HealthChoice Diabetes Prevention Program Manual

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Background

Effective September 1, 2019, HealthChoice managed care organizations (MCOs) will provide the National Diabetes Prevention Program (National DPP) Lifestyle Change Program to HealthChoice enrollees. The National DPP Lifestyle Change Program is an evidence-based program established by the Centers for Disease Control and Prevention (CDC) to prevent or delay the onset of type 2 diabetes through healthy eating and physical activity. Only CDC-recognized type 2 diabetes prevention programs may enroll with Medicaid to administer the program. The Medicaid diabetes prevention program will be known as the HealthChoice Diabetes Prevention Program (HealthChoice DPP).

This manual provides information for CDC-recognized type 2 diabetes prevention programs and MCOs to implement the HealthChoice DPP.

Enrollee Eligibility Criteria

To be eligible, enrollees must:

1. Receive services through a HealthChoice MCO;
2. Be between 18-64 years old;
3. Be overweight or obese (Body Mass Index (BMI) of ≥ 25 kg/m2,; ≥ 23 kg/m2, if Asian); AND
4. Have elevated blood glucose level OR History of gestational diabetes mellitus (GDM), meaning the enrollee has:
    a. Fasting glucose of 100 to 125 mg;
    b. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 198 mg/dl,
    c. A1C level of 5.7 to 6.4; or
    d. Clinically diagnosed GDM during a previous pregnancy.

Pregnant enrollees and enrollees previously diagnosed with type 1 or type 2 diabetes are not eligible to participate in HealthChoice DPP.

Referral Requirements

A health care professional or an MCO may refer HealthChoice participants to the program, but a referral is not required for participation in HealthChoice DPP. Enrollees may directly enroll in their MCO's in-network CDC-recognized type 2 diabetes prevention programs if one of the three following scenarios is met:

1. The enrollee brings a copy of blood test results within the past 12 months that indicate a diagnosis of prediabetes; or

2. The enrollee brings a copy of blood test results within the past 12 months that indicate a normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy; or
3. DPP provider receives blood test results from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee.

MCO Referrals and Reimbursement to CDC-recognized Type 2 Diabetes Prevention Programs

MCOs must allow their network providers to refer eligible individuals directly to in-network CDC-recognized type 2 diabetes prevention programs. MCOs should track members who enroll with contracted CDC-recognized type 2 diabetes prevention programs to ensure that they have adequate capacity to serve the eligible population. MCOs may require CDC-recognized type 2 diabetes prevention programs, through the contracting process, to provide notification back to the MCO when a member has enrolled in their program.

If the DPP Provider determines that a member does not meet eligibility criteria, MDH would not consider this an adverse benefit determination, nor require that it be tracked as such with other medical denials. If the member disagrees, the DPP Provider must inform the member that they can file a grievance with the MCO. The MCO would classify the grievance as a non-emergency medically related grievance and is responsible for resolving the grievance within the 5 day timeframe. MCOs may instruct their DPP Providers to refer individuals found not eligible to the MCO. MCOs should make members aware that if they are found not eligible by the DPP Provider, they may ask their MCO for further information. (*see also FAQs*)

Reimbursement Methodologies

Two reimbursement methodologies are available to MCOs for HealthChoice DPP:
(1) Session and Performance Based Reimbursement Methodology (in Section 1, Tables 1 and 2) for either in-person or virtual DPP providers; and
(2) Milestone/Bundled Reimbursement Methodology (in Section 2, Table 3) for virtual DPP providers only.

The Department intends to require MCOs to pay contracted CDC-recognized type 2 diabetes prevention programs at least the minimum rates for both reimbursement methodologies.

Section 1: HealthChoice Session and Performance-Based Reimbursement Methodology for In-Person and Virtual DPP Providers

Participating in-person and virtual CDC-recognized type 2 diabetes prevention programs must use the make-up modifiers when submitting claims for make-up sessions using TS and VM modifiers with any code that has a session attached to it. In-person programs should always use the TS modifier for makeup sessions.[1] Virtual programs should always use the VM modifier for their makeup sessions.

