
How CBOs can offer National Diabetes Prevention Programs to their communities

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Lisa Bui, Quality Improvement Director, OHA

Rachel Burdon, MPH, Health Systems Policy Specialist, OHA

Don Kain, MA, RD, CDCES, Harold Schnitzer Diabetes Health Center at OHSU



HEALTH POLICY AND ANALYTICS
Transformation Center

Presenters



Lisa Bui, Quality Improvement Director, Oregon Health Authority



Rachel Burdon, MPH, Health Systems Policy Specialist, OHA



Don Kain, MA, RD, CDCES, Harold Schnitzer Diabetes Health Center at OHSU

Webinar objective

Help Oregon community-based organizations use their CDC National Diabetes Prevention Program (DPP) recognition status to deliver National DPP to the Oregon Health Plan members they serve.

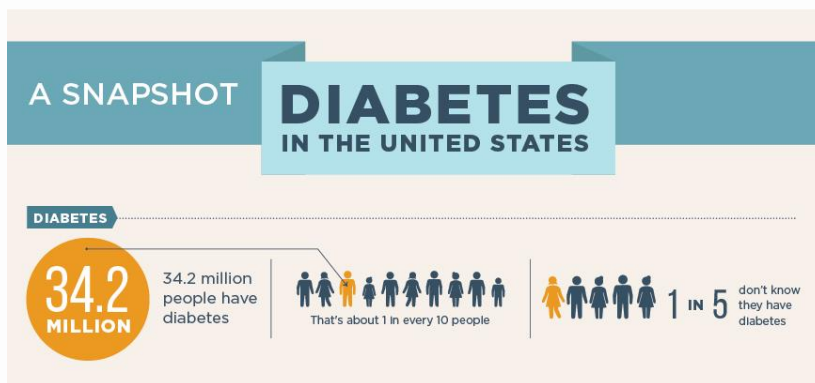
Webinar agenda

- **Why National DPP matters**
 - Diabetes: Problem and solution
- **Delivery and payment system foundations**
 - National DPP
 - OHP 101
- **What's covered in Oregon?**
- **How to get paid to deliver National DPP**
 - How do we deliver DPP - pathways
 - How do CBOs bill
- **CBO role**
 - Referral pathways
- **Resources**

