

Diabetes Prevention Program[®]OHP Benefit Coverage & Billing

Health Systems Division, OHA



For CDC Recognized DPP Programs Only

Updated 5/8/19

OHP Benefit as of January 1, 2019

National Diabetes Prevention Program reimbursement for Oregon Health Plan members

- Starting January 1, 2019, the Oregon Health Authority (OHA) will reimburse for National Diabetes Prevention Program (National DPP) services for individuals with prediabetes or previous gestational diabetes when:
 - Provided by a CDC recognized National DPP lifestyle program,
 - Referred and billed by an enrolled Oregon Health Plan (OHP) provider, and
 - For OHP members who meet requirements as described in Guideline Note 179 in the January 1, 2019 Prioritized List of Health Services.

Who Is Covered?

- Participation in the Diabetes Prevention Program (DPP) **requires** a primary diagnosis of pre-diabetes(R73.03) or gestational diabetes history (Z86.32)
- To be eligible for referral to a CDC-recognized lifestyle change program, patients must meet the following requirements:
 - Be at least 18 years old and
 - Be overweight (body mass index ≥ 25 ; ≥ 23 if Asian) and
 - Have no previous diagnosis of type 1 or type 2 diabetes and
 - Not have end-stage renal disease and
 - Have a blood test result in the prediabetes range within the past year:
 - Hemoglobin A1C: 5.7%–6.4% or
 - Fasting plasma glucose: 100–125 mg/dL or
 - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL
 - Or, be previously diagnosed with gestational diabetes

Reference Oregon HERC Guideline Note: Line 3-- Prediabetes (R73.03) and personal history of gestational diabetes (Z86.32) are included on this line only for the Diabetes Prevention Program (DPP). The only programs included are CDC-recognized lifestyle change programs for DPP. Effective January 2019

<https://www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx>

Part A: FFS Billing Overview

Health Systems Division, OHA



Required Diagnosis Codes for FFS Billing

Primary and Secondary Diagnoses on Claim Submission:

- In addition to either primary diagnosis of pre-diabetes (R73.03) or gestational diabetes history (Z86.32) diagnosis code, HERC criteria will require BMI as a secondary diagnosis for payment processing on claims
- Include primary diagnosis on all claims (R73.03) or (Z86.32)
- Include secondary diagnosis (BMI) on initial (1st) DPP claim.
 - Qualifying BMI Codes Below:

Z68.23 Body mass index (BMI) 23.0-23.9, adult

Z68.24 Body mass index (BMI) 24.0-24.9, adult

Z68.25 Body mass index (BMI) 25.0-25.9, adult

Z68.26 Body mass index (BMI) 26.0-26.9, adult

Z68.27 Body mass index (BMI) 27.0-27.9, adult

Z68.28 Body mass index (BMI) 28.0-28.9, adult

Z68.29 Body mass index (BMI) 29.0-29.9, adult

Z68.30 Body mass index (BMI) 30.0-30.9, adult

Z68.31 Body mass index (BMI) 31.0-31.9, adult

Z68.32 Body mass index (BMI) 32.0-32.9, adult

Z68.33 Body mass index (BMI) 33.0-33.9, adult

Z68.34 Body mass index (BMI) 34.0-34.9, adult

Z68.35 Body mass index (BMI) 35.0-35.9, adult

Z68.36 Body mass index (BMI) 36.0-36.9, adult

Z68.37 Body mass index (BMI) 37.0-37.9, adult

Z68.38 Body mass index (BMI) 38.0-38.9, adult

Z68.39 Body mass index (BMI) 39.0-39.9, adult

Z68.41 Body mass index (BMI) 40.0-44.9, adult

Z68.42 Body mass index (BMI) 45.0-49.9, adult

Z68.43 Body mass index (BMI) 50-59.9, adult

Z68.44 Body mass index (BMI) 60.0-69.9, adult

Z68.45 Body mass index (BMI) 70 or greater, adult

Z68.53 Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age*

Z68.54 Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age*

*The DPP benefit only applies to those OHP clients at least 18 years of age

OHP FFS Billing



FFS Claims-Based Billing: Use dates of service.

