



National Diabetes Prevention Program Guide for CCOs

Updated July 2024

National Diabetes Prevention Program (National DPP)

FREQUENTLY ASKED QUESTIONS

Background

The Centers for Disease Control and Prevention (CDC) established the National Diabetes Prevention Program (DPP) lifestyle change program to address the growing problem of prediabetes and type 2 diabetes. The National DPP is an evidence-based program offered by CDC-recognized National DPP organizations that focuses on helping Oregon Health Plan (OHP) members manage their prediabetes and reduce the risk of developing type 2 diabetes. OHP began coverage of the National DPP in January 2019. The Oregon Health Authority (OHA) strongly encourages Coordinated Care Organizations (CCOs) to work with the communities they serve to support implementation of the National DPP.

OHA is committed to the strategic goal of achieving health equity by 2023. The National DPP is one program that supports reaching the goal of eliminating health inequities as it can help reduce rates of prediabetes and diabetes in Oregon communities by supporting its goals of delivery of effective and efficient services, controlled cost of care, improved population health and increased equitable and culturally responsive distribution of care and resources.

OHP, Medicare and some commercial payers cover the one-year National DPP program. OHP covers an additional year when patients and their National DPP leader desire additional time to sustain lifestyle changes and type 2 diabetes risk-reduction strategies. Please email questions about OHP coverage for the second year of the program to medicaid.programs@odhsoha.oregon.gov. Please email questions not answered in this document about Medicaid and Medicaid/ Medicare dual eligibility billing to medicaid.programs@odhsoha.oregon.gov.

The purpose of this FAQ is to answer commonly asked questions and provide more guidance to CCOs, as a complement to the [2023 National DPP Companion Guide](#) for CCOs.

Definitions

National Diabetes Prevention Program (National DPP): An evidence based, one-year program that teaches participants positive lifestyle changes to help manage their prediabetes and reduce the risk of developing type 2 diabetes.

Prediabetes: A serious health condition wherein blood sugar levels are higher than normal but not high enough to be diagnosed as type 2 diabetes.

Diabetes Prevention Recognition Program (DPRP): The Centers for Disease Control and Prevention (CDC) established the DPRP as part of the National DPP to recognize organizations that have demonstrated their ability to effectively deliver a proven type 2 diabetes prevention and lifestyle change program.

Contents

Criteria for participation 3

1. If being overweight is a prerequisite for inclusion criteria, does it imply automatic fulfillment of the secondary criteria, independent of the A1c range or the presence of gestational diabetes? 3

2. How does Oregon Health Plan (OHP) redetermination or instances of OHP members falling off and returning to coverage impact one’s ability to complete the entire program? Additionally, is there an option to transfer the program to a new insurance carrier? 3

3. Are providers only using body mass index (BMI) to diagnose someone as being overweight or obese, or is there another assessment tool? 3

Billing 3

4. Does OHP require the same billing code for all 52 National DPP sessions over two years, or is there a need to differentiate billing codes after the first year? 3

5. What resources are available to support successful billing for National DPP, particularly for Community-based Organizations (CBOs) that are not set up to do tradition healthcare billing? 4

6. For individuals with dual coverage, if they don’t meet Medicare eligibility, can we bill Medicaid directly without involving Medicare? 4

7. What types of providers are billing for services?..... 4

8. Is it possible to bill for a makeup session on the same day as a regular DPP session, ensuring reimbursement for both? For example, if a patient misses a session and wishes to make it up with an additional session on the same day as another scheduled sesion. 5

9. As Medicare covers less sessions in the first year and no second year sessions, can the National DPP organization bill OHP for what Medicare doesn’t cover for dual Medicaid/ Medicare eligible members?..... 5

Service delivery 6

10. Does the CDC recognition include culturally specific adaptations of National DPP? 6

11. What is the link to the list of the National DPP Center for Disease Control and Prevention (CDC) recognized organizations? 6

12. Has OHA already created DMAP provider types for these providers? Will they be issuing to out-of-state providers, as has taken place in the past? Moreover, can we determine within the provider enrollment file whether they are CDC recognized or not? 6

13. What are some of the best ways to encourage providers to refer to the National DPP and to educate them about the National DPP’s effectiveness?..... 7

14. How can CCOs and providers increase access for Medicaid members, where seats are limited and programs are more customized to billing Medicare and Commercial carriers? 7

15. If the cadence of sessions is more than 16 in the first six months, will any over 16 be denied?..... 7

Resources:..... 8

Criteria for participation

1. If being overweight is a prerequisite for inclusion criteria, does it imply automatic fulfillment of the secondary criteria, independent of the A1c range or the presence of gestational diabetes?