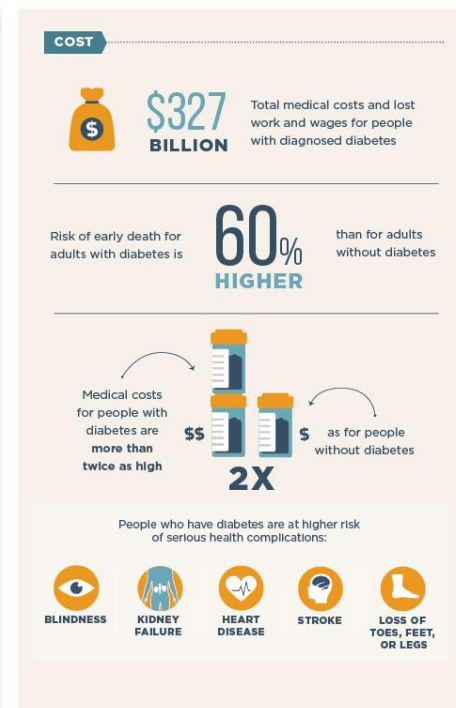
Why National DPP matters

Nationally and in Oregon

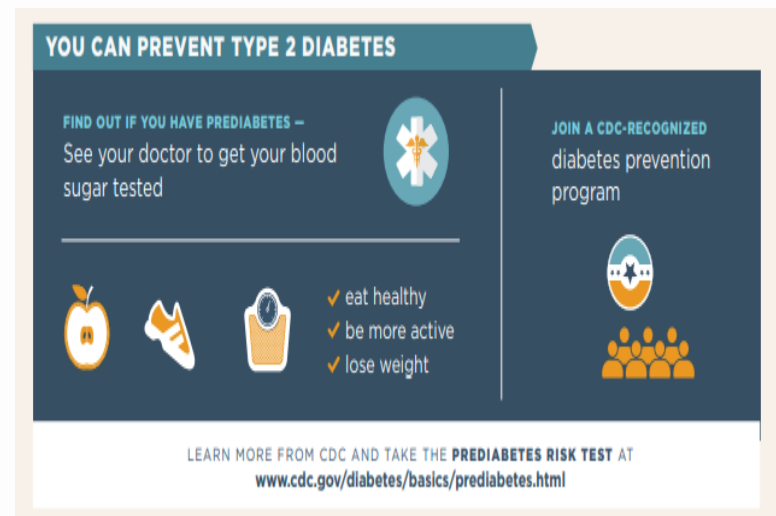
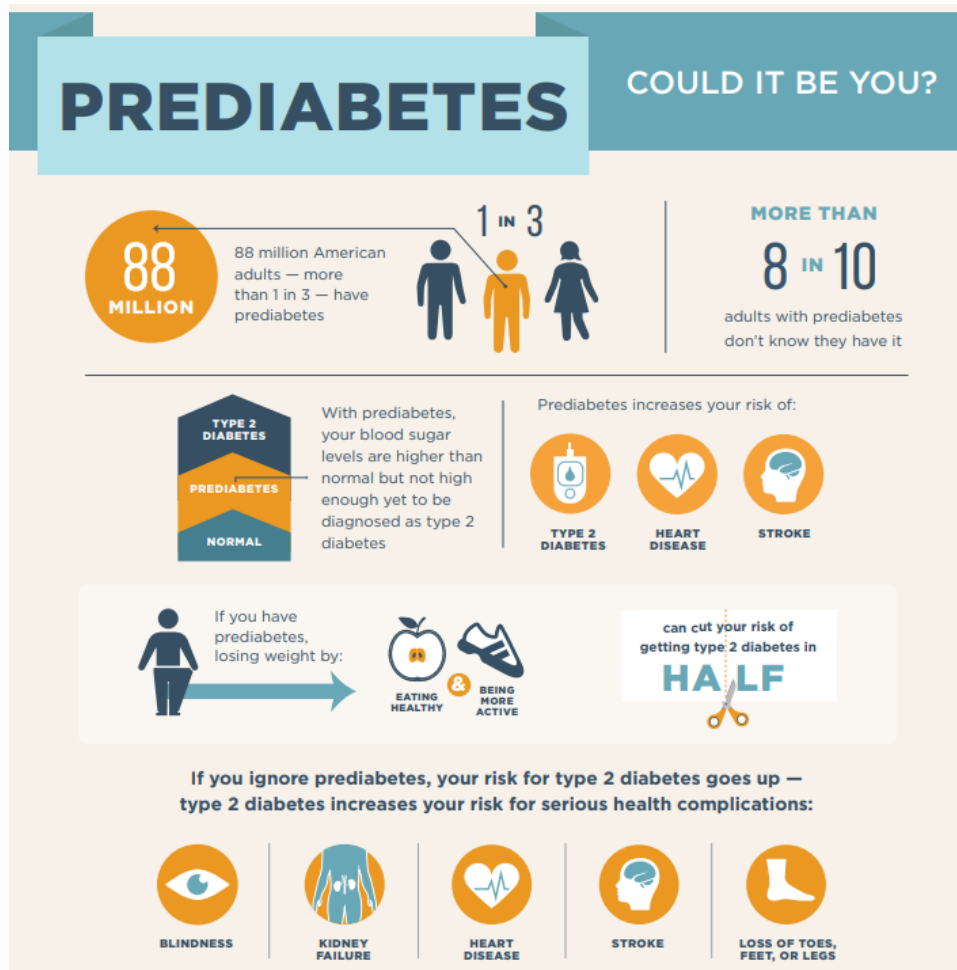
Diabetes – the “quiet epidemic”



- Diabetes is prevalent.
- Many people with diabetes are undiagnosed.
- Diabetes is costly for people and for our health care system.



