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# Diabetes Mellitus Lab Tests

## Adjudication Guideline

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## Abstract

### For Members

Diabetes develops when the body is unable to produce or use insulin (an essential hormone made in the pancreas). Subsequently, blood sugar ("blood glucose") rises in the blood stream – a condition called "hyperglycemia." Some common symptoms include increased thirst/hunger, frequent urination, unintentional weight loss, blurred vision, non-healing wounds and extreme fatigue.

Diabetes Mellitus is usually classified as Type 1, Type 2, Gestational, or other.

Daman covers all investigations to diagnose and monitor Diabetes whenever medically necessary, subject to policy terms and conditions.

### For Medical Professionals

Diabetes Mellitus is a chronic illness that requires continuing medical care. To monitor efficacy of glycemic control and prevention/ management of complications, all of the following are recommended: self-monitoring of blood glucose, ongoing patient education/support, and regular medical check-ups with necessary investigations.

Daman covers all the investigations required for screening, diagnosis and monitoring of Diabetes Mellitus (and complications) as per medical necessity and recommended frequencies, subject to policy terms and conditions.

**Approved by:**  
Daman

**Responsible:**  
Medical Standards & Research

**Related Adjudication Guidelines:**  
DM Home Monitoring

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## Scope

This adjudication guideline highlights the recommended investigations for screening, diagnosis and monitoring of Type 1 Diabetes, Type 2 Diabetes, and Pre-existing Diabetes in Pregnancy and Gestational Diabetes Mellitus in the outpatient setting.

Evaluation of other types of Diabetes (such as neonatal, drug-or chemical-induced, post-transplantation, etc.), non-diabetic hypoglycemia and diseases associated with insulin-resistance (such as Polycystic Ovarian Syndrome) is outside the scope of this guideline. Likewise, home glucose monitoring, medical treatment and supplies/equipment for the administration of diabetes medications are not included.

## Adjudication Policy

### Eligibility / Coverage Criteria

#### 1. Screening

Screening may be done for asymptomatic patients with the following conditions:

- Pregnant (as part of routine antenatal testing)
- Women previously diagnosed with GDM – once every 3 years
- Abnormal glucose testing without diagnosis of Diabetes – once a year
- After organ transplantation

Screening may also be done for asymptomatic patients with the benefit:

- Weqaya screening
- Medical check-up (or other similar benefit)
- Obese/ overweight + other risk factor (Hypertension, Dyslipidemia, etc.)
- Prediabetes

#### 2. Diagnosis

Patients with clinical signs/symptoms suggestive of diabetes may undergo testing. Some examples are polyuria, polydipsia, and polyphagia.

#### 3. Monitoring

Monitoring may be done for the following patients:

- Diagnosed cases of DM Type 1 or Type 2
- Diagnosed cases of GDM, or pregnant patients with pre-existing DM Type 1 or 2

Diabetic patients may be evaluated for glycemic control and development of complications as detailed in Table A.

**Table A. Components of the routine comprehensive medical evaluation for diabetic patients**

| Examination                                                                | Frequency as per ADA                                                                                                                              | Indication   |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A1C, if the results are not available within the past 3 months             | Every 3 months                                                                                                                                    | Any diabetes |
| Lipid profile, including total, LDL, and HDL cholesterol and triglycerides | Annually (and after initiation/dose changes of diabetes medications, blood pressure medications, cholesterol medications, or thyroid medications) | Any diabetes |
| Liver function tests (transaminases)                                       | Annually (and after initiation/dose changes of diabetes medications, blood pressure medications, cholesterol medications, or thyroid medications) | Any diabetes |
| Spot urinary albumin-to-creatinine ratio                                   | Annually                                                                                                                                          | Any diabetes |
| Serum creatinine and estimated glomerular filtration rate                  | Annually (and more frequently if with CKD or with changes in medications that affect kidney function and serum potassium)                         | Any diabetes |