[1] In-person programs may conduct make-up sessions online, via some other virtual modality, or over the phone; these are still considered to be delivering the program in-person.

HCPCS code G9891 is a code used to track attendance and indicate that the CDC-recognized type 2 diabetes prevention program furnished a session that was not accounted for using an attendance performance goal code, such as G9874 (4 core sessions attended). G9891 is a non-payable code for reporting services of sessions furnished to participants (i.e. core sessions 2-3, 5-8, and 10-16).

Table 1. *HealthChoice DPP Session-Based Reimbursement Methodology for Minimum Payment Levels for In-Person and Virtual DPP Providers*

Session/Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In-Person Make-up Session	Virtual Session[2]	Virtual Make-Up Session	
Session 1	G9873[3] - 1st core session attended	$100	None	GT[4]	None	Can be used 1 time in 365 days[5]
Session 2-4	G9874 - 4 total core sessions attended[6]	$120	TS[7]	GT	VM[8]	Can be used 1 time in 365 days[5] Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Session 5-9	G9875 - 9 total core sessions attended[9]	$140	TS	GT	VM	Can be used 1 time in 365 days[5] Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Session 10-19	G9876 - 2 core maintenance sessions attended in months 7-9 (weight-loss goal not achieved or maintained)[10]	$40	TS	GT	VM	Can be used 1 time in 365 days[5] Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Session 20-22	G9877 - 2 core maintenance sessions attended in months 10-12 (weight loss goal not achieved or	$40	TS	GT	VM	Can be used 1 time in 365 days[5] Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR**

[2] Virtual DPP refers to online, distance learning or combination delivery modes (combination only when online and/or distance learning DPP services are rendered).
[3] CDC-recognized type 2 diabetes prevention programs must have confirmed self-referred individuals' eligibility through a blood test, or provider note indicating history of GDM, prior to billing for this code.
[4] The modifier GT refers to "via interactive audio and video telecommunications systems."
[5] In cases where MCOs allow individuals to switch DPP Providers after starting the program, the MCO may need to make an exception to the "can be used 1 time in 365 days" limitation.
[6] Bill with counter code G9891 two times to indicate completion of core sessions 2 and 3.
[7] The modifier TS refers to "follow-up service." In-person programs may only use TS to indicate a makeup session of any modality.
[8] The modifier VM refers to "virtual make-up session." Virtual programs may only use VM to indicate a makeup session.
[9] Bill with counter code G9891 four times to indicate completion of core sessions 5, 6, 7, and 8.
[10] Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 7-9.

	maintained)[11]					GT **and** TS
Number of Sessions	G9891[12] - MDPP session reported as a line-item on a claim for a payable MDPP service	$0	None	GT	None	This CPT code is used to track attendance. This is a non-payable code for reporting services of sessions furnished to participants (i.e. core sessions 2-3, 5-8, and 10-16.)

Performance Payments

HCPCS codes G9878 and G9879 are both enhanced payments for performance: weight loss achieved or maintained for months 7-9 and 10-12. These codes may only be used in conjunction with either HCPCS code G9880 (5% weight loss) or G9881 (9% weight loss).

Table 2. *HealthChoice DPP Performance-Based Reimbursement Methodology for In-Person and Virtual DPP Providers*

Session/ Event	**HCPCS Code and Description**	**Payment**	**Modifiers**			**Limitation**
			In-Person Make-up Session	**Virtual Session[1]**	**Virtual Make-Up Session**	
5% Weight Loss	G9880 – 5 percent weight loss from baseline achieved	$100	None	GT[4]	None	Can be used 1 time in 365 days[5]
9% Weight Loss	G9881 – 9 percent weight loss from baseline achieved	$50	None	GT	None	Can be used 1 time in 365 days[5]
Session 10-19 with at least 5% weight loss	G9878[13] - 2 core maintenance sessions attended in months 7-9 and weight loss goal achieved or maintained	$80	TS[7]	GT	VM[8]	Can be used 1 time in 365 days[5] Cannot be used with G9876 Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Session 20-22 with at least	G9879[14] - 2 core maintenance	$80	TS	GT	VM	Can be used 1 time in 365 days[5]