Prediabetes

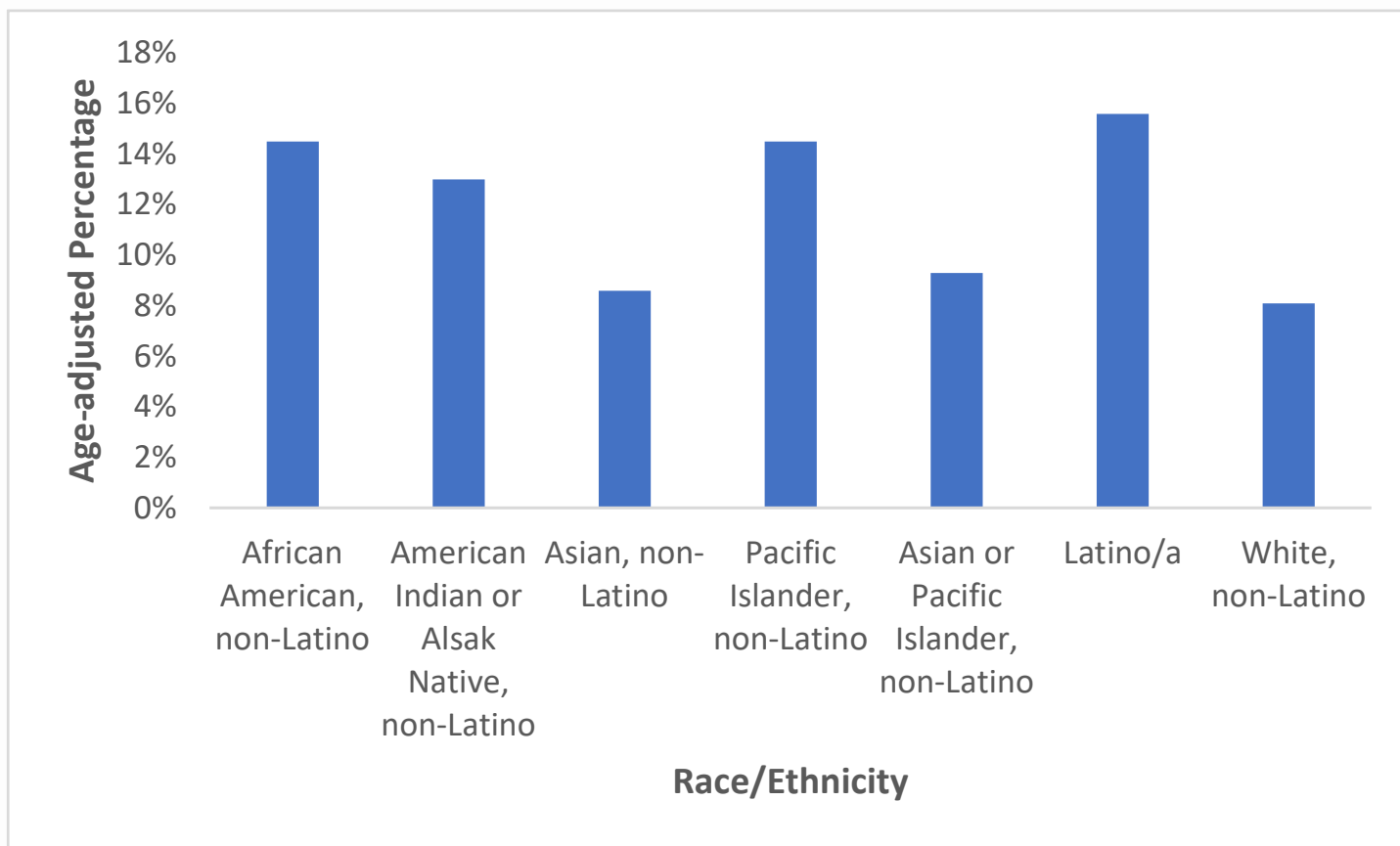


Without intervention, prediabetes can progress to type 2 diabetes within five years.

Source: *About Prediabetes & Type 2 Diabetes* (2019, April 4). Centers for Disease Control & Prevention

Diabetes disparities in Oregon

Age-adjusted diabetes among Oregon adults by race and ethnicity, 2015-2017



Data source:

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORRaceEthnicity_diseases.pdf

National DPP: How it works

- Lifestyle Coach works with groups of participants to reduce their risk by:
 - Losing weight through healthy eating (5-7% of starting weight)
 - Physical activity (avg. 150 minutes per week)
 - Learning to identify and address barriers to healthy eating and physical activity
- Relies on self-monitoring, goal setting, group process
- 2-year program
 - **Months 1–6:** 16 sessions, usually held weekly
 - **Months 7–12:** Biweekly sessions for the balance of year 1
 - **Months 13–24:** Biweekly sessions for year 2

Goals			
	Fat Grams	Calories	Minutes of Activity
Daily			
Weekly Average			

Totals				
	Fat Grams	Calories	Minutes of Activity	Weight
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Total				