The inclusion of overweight or obese criteria aims to increase access to the National DPP program and simplify the eligibility process, ensuring that individuals can qualify for the program based on this criterion alone or in conjunction with pre-diabetes or gestational diabetes diagnoses.

[Back to top](#)

2. How does Oregon Health Plan (OHP) redetermination or instances of OHP members falling off and returning to coverage impact one's ability to complete the entire program? Additionally, is there an option to transfer the program to a new insurance carrier?

Changes in OHP coverage will impact program continuity, however individuals returning to OHP can resume participation if the appropriate referrals and eligibility criteria are met. There isn't a direct option to transfer the program to a new insurance carrier, but maintaining open communication with program participants during coverage changes is essential for a smoother transition. Participants are encouraged to explore the offerings of their new insurance carrier and depending on the circumstances, may be supported upon enrollment to ensure a successful transition.

[Back to top](#)

3. Are providers only using body mass index (BMI) to diagnose someone as being overweight or obese, or is there another assessment tool?

Providers employ professional standards to diagnose individuals as overweight or obese, which may involve considerations beyond BMI, such as clinical assessments. The diagnostic process is in accordance with their professional standards. For reporting purposes, the OHA and National DPP guidelines require the submission of both the ICD-10 code and BMI as evidence that the individual meets the criteria for overweight or obesity. It's important to note that BMI criteria varies among different population groups. For more detailed information on the specific cutoff points for different demographics, please refer to the [National DPP Companion Guide](#).

[Back to top](#)

Billing

4. Does OHP require the same billing code for all 52 National DPP sessions over two years, or is there a need to differentiate billing codes after the first year?

Yes, utilize the billing codes outlined in the [National DPP Companion Guide](#) for each session: 0403T for In-person sessions; 0403T with a GT or 95 modifier for Distance Learning; and 0488T for Online sessions.

Please note that for individuals who are dual eligible for both Medicare and Medicaid, bill the first year to Medicare. **Subsequently**, bill the second year to Medicaid. This ensures proper billing alignment with the OHP's coverage for the National DPP sessions.

[Back to top](#)

5. What resources are available to support successful billing for National DPP, particularly for Community-based Organizations (CBOs) that are not set up to do tradition healthcare billing?

Both CCOs and CBOs have access to resources on [OHA's Transformation website](#) to support standard Medicaid billing for National DPP. CCOs and CBOs are encouraged to access [recorded webinars and slides](#) available on the site, as well as the [2023 National DPP Companion Guide](#), which describes details around claims and billing practices. CBOs that are not set up to conduct standard Medicaid billing may choose to collaborate with local partners, such as health departments or healthcare organizations, that have experience in Medicaid billing and may offer mentorship or joint initiatives to streamline billing practices for CBOs. For example, CCOs can set up a Provider Type 63 for CBOs delivering services, which may simplify the process. More information on provider types can be found in the [Companion Guide](#).

In addition, there are third-party billing services specializing in billing Medicaid for National DPP services and other related self-management programs. For example, the Community Integrated Network of Oregon (CINO) supports reimbursement for partners by maintaining the accreditation and recognition standards required to bill for some evidence-based health education programs. They contract with vendors for claims and invoice submissions as well as with health plans and payers. At the state level, CINO bills on behalf of program delivery organizations and distributes payments to them. For more information about CINO, contact CINO@comagine.org.

[Back to top](#)

6. For individuals with dual coverage, if they don't meet Medicare eligibility, can we bill Medicaid directly without involving Medicare?

