Diabetes Prevention Program Payment Policy

Policy Statement

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood) coverage and reimbursement requirements for Diabetes Prevention Program (DPP) services provided by CDC approved providers. The Medicare Diabetes Prevention Program (MDPP) provides ongoing health behavior coaching and education to members who are at risk for type II diabetes.

Scope

This policy applies to

☐**Medicaid** *excluding Extended Family Planning (EFP)*
☒**INTEGRITY**
☐**Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Clinical Medical Policies.

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

Neighborhood reimburses claims for MDPP services Fee-For-Service, as specified by provider contract.

The MDPP is made up of three sessions over the course of two years:

- Core Sessions (months 0-6);

- Core Maintenance Sessions (months 7-12);
- Ongoing Maintenance Sessions (months 13-24).

Core sessions provided within the first year are covered based on member attendance. Ongoing maintenance sessions are only covered if the member achieves and maintains minimum weight loss and attendance goals as required by the program.

Providers must have one of the following recognitions to furnish MDPP services:MDPP Interim Preliminary Recognition;

- MDPP Preliminary Recognition;
- CDC Preliminary Recognition;
- CDC Full Recognition.

All sessions must be delivered by an eligible MDPP coach and be based on a CDC approved curriculum focused on weight loss and lifestyle wellness, in an effort to prevent or delay type II diabetes.

Members must meet the following criteria:

MDPP Core Sessions

- Body Mass Index (BMI) of at least 25 (23 if self-identified as Asian) on the date of the first core session;
- Meet one (1) of three (3) blood test requirements within the 12 months prior to attending the first core session:
  - A hemoglobin A1c test with a value between 5.7% and 6.4%, or
  - A fasting plasma glucose of 110-125 mg/dL, or
  - A 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test)
- No previous diagnosis of diabetes prior to the date of the first core session (with exception of gestational diabetes)
- Doesn't have ESRD

MDPP Ongoing Maintenance Sessions

- Achievement of 5% minimum BMI reduction, based on initial session weight;
- Maintenance of 5% BMI reduction for duration of Ongoing Maintenance sessions.

Benefit Limitations

MDPP services have a maximum limit of once per lifetime.

Benefit Exclusions

Neighborhood does not cover MDPP services for the following:

- Members with a diagnosis of diabetes prior to the start date of the first core session;

- Members with a diagnosis of End Stage Renal Disease (ESRD);
- Members not covered by INTEGRITY.
- Members who have previously received MDPP services

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Providers are entitled to performance incentive payments if a member achieves and maintains a 5% BMI reduction during the Core Sessions, as well as a 9% reduction during the core and ongoing sessions. The incentive codes are billed as a second claim line with the sessions, for each session the member maintains the weight loss. BMI reduction is measured from the recorded weight of the first core session.

Make up sessions may be billed with modifier "VM" in accordance with CMS guidelines.
Claims must be submitted on a CMS-1500 Professional claim form or via electronic X12 837P format. Adjustments, corrections, and reconsiderations must include the required forms

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

To qualify for reimbursement, all records must be kept in accordance with state and federal regulations.
A treatment record must be created for each member receiving MDPP services, and contain no less than the following:

- Member identification (Neighborhood ID, name);
- Documentation of medical necessity;
- Type of session;
- Coach leading the session;
- Date and place of service;
- Recording of member's weight at each session.

Once a record is established, additions, deletions, modifications, or edits of any kind must be made in compliance with Chapter 3 of the CMS Medicare Program Integrity Manual.[i]

Electronic Medical Records (EHRs) are compliant with CMS and Neighborhood's documentation

standards. All EHRs must meet state and federal privacy guidelines.

Whether electronic, paper, or a combination of both, all records must be accurate, legible, and completed with signature in a prompt manner, but no later than 30 days from the date of service. At its discretion, Neighborhood may request copies of patient records at any time to ensure adherence to state, federal, and reimbursement requirements as outlined in this document.[ii]

Coding

CMS approved codes are listed below.

Coding must meet standards defined by the AAPC Healthcare Common Procedure Coding System (HCPCS) Level II and the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM).[iii]

CPT Code	Description
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session
G9888	Maintenance 5% WL from baseline weight in months 7-12
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
09/18/2024	Annual Policy Review Date. Added new codes for 1/1/24 and removed codes no longer covered as of 1/1/24
09/05/2023	Annual Policy Review Date. No Content Changes.
10/01/2022	Annual Policy Review Date. No Content Changes.
05/25/2021	Policy Review. Format Updated. No Content Changes.
04/01/2018	Policy Created

[i] v 3.3.2.5 - Amendments, Corrections and Delayed Entries in Medical Documentation
[ii] CMS 3.3.2.4 - Signature Requirements
[iii] CMS ICD-10-CM; AAPC HCPCS Level II