NATIONAL Diabetes PREVENTION PROGRAM

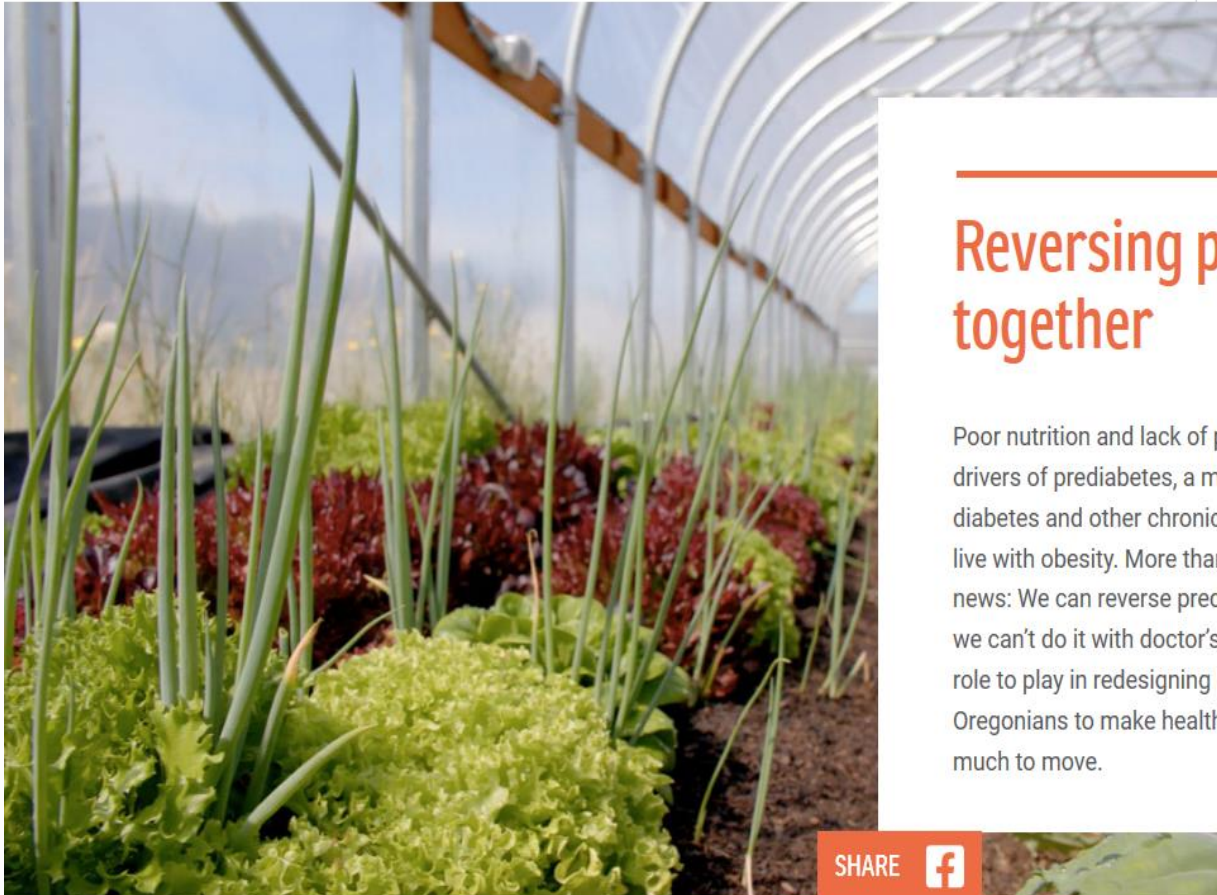
Food and Activity Tracker

Name: _____

Starting Date: _____

My To-Do this week: _____





Reversing prediabetes together

Poor nutrition and lack of physical activity are two significant drivers of prediabetes, a medical condition that fuels type 2 diabetes and other chronic diseases. About 30% of Oregon adults live with obesity. More than one in 3 have prediabetes. The good news: We can reverse prediabetes before it becomes diabetes. But we can't do it with doctor's visits and diets. Instead, everyone has a role to play in redesigning our communities to enable more Oregonians to make healthier choices about what to eat and how much to move.

[SHARE](#)


<https://placemattersoregon.com/we-are/reversing-prediabetes-together/>

Delivery and payment system foundations

How National DPP and OHP fit together

OHP 101:

Basic structure and who's covered

- Oregon Health Plan (OHP) is managed through 15 coordinated care organizations (CCOs) and a fee-for-service (FFS) plan managed by OHA.
 - [CCO information including provider directories](#)
 - [Map of CCOs in Oregon](#)
- CCOs manage the benefit for OHP members in their community
- Federal mandates and support; state flexibility and control
- **1,048,101 Oregonians** were enrolled in OHP as of June 15, 2020
 - 91.8% are in a CCO
 - 8.2% are in fee for service



OHP 101: National DPP in Oregon



- Estimated prediabetes in OHP members
 - OHA estimates that approximately 256,800 OHP-covered adults may currently have **prediabetes**. [calculated with OHA information & AMA DPP cost calculator]
- OHP billing structure
 - CCO = contracting with each CCO
 - FFS = becoming a Medicaid provider and billing OHA directly –OR–
 - FFS = connecting with a Medicaid provider to create a closed loop referral and billing process

The HERC and the Prioritized List

- The Health Evidence Review Commission (HERC) makes decisions about what services are evidence based. The Oregon Legislature sets the line on the prioritized list for OHP coverage.
- Services covered match with diagnoses.
- HERC requires a diagnosis for participation in the DPP program.
- Clinics diagnose and refer participants to CBOs.
- CBO reports back to those clinics on member participation.
- This process is a closed-loop referral – more on this later.