Two CPT codes: depends on program delivery model:

- **CPT 0403T** for in-person classes and maintenance sessions
- **CPT 0488T*** for on-line classes and maintenance sessions
 - *0488T Payment includes costs for the program to supply FDA approved Bluetooth enabled weight scale for remote weigh check-ins and a web-based fitness tracker to maintain CDC program criteria (items not to be billed separately, required to be provided)



OHP payment follows CDC program structure and CDC's recommendation for two maintenance sessions[^] per month to achieve best outcomes and maintain high member engagement in the program over the two year benefit

[^]OHP will pay for up to 52 sessions over the 2 year program



FFS Billing should occur through existing OHP enrolled Medicaid providers or OHP Medicaid enrollable providers (see next slides for more detail). FQHC and I/T/U Health Programs can bill encounter rate for face-to-face program (CPT 0403T).

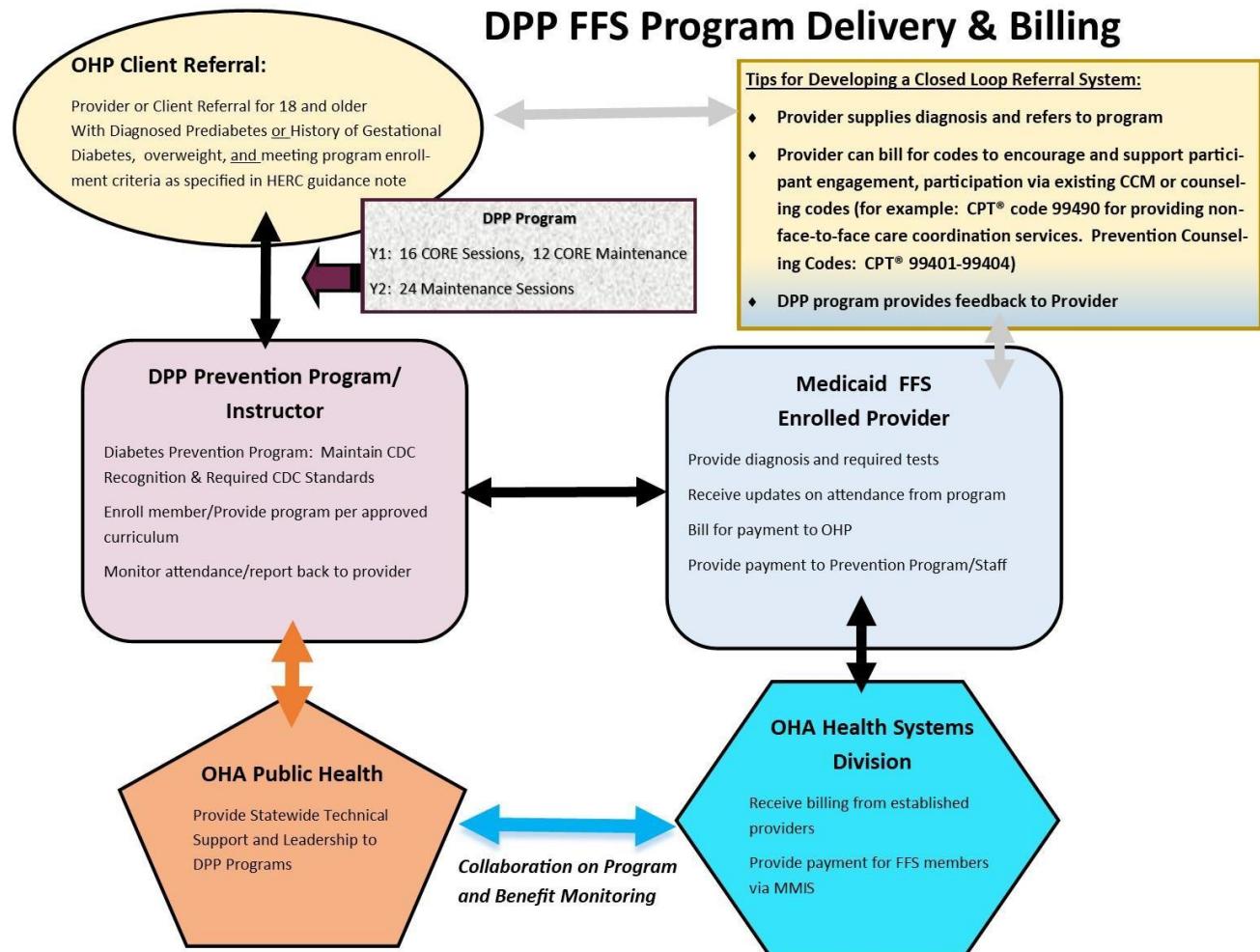


The individual DPP Lifestyle Coaches working under the Medicaid enrolled provider will not be enrolled in Oregon Medicaid {OHP is not creating a new type of enrollable provider}

DPP Lifestyle coaches who are also Oregon Medicaid enrolled/enrollable providers can bill for this program using existing enrollment or complete enrollment.

(Medicare requires DPP Supplier enrollment –see slide 12)

Diabetes Prevention Program FFS Billing



Diabetes Prevention Program FFS Billing



HEALTH SYSTEMS DIVISION,
Integrated Health Programs

Creating a Diagnosis and Referral Closed-Loop System

- Identify those who meet requirements, including if necessary completing blood testing, BMI measurements and diagnosis per the HERC guideline note 179.
- Encourage members to participate! Providers can also bill for encouraging and supporting participant engagement, for example, via existing Chronic Care Management or prevention counseling codes:
