

# Diabetes Home Monitoring

## Adjudication Guideline

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Billing

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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.

### 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

- 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.
- Providers are required to specify the ICD diagnosis code pertaining to use of insulin when billing DM-related supplies for patients on insulin therapy.
- 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

Code Description	Basic	Enhanced	Thiqa
Alcohol wipes	Not covered as per General Exclusion	Covered as per SOBs	Covered
Strips, Lancets			
Platforms for home blood glucose monitor			
Spring-powered device for lancet/ glucometer lancing device, each			
Home blood glucose monitor		Covered it with "Medical appliances and Medical equipment" benefit	

- 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 DM 1 or 2 in pregnancy on oral hypoglycaemic medications

50	150	3	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
150	450	9	Type 1 DM with hypoglycaemic events or intensive insulin regimen/ insulin pump therapy
200	600	12	Pre-existing DM 1 or 2 in pregnancy on insulin

- 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.doh.gov.ae/-/media/CB9099900C0D44BAAEA3B49E4DD73BED.ashx>
- [https://diabetesjournals.org/care/article/48/Supplement\\_1/S128/157561/6-Glycemic-Goals-and-Hypoglycemia-Standards-of](https://diabetesjournals.org/care/article/48/Supplement_1/S128/157561/6-Glycemic-Goals-and-Hypoglycemia-Standards-of)
- <https://www.uptodate.com/contents/prevention-of-type-2-diabetes-mellitus>
- <https://www.uptodate.com/contents/self-monitoring-of-blood-glucose-in-management-of-adults-with-diabetes-mellitus>

### 5.2 Revision History

Date	Change(s)
1/07/2013	V1.0 <ul style="list-style-type: none"> <li>• Published</li> </ul>
15/07/2015	V2.0 <ul style="list-style-type: none"> <li>• Updated coverage for the diabetic strips/lancets/wipes</li> <li>• Added Recent References</li> </ul>
25/03/2018	V3.0 <ul style="list-style-type: none"> <li>• Re-Formatted table of maximum allowable quantities for clarity</li> <li>• General content update</li> </ul>
02/05/2023	V4.0 <ul style="list-style-type: none"> <li>• Medical Criteria Updated</li> </ul>
31/12/2024	V5.0 <ul style="list-style-type: none"> <li>• Continuous Glucose monitoring removed (Different Guideline)</li> <li>• Template update</li> </ul>

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