Partners to serve your community

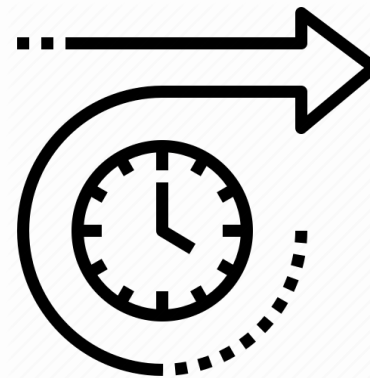
- Your organization and OHP/CCOs can partner to help keep your communities healthy.
- You have the expertise to reach members of your communities – we have the tools to help.
- OHP and CCOs can offer billing options that make it easier to get paid.
- We are here to help! Bring us your questions about how to meet your OHP DPP billing needs.



National DPP Medicaid Demonstration

Lessons learned

- Contracting takes time
- Community-based organizations, non-traditional medical billing providers, benefit from support and technical assistance in contracting phase
- Design of the contracts, including payment structures, with CBOs provided for necessary support for implementation of DPP for the demonstration
 - Payment structures for startup
 - Grant-based payments
 - Outcomes-based payments



What's covered in Oregon




The Medicaid benefit – “ins and outs”

National DPP coverage in Oregon

Coverage across several payer types:

- Oregon Health Plan/Medicaid – effective January 2019
- Medicare – effective April 2018
- Public Employees Benefit Board (PEBB)
 - Providence Plans – effective 2017
 - Kaiser – effective 2016
- Oregon Educators Benefit Board (OEBB) – various plans effective 2017

Oregon Medicaid National DPP coverage

 Who is Covered? Eligibility Criteria	 What is Covered? The Covered Benefit	 How is coverage provided? DPP Service Provision
Screening and Diagnosis	Funding, Billing & Referral	Provider Requirements
<ul style="list-style-type: none"> • Prediabetes (R73.03) when confirmed via blood test within past year • Previous gestational diabetes (Z86.32) • As a high intensity intervention for obesity or overweight (E66.01-E66.9) 	<ul style="list-style-type: none"> • Two years of the national DPP program • Up to 52 sessions over two years • All CDC recognized National DPP curriculums; including Native Lifestyle Balance • Multiple modalities covered: in-person, distance learning, online programs 	<ul style="list-style-type: none"> • National DPP must be provided by a CDC-recognized organization • National DPP provider or supplier must collect and report data to CDC • Two types of payment sources: Medicaid/Medicare reimbursement, Health-related services funds.

Note: Up to 52 sessions or 24 months over two years is based on two separate billing processes.

OHP: Who is covered to receive the National DPP?

In addition, under OHP:

- Participation in the National DPP **requires** a primary diagnosis of prediabetes (R73.03) or
 - gestational diabetes history (Z86.32) or
 - overweight/obesity (E66.01–E66.9)*
- Patients **do not qualify** if they have type 1 or type 2 diabetes or end stage kidney disease
- Note: Health Evidence Review Commission (HERC) guidelines **require a blood test** confirming the prediabetes diagnosis. Prediabetes Risk Test* results will not be accepted.

*Additional information on how to meet CDC criteria provided later in this slide deck

*Prediabetes/Gestational Diabetes effective January 1, 2019, Overweight/Obesity added October 1, 2019.

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



Referral for Diabetes Prevention Program

Primary and secondary diagnoses:

Primary diagnosis of pre-diabetes (R73.03) or gestational diabetes history (Z86.32) diagnosis code, or obesity/overweight diagnosis (E66.01–E66.9) required

HERC criteria require BMI as a secondary diagnosis for payment processing on claims

Qualifying BMI codes below:

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 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