 - CPT® code 99490 for providing non-face-to-face care coordination services.
 - Prevention Counseling Codes: CPT® 99401-99404
 - Arrange for NEMT if needed!
- DPP program staff monitor attendance for accurate billing by date of program participation and report back to provider for inclusion on billing
- Submit through the online provider portal
<https://www.or-\\medicaid.gov/ProdPortal/>
- OHA receives billing from enrolled provider billing services for National DPP program who has pending, preliminary or full CDC recognition

Oregon Medicaid FFS Billing Codes

CPT Codes OHP FFS Rates and Payment Structure	
Year One	DPP Core Year-long Program
CPT 0403T In-person	MaxFee = \$23 per 60 min. class billed by date of session X 16 CORE SESSIONS = \$368 in 1 st sixmonths X 12 Core Maintenance Sessions = \$276 in 2 nd six months (up to 2 sessions per month)
Year Two	DPP Maintenance Year
CPT 0403T In-person	MaxFee = \$23 per 60 min. class billed by date of session X 24 Maintenance Sessions = \$552 in 12 months (up to 2 sessions per month)
Year One	DPP Core Year-long Program
CPT 0488T* On-line	MaxFee = \$23 per 60 min. class billed by date of session; *payment includes provider payment for required FDA approved Bluetooth weight scale and fitness tracker for member X 16 CORE Sessions= \$368 in 1 st sixmonths X 12 Core Maintenance Sessions = \$276 in six months (up to 2 sessions per month)
Year Two	DPP Maintenance Year
CPT 0488T* On-line	MaxFee = \$23 per 60 min. class billed by date of session X 24 Maintenance Sessions = \$552 in 12 months (up to 2 sessions per month)

Medicaid Provider Enrollment

For detail on Oregon Medicaid Provider enrollment go to:

<https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>

- Information covered includes National Provider Identifier (NPI) requirements and OHA specific requirements
- Additional information covered on this page regarding provider enrollment with CCOs or dental plans.