Billing practices for dual coverage can vary, but generally, if a person does not meet Medicare eligibility criteria, it is possible to directly bill Medicaid without involving Medicare, providing they meet all Medicaid requirements.

[Back to top](#)

7. What types of providers are billing for services?

CDC-recognized National DPP organizations can be CBOs, CCOs or clinic-based providers. The majority of the services are delivered by trained and certified Lifestyle Coaches, who are employed by CDC-recognized National DPP organizations. Lifestyle Coaches guide participants through the program, offering support, and facilitating behavior change. Organization certification ensures adherence to the program's standards and effectiveness in delivering evidence-based interventions. Whether operating National DPP within a

CBO, CCO, or clinic-based setting, the diverse structure of CDC-recognized National DPP program providers reflects a commitment to making the program accessible and culturally relevant across various healthcare and community contexts.

Concerning billing for services, there are two OHP-approved National DPP provider types: Type 09 (Medicaid enrolled provider) and Type 63 (Encounter-only provider). OHA collaborates with providers to determine the most suitable provider type based on their specific circumstances. Type 09 Providers must be CDC-recognized and Medicaid-enrolled providers to qualify under Type 09. Type 09 claims must include a Medicaid-enrolled rendering provider. Type 63 Providers are CDC-Recognized National DPP organizations responsible for the integrity of the National DPP program. Lifestyle Coaches delivering the program under Type 63 do not have to be Medicaid-enrolled. For more detailed information about provider types and their appropriate usage scenarios, refer to the 2023 National DPP Companion Guide.

[Back to top](#)

8. Is it possible to bill for a makeup session on the same day as a regular DPP session, ensuring reimbursement for both? For example, if a patient misses a session and wishes to make it up with an additional session on the same day as another scheduled session.

OHP Fee-for-Service (FFS) will reimburse for make-up sessions on the same day when CPT[®] modifier 59 is attached to the second detail line on the claim. Per [CDC guidelines](#), make-up sessions can take place at any time during the program. However, a participant can only take one make-up session per week. In addition, only one make-up session can be held on the same date as a regularly scheduled session. If a participant knows in advance that a session will be missed, a make-up session may be held prior to missing the regularly scheduled session. CCOs may have their own specific guidelines regarding the billing of two sessions on the same day. It is advisable to check with the CCO billing department for clarification on their policies.

[Back to top](#)

9. As Medicare covers less sessions in the first year and no second year sessions, can the National DPP organization bill OHP for what Medicare doesn't cover for dual Medicaid/Medicare eligible members?

Yes, as Medicare only covers one session per month in the first six months, National DPP organizations can bill OHP for the additional session. As Medicare does not cover the second year, National DPP organizations can bill OHP for all year two sessions. For more information, please see the guidance: ["Oregon Requirements for National Diabetes Prevention Program Reimbursement."](#)

[Back to top](#)

Service delivery

10. Does the CDC recognition include culturally specific adaptations of National DPP?

Yes, the CDC-recognized National DPP implementation allows for cultural adaptations, including offering the program in multiple languages. Classes can align with National DPP requirements while also incorporating cultural relevance. The National DPP curriculum is available in multiple languages, promoting accessibility. We are actively working to assess and enhance information on language offerings by DPP providers. Access to the CDC-approved curriculum in different languages is here:

<https://coveragetoolkit.org/national-dpp-curriculum/>

[Back to top](#)

11. What is the link to the list of the National DPP Center for Disease Control and Prevention (CDC) recognized organizations?

A list of CDC Recognized National DPP Organizations can be found at <https://dprp.cdc.gov/Registry>. Unfortunately, this list does not detail the number of locations where each organization offers programs, or a list of languages and/or communities that each organization serves.

For information about where the National DPP services are being delivered at the local level, contact CINO@comagine.org.

[Back to top](#)

12. Has OHA already created DMAP provider types for these providers? Will they be issuing to out-of-state providers, as has taken place in the past? Moreover, can we determine within the provider enrollment file whether they are CDC recognized or not?

