Diabetes Mellitus Lab Tests

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

Diabetes develops when the body loses its ability to regulate the level of sugar (glucose) in the blood, either because the production of insulin is impaired (an essential hormone produced by your pancreas that helps your body utilize and store sugar) or the body cannot effectively use the insulin it produces, subsequently, blood glucose rises in the blood stream causing "Hyperglycaemia".

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.

Whether it is due to insufficient insulin release, insulin resistance, or both, diabetes remains one of the most prevalent and serious chronic conditions worldwide.

While genetics play a major role in the incidence of disease, healthy lifestyle choices can help prevent or delay Type 2 diabetes.

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

1.2 For Medical Professionals

Diabetes Mellitus is a chronic illness that requires continuing medical care to monitor efficacy of glycaemic control and prevention/management of complications, all 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.

2. 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 under the scope of this guideline.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

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, Dyslipidaemia, etc.).
- Prediabetes.

Diagnosis

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

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 preexisting DM Type 1 or 2.

Diabetic patients may be evaluated for glycaemic 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 long-term use)	-
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	Annually	Any diabetes

(refer to eye specialist)/Diabetic retinopathy screening		(excluding GDM) without known retinopathy
Ankle brachial Index	As per international best practice	DM with documentation of diminished pulses.

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 first trimester if not done previously, then annually
Remote imaging for monitoring and management of active retinal disease (e.g., 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 glycaemic control in the 2nd and 3rd trimester

3.2 Requirements for Coverage

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

3.3 Non-Coverage

- Daman does not cover investigations outside best practice recommendations.
- CPT Haemoglobin: 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, proinsulin, 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.

3.4 Payment and Coding Rules

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

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
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-002	Service is included in another service paid

5. Appendices

5.1 References

- https://www.who.int/news-room/fact-sheets/detail/diabetes
- https://www.doh.gov.ae/-/media/Feature/Resources/Guidelines/Guidelines-forstandard-treatment-guidelines.ashx
- https://www.uptodate.com/contents/clinical-presentation-diagnosis-and-initialevaluation-of-diabetes-mellitus-inadults?search=diabetes%20labs&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
- https://www.uptodate.com/contents/gestational-diabetes-mellitus-obstetricissues-andmanagement?search=gestational%20diabetes&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
- https://diabetesjournals.org/care/article/46/10/e151/153425/Guidelines-andRecommendations-for-Laboratory
- https://diabetes.org/about-diabetes/diagnosis

5.2 Revision History

Date	Change(s)
01/11/2013	V1.0 Creation of Adjudication Guideline-External Instruction Template.
15/07/2014	V1.1
25/03/2018	V2.0
03/01/2025	V3.0 New template, references update
10/11/2025	V3.1 General content review, reference update