To find out if you or a provider at your organization is already enrolled with OHA, use OHA's verification tool by entering the NPI:

<https://www.or-medicaid.gov/ProdPortal/Validate%20NPI/tabid/125/Default.aspx>

Email questions about Provider Enrollment to OHA Provider Services Unit: dmap.providerservices@state.or.us

FFS Dual Eligible OHP members with Medicare Coverage

- 1) Medicare covers the in-person DPP program as a benefit for those meeting program enrollment criteria*
 - For the in-person program, Medicare is the primary payer for OHP full dual eligibles, OHP/CCO is responsible for cost-sharing.
 - FFS Claims should be billed to Medicare
 - Medicare FFS requires use of the HCPCS codes (see slide 21)
 - DPP programs should contact the Medicare Advantage plan of the member to find out their preference on billing and billing codes
- 2) Medicare does not cover the on-line program. For full dual eligibles participating in the on-line program, OHP can be billed without billing Medicare for the on-line program only.

What to do about FFS Billing for Dual Eligible OHP members with Medicare

For OHP dual-eligible members with full Medicare coverage:

- For the in-person program, [bill Medicare as primary](#).
- For the online program, bill OHP (OHA or the CCO) as primary.
- [To learn more about Medicare DPP \(MDPP\) requirements, visit the MDPP website.](#)

Part B: CCO Payment & Coverage Options Overview

Health Systems Division, OHA



Billing Options for CCOs: Flexibility to Make It Work

Slide One

1) Option to use Medical Claims Based Billing:

HERC allows either set of codes (CPTs or HCPCS)

Choose PER CCO Directions for organizations with medical billing infrastructure

A) Oregon FFS Medicaid Billing Codes (CPT Codes)

Some considerations: 87% of Oregon's current* CDC recognized programs were within organizations that are currently Medicaid enrolled

B) Medicare Billing Structure -HCPCS (for Medicare Enrolled Programs)

Some considerations:

- If class includes a mix of Medicare and Medicaid members, DPP provider may prefer to use Medicare codes to use same billing process
- In Oregon pilot, some organizations found it challenging to bill correctly due to complexity of Medicare billing requirements
- Medicare has a required MDPP supplier enrollment process and fee (\$569 at present)
- Not all DPP providers may choose to enroll in Medicare, must have CDC preliminary or full recognition to enroll as Medicare DPP supplier

2) Option to Create APM Model from CCO to DPP Organization: CCOs may find alternative payment models (APM) useful or may already have an APM provider contract that could be modified to include DPP

Billing Options for CCOs: Flexibility to Make It Work

Slide Two

Continued from previous slide:

3) Health Related Services Option: For Community-Based Organizations (CBOs) that don't have billing infrastructure or provider relationship, CCOs can consider contracting under Health Related Services Funds.

Examples of Non-Medicaid DPP Providers: YMCAs

4) Administrative Option:

CCOs may also choose to deliver the DPP with in-house community health workers or life coaches.

This should be accounted for within the admin budget under "case management" per Actuarial Services.



MMIS Type 63 description will now be ‘National Diabetes Prevention Program Supplier’

Coming for CCOs: Encounter- only Provider Type:

- CCOs will submit the **Form 3108** for National Diabetes Prevention Program Supplier at the organization level for CCO Encounter provider enrollment. This form will be updated by OHA as soon as a new enrollment type becomes available in MMIS. [we will send out notice with additional information with more details when ready].
- Each CCO is then responsible for credentialing and ensuring DPP supplier providers meet CMS network provider selection policies and procedures consistent with 42 CFR §438.12 --Specifically CMS requires MCEs to not discriminate against particular providers that serve high-risk populations and (b) ensure providers are not CMS excluded per 42 CFR §438.214.
 - Given MCE credentialing requirements and since DPP suppliers have no Oregon licensure or licensing board, CCOs could choose to follow a process we identified other states have been using to meet expectations around ensuring providers are not CMS excluded.
 - Other states are requiring CMS National DPP supplier enrollment process for credentialing for DPP supplier type providers/programs which can be found in more detail at <https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf>.
 - A link to an additional example of Maryland’s credentialing process for National DPP suppliers.<https://phpa.health.maryland.gov/ccdpc/diabetes/Documents/Medicare%20DPP%20Enrolling%20as%20Supplier%20Check%20List%201.pdf>
- CMS DPP supplier enrollment exclusions could be monitored through the CMS PECOS system to address these federal MCE credentialing requirements.
- CCOs can review currently enrolled CMS DPP suppliers in the CMS database <https://data.cms.gov/Special-Programs-Initiatives/Medicare-Diabetes-Prevention-Program/vwz3-d6x2/data>.

Connecting with I/T/U Health Programs to Serve Tribal OHP Members inCCOs

I/T/U (IHS, Tribal, Urban Indian) Health Programs:

If you are a CCO who has Tribal OHP members, we strongly encourage you to connect with your local I/T/U Health Program who may already be offering DPP.

Some Tribal Health Programs in Oregon have been using CDC Recognized curriculum for many years, and are now becoming CDC recognized DPP programs.

These programs use a culturally-adapted curriculum and often hold programs in places convenient to Tribal members.

CCOs can choose to set up Medical Claims Based Billing or some other type of program reimbursement with I/T/U Health Programs.

CCO DPP Implementation Guide:

Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs



Oregon
Health
Authority

To assist you in
planning your
CCO's approach to
covering the DPP
benefit, check out
this great guide!

- [https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DIABETES/Documents/Diabetes Prevention Program Guide for CCOs.pdf](https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DIABETES/Documents/Diabetes%20Prevention%20Program%20Guide%20for%20CCOs.pdf)

For CCOs and affiliated Medicare Plans

Consider talking with your affiliated Medicare plan about how you might simplify billing for providers in your network to address your Medicaid and Medicare members access to the in-person program.

Reminders:

For the in-person program, Medicare is primary payer for OHP full dual eligibles, OHP/CCO is responsible for cost-sharing.

Medicare does not cover the on-line program. For full dual eligibles participating in the on-line program, OHP/CCO is responsible as member's primary coverage for the on-line program.

Each CCO can decide how to best deliver the DPP benefit.