[11] Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 10-12.
[12] A HCPCS G-code for a session furnished by the billing supplier that counts toward achievement of the attendance performance goal for the payable MDPP services HCPCS G-code. This CPT code is used to track attendance. This is a non-payable code for reporting services of sessions furnished to participants (i.e. core sessions 2-3, 5-8, and 10-16.)
[13] In order to bill G9878 for enhanced attendance, must also bill or have previously billed for weight loss achieved from baseline at either 5% (G9880) or 9% (G9881). Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 7-9.
[14] In order to bill G9879 for enhanced attendance in this period, must also bill or have previously billed for weight loss achieved from baseline at either 5% (G9880) or 9% (G9881). Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 10-12.

5% weight loss	sessions attended in months 10-12 and weight loss goal achieved or maintained					Cannot be used with G9877 Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS

Assuming the enrollee attends all sessions and all performance outcomes are met, the total payment per enrollee for the CDC-recognized type 2 diabetes prevention programs based on these rates is $670.

For community and/or virtual DPP providers whose organizations do not meet the descriptions provided for the place of service code set, they may use the place of service code '99'.[15]

These HCPCS codes may not be billed with or as nutritional counseling, evaluation and management codes, or other procedure codes when billing for the National DPP lifestyle change program.

Section II: HealthChoice Milestone/Bundled Reimbursement Methodology for Virtual DPP Providers

Table 3, below, lists the recommended HCPCS codes and reimbursement for HealthChoice DPP under the virtual DPP milestone/bundled reimbursement methodology. Flexibility in bundled payment distribution across milestones 1-3 and the 5% and 9% performance payouts will be allowed so long as the total payment per enrollee for the CDC-recognized type 2 diabetes prevention program meets or exceeds $670.

Table 3. *HealthChoice DPP Milestone/Bundled Reimbursement Methodology for Virtual DPP Providers*

Session/Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In-Person Make-up Session	Virtual Session[1]	Virtual Make-Up Session	
Milestone 1: May be billed at enrollment or initiation into program; scale is issued; or 1st core session attended	Available codes: G9873[2] - 1st core session attended E1639[16] 0488T[17]	$220	Not applicable	GT[4]	None	Can be used 1 time in 365 days[5]

[15] Place of service code '99' refers to "Other place of service not identified above." Centers for Medicare and Medicaid Services. (2016). Place of Service Code Set: Place of Service Codes for Professional Claims. Retrieved from: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

[16] E1639: Durable Medical Equipment (DME)

[17] 0488T: Preventive behavior change, online/electronic intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days

Milestone 2: Billed at 4 core sessions attended	G9874 - 4 total core sessions attended	$160	Not applicable	GT	VM[8]	Can be used 1 time in 365 days[5] Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Milestone 3: Billed at 9 core sessions attended	G9875-9 core sessions attended	$140	Not applicable	GT	VM	Can be used 1 time in 365 days[5] Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Performance: 5% weight loss achieved	G9880 – 5 percent weight loss from baseline achieved	$125	Not applicable	GT	None	Can be used 1 time in 365 days[5]
Performance: 9% weight loss achieved	G9881 - 9 percent weight loss from baseline achieved	$25	Not applicable	GT	None	Can be used 1 time in 365 days[5]

As indicated for Milestone 1, MDH will accept one of three possible codes for enrollment or initiation into the program as a first milestone and allow claiming for the scale using either 1) G9873; 2) E1639; or 3) 0488T.

Assuming the enrollee attends and meets all milestones and achieves the 5% and 9% performance outcomes, total payment per enrollee for virtual CDC-recognized type 2 diabetes prevention programs based on these rates should equal $670.