**HERC
required
diagnosis
codes**

How to get paid to deliver National DPP in Oregon

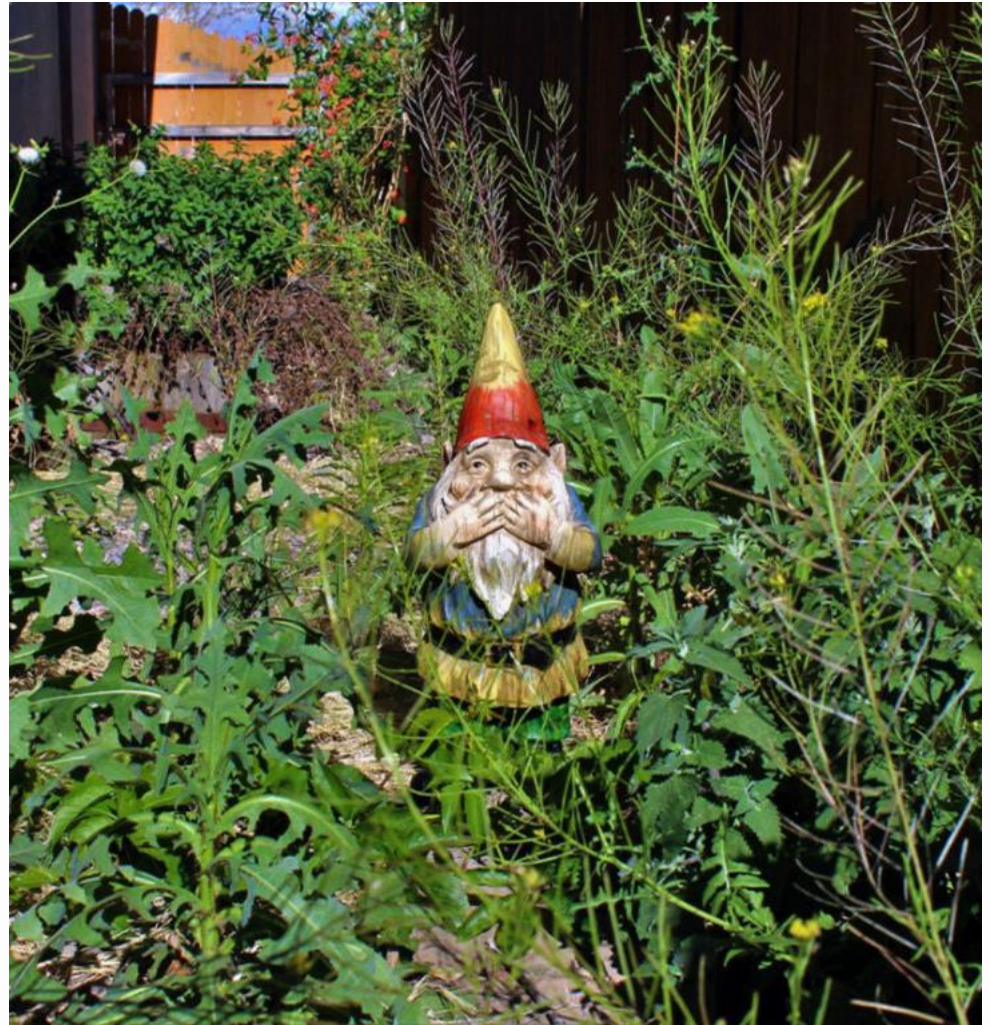
Overview

CBO poll: pain points



Cultivating your garden

- Medical billing
- Multiple payers
- Dual-eligible members
- Fee-for-service billing
- Tribal members in FFS



CCO funding options

Medical CPT Coding

- Traditional medical billing model. Similar to FFS model for OHP.
- 87% of Oregon's current CDC recognized programs were within organizations that are currently Medicaid enrolled.
- CCOs may choose to use DPP provider type for medical billing model.

Health-Related Services (HRS)

- DPP services that are not covered for an individual OHP member may be considered HRS as Flexible Services
- DPP programs provided by community-based organizations may be considered HRS as a Community Benefit Initiative.

In House

- CCO seeks CDC recognition and delivers National DPP in house.
- CCOs may choose to deliver the National DPP with in-house community health workers or lifestyle coaches.

APM or VbP Model

- CCO to CDC-recognized National DPP organization
- CCOs may find alternative payment (APM) or Value-based Payment (VbP) models useful. Plans may have a APM/VBP provider contract that could be modified to include the National DPP
- APM/VbP model option can enhance a CPT coding

Pathways to Implement National DPP in Oregon

Pathway #1

CCO implements National DPP via contract with CDC-recognized delivery organization for in-person, distance learning, or combination (on-line, in-person & distance)

Clinics with trained lifestyle coaches and CDC-recognized programs deliver DPP

Clinics with OHP enrolled providers utilize reimbursement methodology for Medicaid (and Medicare) billing for DPP

Pathway #2

CCO contracts with CDC-recognized provider for on-line delivery of DPP

CBOs with trained lifestyle coaches and CDC-recognized programs deliver DPP

New Provider Type

CBOs (or other DPP provider) collaborate with CCOs and/or clinics to determine reimbursement methodology for Medicaid (and Medicare) billing for DPP

CDC-recognized provider delivers DPP on-line from in-state or out-of-state

New Provider Type

CCOs and CBOs determine contractual agreement for use of Medicaid/CCO Health-related services (HRS) funding to support DPP.