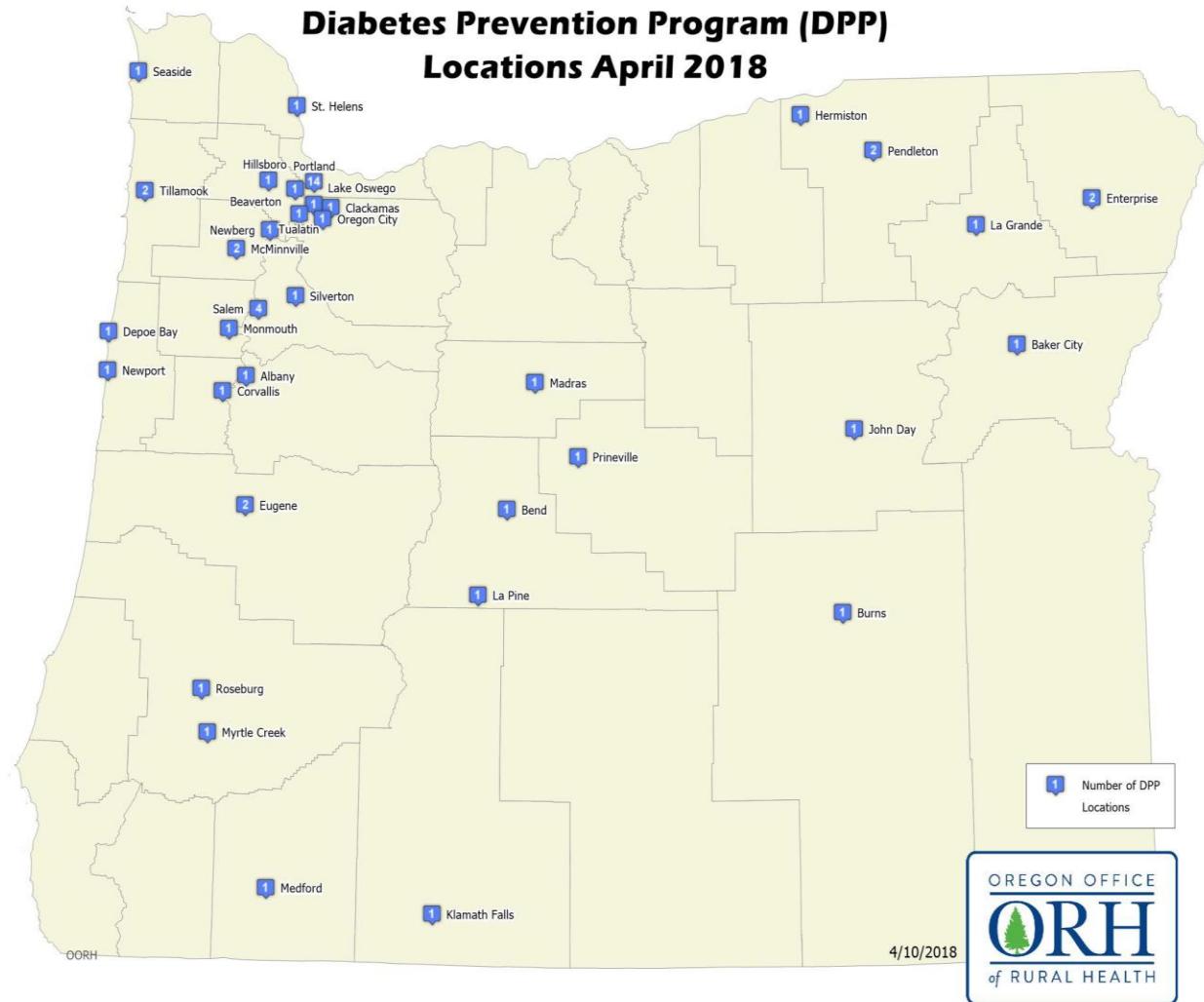
For questions about this set of slides email in the Medicaid Programs Unit: Jennifer.B.Valentine@state.or.us

Part C: Oregon DPP Programs & Medicare DPP Coverage

Health Systems Division, OHA



Oregon CDC Recognized Programs



For the most current list of CDC recognized DPP programs in Oregon:
https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=ME

Diabetes Prevention Program (DPP)