ICD-10 Diagnosis Codes, Descriptions and DPP Provider Assignment Guidance

The following ICD-10 diagnosis codes may be used for billing:

Table 4. *Elevated Blood Glucose Level and Gestational Diabetes ICD-10 Codes*

ICD-10 Code	Description – Elevated Blood Glucose Level	ICD-10 Code	Description - Gestational Diabetes
R73.01	Impaired fasting glucose	Z86.32[18]	Personal history of gestational diabetes
R73.02	Impaired glucose tolerance - Oral	R73.03	Prediabetes

[18] DPP providers should include Z86.32 as primary code for all individuals indicating history of gestational diabetes after confirming not currently pregnant.

Table 5. *BMI ICD-10 Codes for BMI 23.0 and greater*

ICD-10 Code	Description – Body Mass Index	ICD-10 Code	Description – Body Mass Index
Z68.23	Body mass index (BMI) 23.0-23.9, adult	Z68.34	Body mass index (BMI) 34.0-34.9, adult
Z68.24	Body mass index (BMI) 24.0-24.9, adult	Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.25	Body mass index (BMI) 25.0-25.9, adult	Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.26	Body mass index (BMI) 26.0-26.9, adult	Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.27	Body mass index (BMI) 27.0-27.9, adult	Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.28	Body mass index (BMI) 28.0-28.9, adult	Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.29	Body mass index (BMI) 29.0-29.9, adult	Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.30	Body mass index (BMI) 30.0-30.9, adult	Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult	Z68.43	Body mass index (BMI) 50-59.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult	Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult	Z68.45	Body mass index (BMI) ≥ 70, adult

DPP Provider Assignment of ICD-10 R Codes and Z Codes[19]

For each initial claim, DPP Providers must indicate two ICD-10 codes: 1) for elevated blood glucose (R73.01, R73.02, R73.03), or history of Gestational Diabetes (Z86.32), and 2) for BMI. DPP providers, as lay health professionals, may indicate R codes for elevated blood glucose if one of three scenarios are met:

1. The enrollee presents a formal provider referral with R code indicated, or
2. DPP provider receives blood test results from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee, or
3. The enrollee presents blood test results which the DPP provider may use to identify appropriate R code according to the following prediabetes definitions.

Prediabetes Definitions:
Prediabetes (R73.03) is defined as any of the following 3 criteria:

Impaired glucose tolerance (IGT) – Two-hour plasma glucose value during a 75 g OGTT between 140 and 199 mg/dL (7.8 to 11.0 mmol/L) = *alone, this is the criterion for R73.02*

•**Impaired fasting glucose** (IFG) – Fasting plasma glucose 100 to 125 mg/dL (5.6 to 6.9 mmol/L) = *alone, this is the criterion for R73.01*

•**Hemoglobin A1C** – A1C 5.7 to 6.4 percent

DPP providers, as lay health professionals, may indicate Z code for history of Gestational Diabetes if one of three scenarios are met:

[19] R73 is within a section of ICD-10 codes that "describes abnormal findings on examination of blood, without diagnosis." The definition of R-codes are that they are "Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified." Z-codes are for "Factors influencing health status and contact with health services."

1. The enrollee presents a formal provider referral with Z code indicated or,
2. DPP Provider receives blood test results or provider note from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee, or
3. The enrollee presents blood test results or provider note indicating history of GDM or normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy, which the DPP provider may use to indicate the Z code.

For each subsequent claim, DPP providers must indicate only the appropriate code initially used to indicate diagnosis of elevated blood glucose (R codes) or history of gestational diabetes (Z86.32); they do not need to include BMI codes on any subsequent claim.

DPP providers should follow MCO guidance on how to direct members to provide the necessary blood test documentation, confirmation or formal provider referral (i.e. fax, secure email, digital photo, etc.).