Pathway #3

CCO delivers DPP “in house” by building internal infrastructure

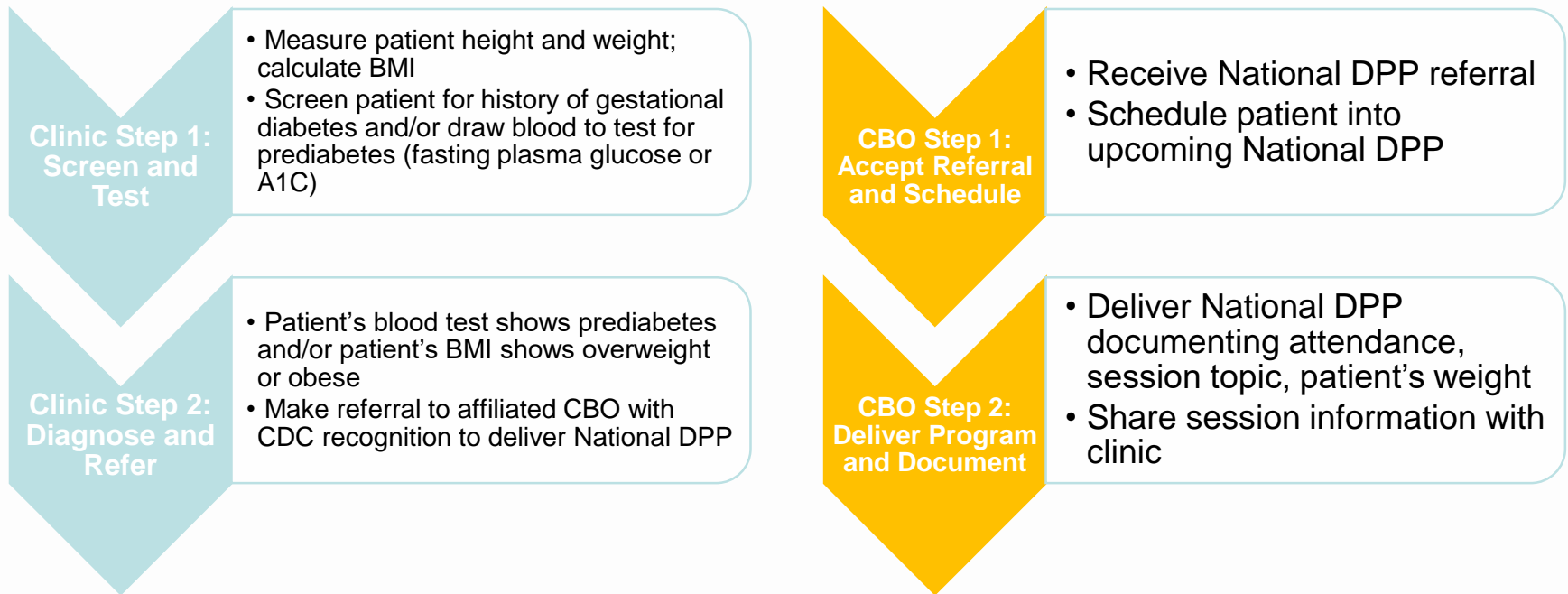
CCO must:

- Obtain CDC recognition
- Employ trained lifestyle coaches
- Adhere to DPRP standards
- Collect and report data to CDC