OHA has assigned two provider types for National DPP providers: Type 09 and Type 63. Please note that Type 63 is exclusively for CCO billing and is not currently accepted for FFS billing; however, this may change in 2024. Additional information on provider types can be found in the [National DPP Companion Guide](#).

Concerning out-of-state providers, OHA encourages the local delivery of the National DPP whenever feasible. Currently, there are National DPP organizations in Oregon who offer In-person and Distance Learning (synchronous) group classes, but no organizations that offer the Online (asynchronous) modality. While certain communities may explore contracting with out-of-state providers for the Online modality, specific requirements and protocols will apply that the chosen CDC-certified National DPP organization must adhere to.

To confirm CDC recognition for National DPP suppliers, it is recommended to directly cross-reference the provider's status with the CDC or refer to any specific designations mentioned in their enrollment documentation.

[Back to top](#)

13. What are some of the best ways to encourage providers to refer to the National DPP and to educate them about the National DPP's effectiveness?

One effective approach to encourage providers is directly engaging with them to inform them about [the National DPP](#). The program's focus is on risk reduction, not just for diabetes but also for related comorbidities like hypertension and cardiovascular disease; this makes it a compelling resource. Emphasizing the broad impact of the program on overall chronic disease risk reduction is crucial. While the pandemic may have shifted attention, it's important to reiterate that the National DPP is still available and actively contributing to patients' health.

The Community Integrated Network of Oregon (CINO) supports a statewide referral hub for health education programs and interventions. There are multiple ways to refer to the statewide referral hub. CINO maintains connection to Connect Oregon for referrals coordination and management at the state level, screens referred participants and provides program enrollment through the Oregon Compass self-management portal. When providers know there are referrals and billing processes in place, it becomes an integral part of the healthcare infrastructure. To find out more about CINO, contact CINO@comagine.org.

Encouraging providers to actively engage with and recommend the program to their patients helps create a more widespread awareness and utilization of the National DPP. Additionally, publicizing local National DPP classes to the general public reinforces its efficacy.

[Back to top](#)

14. How can CCOs and providers increase access for Medicaid members, where seats are limited and programs are more customized to billing Medicare and Commercial carriers?

Medicaid billing for National DPP in Oregon is relatively new, therefore National DPP organizations have had to adjust billing practices initially designed for Medicare and Commercial carriers. To optimize Medicaid access to in-person National DPP services, CBOs and CCOs may consider advocating for increased access in line with Medicaid billing as well as engaging in collaboration with Medicaid third-party billing experts, such as **CINO (For more information about CINO, contact CINO@comagine.org)**.

Referencing the [National DPP Companion Guide](#) may also serve as a resource to help streamline billing practices, ultimately paving the way for increased OHP member participation. For more information, reference the [CDC-registry of National DPP suppliers](#) for the state of Oregon. Finally, providers who refer patients to the National DPP may want to talk with the National DPP organization they refer to, to confirm that participation is not contingent upon insurance coverage.

[Back to top](#)

15. If the cadence of sessions is more than 16 in the first six months, will any over 16 be denied?

OHA FFS will allow for sessions more than 16 in the first months when extra sessions are deemed necessary for medical or quality-related reasons. For audit purposes, National DPP providers should

document such instances at a patient-level, including an explanation of why the extra sessions are necessary for the patient. This could include specific health conditions, progress or lack thereof, and/or any relevant medical history. Extra sessions billed to FFS for dual-eligible (Medicare and Medicaid) patients are also allowable, once the National DPP provider has billed out all Medicare-paid sessions. CCOs may have their own specific guidelines regarding the billing of additional sessions. It is advisable to check with the CCO billing department for clarification on their policies.

[Back to top](#)

Resources:

[2023 National Diabetes Prevention Companion Guide](#)

[Centers for Disease Control and Prevention \(CDC\) approved curriculum](#)

[Centers for Disease Control and Prevention \(CDC\) National Diabetes Prevention Program](#)

[Centers for Disease Control and Prevention \(CDC\) Recognized National Diabetes Prevention Program Organizations](#)

[Oregon Health Authority \(OHA\) Diabetes Technical Assistance](#)

[Oregon Health Authority \(OHA\) Transformation Center](#)