. Recommendations from American Diabetes Association and other international best practice references have been incorporated.

TABLE B: Maximum allowable quantity of strips and lancets

Unit Count per month	Unit Count per 3 months	Box Count per 3 Months	Type of Diabetes
0	0	0	Type 2 DM not on any medication
17	50	1	Type 2 DM, Controlled, on oral hypoglycaemic medication
25	75	1.5	Type 2 DM, Uncontrolled, on oral hypoglycaemic medication

50	150	3	- Pre-existing DM1 or 2 in pregnancy on oral hypoglycaemic medications. - Type 2 DM Controlled/Uncontrolled on less frequent insulin injections/ insulin pump therapy.
100	300	6	Type 1 DM with no hypoglycaemic events or intensive insulin regimen.
125	375	7.5	Gestational diabetes mellitus initially diagnosed
150	450	9	- Gestational diabetes mellitus on insulin - Type 1 DM with hypoglycaemic events or intensive regimen/insulin pump therapy
200	600	12	Pre-existing DM1 or 2 in pregnancy on insulin

6. Self-monitoring blood glucose items (ex. Glucometer, lancets, and strips) should not be billed for the same patient with Continuous Glucose Monitoring equipment.

3.2 Requirements for Coverage

- ICD, HCPCS and/or DDC codes must be coded to the highest level of specificity.
- DM-related consumables and/or equipment should only be billed by "P" providers

3.3 Non-Coverage

- DM home monitoring items are not covered for Basic and Visitor's Plan.
- DM home monitoring equipment are not covered for plans without "Medical appliances and Medical equipment" benefit.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations, as well as relevant coding manuals (ICD, HCPCS, etc.).

ICD10CM diagnosis code pertaining to use of insulin should be coded when billing DM-related items (strips, lancets, etc.) for patients on insulin therapy.

Use HCPCS "spring-powered device for lancet, each" or DDC "glucometer lancing device" only once in 6 months.

Billed quantity and coding should be based on the official description. For example,

- Abu Dhabi: a box of 100 strips should be reported as HCPCS "Blood glucose test or reagent strips, per 50 strips" with Quantity 2.
- Dubai and Northern Emirates: a box of 50 blood glucose test strips should be reported as DDC "Blood glucose test strips" Quantity 1 (or HCPCS "Blood

glucose test or reagent strips, per 50 strips" Quantity 1)

4. Denial Codes

Code	Code Description
CLAI-012	Submission not compliant with contractual agreement between provider and payer
DUPL-002	Payment already made for same/similar service within set time frame
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
NCOV-003	Service(s) is (are) not covered
PRCE-002	Service is included in another service paid

5. Appendices

5.1 References

- https://www.england.nhs.uk/midlands/wp-content/uploads/sites/46/2019/05/3-guidelines-on-smbg-use.pdf
- https://www.ncbi.nlm.nih.gov/books/NBK555976/
- https://www.nice.org.uk/guidance/ng17/ifp/chapter/Checking-your-own-blood-glucose-and-target-levels
- https://www.uptodate.com/contents/glucose-monitoring-in-the-ambulatory-management-of-nonpregnant-adults-with-diabetes-mellitus?search=self%20glucose%20monitoring%20&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H1912263947
- https://www.uptodate.com/contents/gestational-diabetes-mellitus-glucose-management-maternal-prognosis-and-follow-up?search=self%20glucose%20monitoring%20&sectionRank=2&usage_type=default&anchor=H1457610429&source=machineLearning&selectedTitle=3~150&display_rank=3#H1457610429
- https://bestpractice.bmj.com/topics/en-gb/665/treatment-algorithm
- https://www.doh.gov.ae/-/media/CB9099900C0D44BAAEA3B49E4DD73BED.ashx

5.2 Revision History

Date	Change(s)
14/07/2013	V 1.0
15/07/2015	V 2.0 1- Disclaimer updates as per system requirement 2- Updated coverage for diabetic strips/lancets/wipes 3- Added recent references
25/03/2018	V 3.0 1- Reformatted table of the maximum allowable quantities for clarity (limits unchanged from V2.0) 2- General content update
02/05/2023	V 4.0 Medical Criteria Update
31/05/2025	V 5.0 1- Template update 2- References updated

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