Referral Sources and Assignment of ICD-10 Codes By a DPP Provider

Table 6, below, describes how DPP Providers should make ICD-10 assignment according to referral source, and documentation presented:

Table 6. *DPP Provider Assignment of ICD-10 Codes for Elevated Blood Glucose Level and Gestational Diabetes Based on Referral Source and Documentation Provided*

Referral source	**A, or** **If elevated blood glucose**	**B** **If history of Gestational Diabetes**	**Document**	**ICD-10 codes DPP provider may include on claim**
Provider or MCO	Yes, one of the following: R73.01 R73.02 R73.03	n/a	Blood test results indicating elevated blood glucose and/or formal provider referral indicating diagnosis with R code	One of the following: R73.01 R73.02 R73.03
Provider or MCO	n/a	Yes, Z86.32	Blood test or provider note indicating history of GDM or normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy	Z86.32
Member goes directly to DPP provider			Blood test results indicating elevated blood glucose and/or DPP provider receives blood test results from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee.	One of the following: R73.01 R73.02 R73.03
			Formal provider referral indicating elevated blood glucose or history of gestational diabetes	One of the following: R73.01 R73.02 R73.03 Z86.32

			Unable to provide blood test results, formal provider referral, or blood test results from MCO or health care provider with proper consent and authorization by the enrollee.	Follow MCO policy

DPP Provider Enrollment and Conditions of Participation

Eligible providers may now enroll in Maryland Medicaid. CDC-recognized type 2 diabetes prevention programs with active pending, preliminary or full recognition status are eligible to enroll as "DPP Provider" type through ePREP. Individual lifestyle coaches are not eligible to enroll as a HealthChoice DPP provider.

To enroll as a Medicaid DPP provider, an organization must take two steps:

1) Obtain a type 2 National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES) for the organization it intends to enroll as a DPP provider. The NPPES website is https://nppes.cms.hhs.gov. Per Maryland Department of Health policy, as high risk Medicaid providers, CDC-recognized type 2 diabetes prevention programs must obtain a separate NPI for each practice location.
2) Submit a new enrollment application via Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP) as a DPP Provider. Please visit eprep.health.maryland.gov. Please note: As part of the enrollment application, CDC-recognized type 2 diabetes prevention programs must also upload the requested addendum and proof of CDC-recognition status. Acceptable forms of proof include one of the following that reflects current recognition status: an email from CDC indicating pending status with an effective date or preliminary status with an expiration date; or, a certificate from CDC indicating full recognition status, with an expiration date[20]. If either document is not uploaded with the application, this may cause delays in the application review process.

Instructions for Out of state Virtual CDC-Recognized Type 2 Diabetes Prevention Program Providers

Out of state virtual CDC-recognized organizations may use documentation of a successful enrollment site visit of their administrative location conducted by another state's Medicaid agency to meet this requirement. Organizations should indicate that they are an out of state provider on their ePREP application addendum, and upload proof (a dated letter and/or certificate etc.) of the successful site visit. If the organization has never received a successful enrollment site visit of their administrative location by another Medicaid agency, they should indicate this on their ePREP application addendum and will receive further follow up from Maryland Medicaid.

[20] CDC only includes an effective data on pending recognition emails, and only includes an expiration date for preliminary and full recognition. For organizations indicating pending recognition status, MDH will review CDC recognition status again at one year from the effective date indicated on the email provided by CDC.

Instructions for United States-based CDC-Recognized Type 2 Diabetes Prevention Program Providers with Non-United States-based Organizations with >5% Ownership Interest

For CDC-recognized type 2 diabetes prevention programs that have one or more organizations with >5% ownership interest that are based outside of the United States, such as in Canada, contact the Medicaid program for guidance in completing the ePREP enrollment process.

Frequently Asked Questions (FAQ)
Please also refer to the HealthChoice DPP FAQs, posted on the HealthChoice DPP website here, for additional implementation guidance. This document will be updated periodically as additional questions are received, or additional clarification is added.

For resources, including instructions for providers, visit health.maryland.gov/ePREP. To apply, visit ePREP.health.maryland.gov. For enrollment assistance, call the ePREP Call Center at 1-844-4MD-PROV (1-844-463-7768).

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Please direct questions regarding Maryland's HealthChoice DPP, or DPP provider enrollment qualifications to mdh.medicaidDPP@maryland.gov.