|                                                                                   |                                                                                                                                                   |                                                        |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Thyroid-stimulating hormone in patients with type 1 diabetes                      | Annually (and after initiation/dose changes of diabetes medications, blood pressure medications, cholesterol medications, or thyroid medications) | DM Type 1                                              |
| Vitamin B12 if on metformin (when indicated)                                      | When indicated (if patient has neuro manifestations and longterm use)                                                                             | Diabetes + ICD Other long term (current) drug therapy  |
| Serum potassium levels in patients on ACE inhibitors, ARBs, or diuretics          | Annually (and more frequently if with CKD or with changes in medications that affect kidney function and serum potassium)                         | Any diabetes                                           |
| Fundoscopic examination (refer to eye specialist)/ Diabetic retinopathy screening | Annually                                                                                                                                          | Any diabetes (excluding GDM) without known retinopathy |

Pregnancy is a crucial period for observing Pre-Existing Diabetes, or identifying and subsequent monitoring of Gestational Diabetes. Table B and C below outline the similarities and differences in necessary investigations for both conditions.

**Table B. Management of Pre-existing Diabetes in Pregnancy**

| Description of investigation                                                                                                                                                | Frequency                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Fundoscopic examination (refer to eye specialist)/ Diabetic retinopathy screening                                                                                           | Before pregnancy or in the 1 <sup>st</sup> trimester if not done previously, then annually |
| Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral | Once per trimester, then annually                                                          |
| Fasting blood glucose                                                                                                                                                       | As needed to achieve metabolic control                                                     |
| One-hour postprandial glucose (or two-hour postprandial if billed twice)                                                                                                    | As needed to achieve metabolic control                                                     |
| HbA1c                                                                                                                                                                       | Every 3 months                                                                             |

**Table C. Management of Gestational Diabetes**

| Description of investigation                                             | Frequency                                                                                    |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Fasting blood glucose                                                    | As needed to achieve metabolic control                                                       |
| One-hour postprandial glucose (or two-hour postprandial if billed twice) | As needed to achieve metabolic control                                                       |
| OGTT                                                                     | As part of routine antenatal screening, then 4 to 12 weeks postpartum                        |
| HbA1c                                                                    | Not routinely used for glycemic control in the 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester |

## Requirements for Coverage

ICD, CPT and HCPCS codes must be coded to the highest level of specificity.

## Non-Coverage

Daman does not cover investigations outside best practice recommendations.

CPT Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use is not covered, as there is still insufficient evidence recommending its use. Likewise, the following tests are not considered medically necessary for the screening, diagnosis or monitoring of Type 1 DM, Type 2 DM and GDM: genetic markers, insulin, pro-insulin, C-peptide and insulin antibodies.

Daman does not cover investigations for asymptomatic patients, unless recommended by the regulator or if with routine medical check-up benefit/ health screening benefit.

These services are not covered for Visitor's Plan.

## Payment and Coding Rules

Please apply regulator payment rules and regulations, as well as relevant coding manuals (ICD and CPT). ICD10CM diagnosis code pertaining to use of insulin should be coded for patients on insulin therapy.

## Denial codes

| Code description                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------|
| Submission not compliant with contractual agreement between provider and payer                                          |
| Payment already made for same/similar service within set time frame                                                     |
| Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities |
| Service/supply may be appropriate, but too frequent                                                                     |
| Service(s) is (are) not covered                                                                                         |
| Service is included in another service paid                                                                             |

## Appendices

### A. References

1. American Diabetes Association Standards of Medical Care In Diabetes – 2018
2. CPT® Assistant American Medical Association
3. <https://www.uptodate.com/contents/estimation-of-blood-glucose-control-in-diabetes-mellitus>
4. <https://www.uptodate.com/contents/overview-of-medical-care-in-adults-with-diabetes-mellitus>
5. <https://www.uptodate.com/contents/pregestational-diabetes-mellitus-obstetrical-issues-and-management>
6. <https://www.uptodate.com/contents/diabetic-retinopathy-screening>

### B. Revision History

| Date       | Change(s)                                                 |
|------------|-----------------------------------------------------------|
| 01-11-2013 | - V1.0                                                    |
| 15-07-2014 | - V1.1<br>- Disclaimed updated as per system requirements |
| 25-03-2018 | - V2.0<br>- General content update                        |