

Case study 2: Patient with Diabetes Mellitus

Diabetes Mellitus is a chronic condition listed on the Chronic Disease List of the PMB legislation.

A scheme must provide comprehensive cover for the patient's Diabetes in respect of

1. diagnosis
2. treatment
 - a. chronic medication
 - i. tablets
 - ii. insulin (even the needles and syringes)
3. regular monitoring e.g.
 - a. glucose strips
 - b. blood tests
 - c. annual visit to ophthalmologist for screening of possible diabetic eye complications
4. treatment of complications e.g.
 - a. coma
 - b. uncontrolled blood sugar levels

Once diagnosed, the scheme will request that the patient / doctor register the Diabetes as a Chronic condition/PMB.

If the scheme accepts it as a valid condition, the scheme will register the Diabetes e.g.

Non-Insulin Dependent Diabetes Mellitus without complications – with the ICD-10 code of E11.9

The scheme is now allowed to decide they will cover the costs, and then be very specific

1. a specific drug as per their formulary like
 - a. Glucophage 500mg twice a day
2. a series of consultations like
 - a. 2 consultations per year - at Endocrinologist or Physician
 - b. 1 consultation per year - at Ophthalmologist
 - c. 8 consultations per year – at GP (but can be a t a specific group of GP's like MediCrosss)
3. Regular blood tests like
 - a. Fasting blood glucose levels – every 2 months
 - b. HbA1c - twice a year
4. other tests
 - a. 1 x ECG per year

Ensure that your registered ICD-10 code
(in this case E11.9)
appears on all these accounts & forms!

All these must be cover by the scheme, even

- The out of hospital expenses despite the fact that you are on a hospital plan only
- If your chronic medication benefit is depleted and
- Even if your day-to-day benefits are depleted

The scheme may impose a co-payment If you

- don't go for example to the Designated / Allocated Service Provider (in this case the MediCross GP) or
- chose to use a more expensive drug without even trying the formulary drug (in this case the Glucophage).

However, the scheme must pay in full if

- you had to go the another GP in case of an emergency (involuntary visit)
- the formulary drug could not control your condition and you really required more advanced medication
- you needed more the allotted consultations because of complications or uncontrolled blood sugar levels.