Portland Locations April 2018



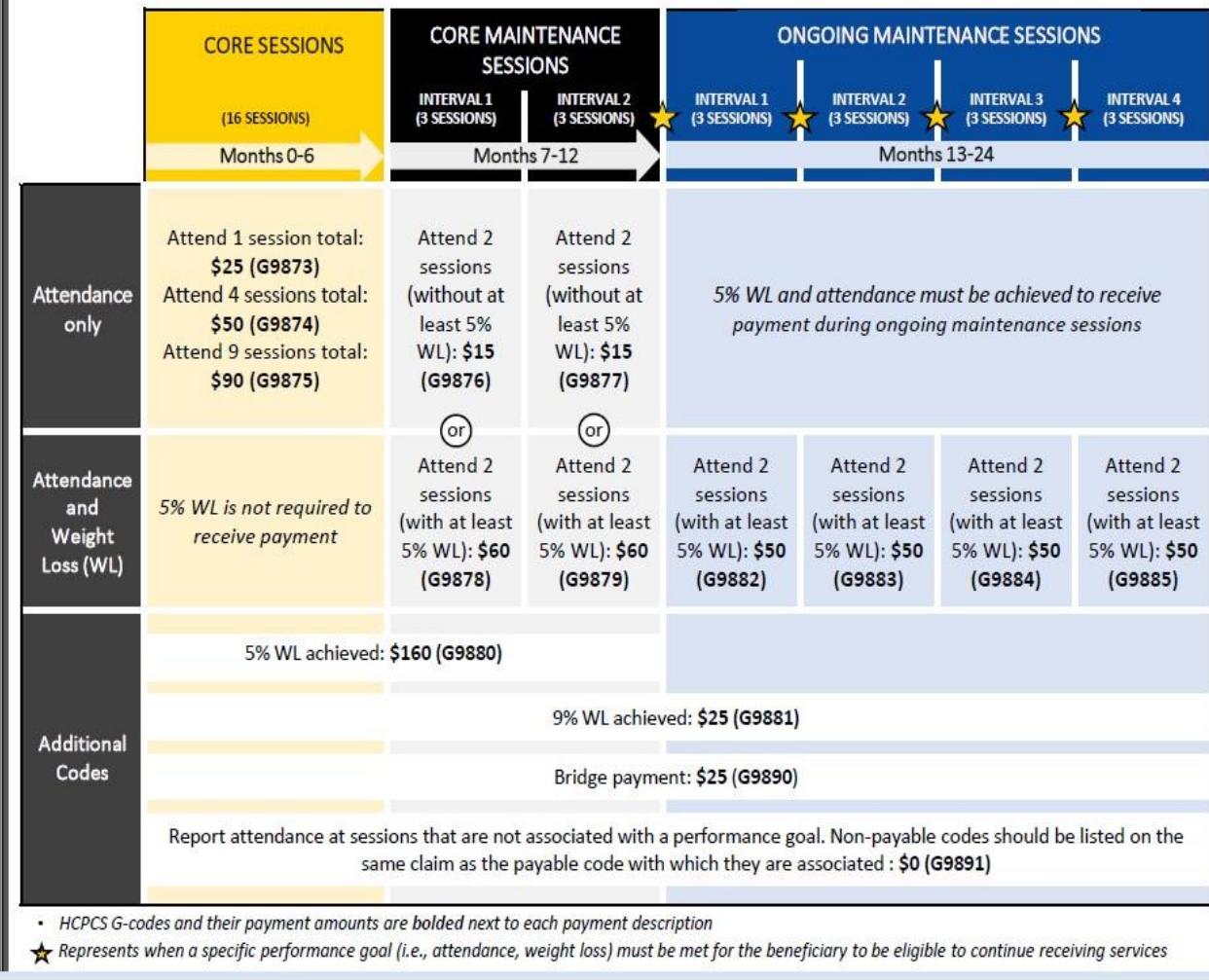
For the most current list of CDC recognized DPP programs: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=ME

Medicare (MDPP) FFS Billing Model: HCPCS G –Codes and Payment Structure

This guide only applies to services furnished to beneficiaries receiving Medicare Part B coverage via Medicare Fee-for-Service (FFS).

MDPP Payment Structure

Maximum possible payment per eligible beneficiary: \$670



Medicare DPP Materials

Important Medicare (MDPP) Payment Information Links

Medicare Diabetes Prevention Program (MDPP) Quick Reference Guide to Payment and Billing Reference Guide:

<File:///C:/Users/ORo217~1/AppData/Local/Temp/mdpp-billingpayment-refguide.pdf>

Medicare DPP Supplier Enrollment

<https://innovation.cms.gov/Files/fact-sheet/mdpp-101-fs.pdf>

<https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf> General

Medicare DPP information:

<https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>

Medicare Crosswalk Guidance (required crosswalk file for CDC performance data and the corresponding Medicare identifiers):

<https://innovation.cms.gov/Files/x/mdpp-crosswalk-guidance.pdf>

Questions?

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