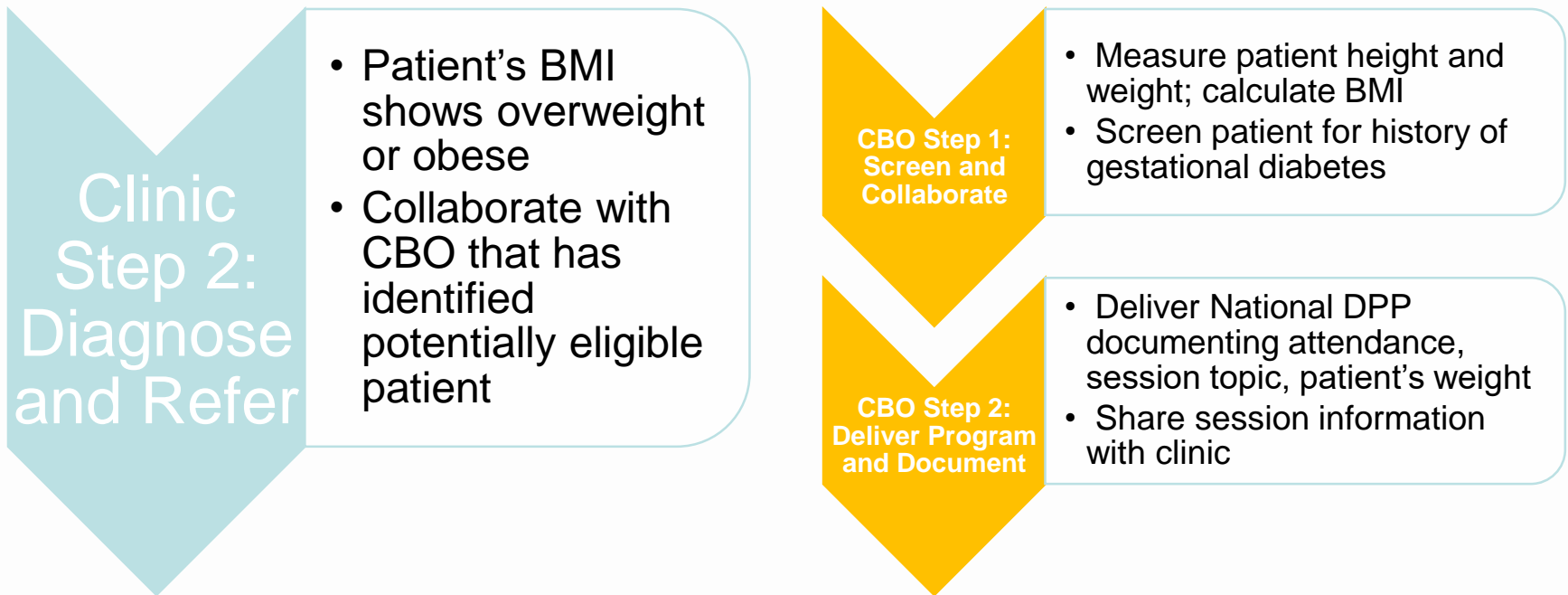
Payment for DPP is supported via CCO administrative budget

APM/VbP model

Clinic/CBO billing process: clinic initiation



Clinic/CBO billing process: CBO initiation



Clinic/CBO billing process: either initiates

Clinic Step 3: Document and Bill

- Document class attendance and bill for DPP delivery
- Identify affiliated CBO as provider of National DPP class

Clinic Step 4: Pay CBO

- CCO or FFS OHP reimburses clinic for National DPP delivery
- Clinic pays CBO for delivery of National DPP

Clinic/CBO partnership: Who's involved in each step of the billing process



Partnership



Community-based organizations/community clinics

Ideally would like to see National DPP delivered by trained Lifestyle Coaches from the communities they serve

- CBOs have the trained coaches, but may not be OHP providers
- Community clinics are OHP providers, but may not have trained National DPP Lifestyle Coaches

Pilot partnership between Neighborhood Health Center and Familias en Accion

Provider and DPP program roles

Medical Billing Provider	CDC-Recognized DPP Program+
Diagnosis & Referral in Medical Record --If prediabetes referral, share that member has had qualifying blood test --If obesity referral, share BMI and if completed at your office, CDC/ADA Prediabetes Risk Test	Receive and track referrals (per CDC requirements) % Participants Qualifying with Blood Test –35% minimum --referred prediabetes % Participants Qualifying CDC or ADA Screening –up to 65% --referred obesity/BMI –keep documentation of completed risk/screening tests. If provider did not administer, complete CDC/ADA Prediabetes Risk Test (Qualifying Score 5 or higher on the CDC/ADA Prediabetes Risk Test)
Attendance/Participation: Keep attendance in member record to submit accurate billing	Attendance/Participation/Completion Following CDC tracking expectations Complete loop by providing attendance/participation back to billing provider
Reports on completion from DPP program/DPP instructor	Record weight and physical activity minutes Submit data to CDC as required for tracking
Additional Online Expectations: Address expectations for online DPP program documentation (properly recording and tracking individual participant participation and completion in case of audits).	Additional Online Expectations: Online programs should maintain a participation record that can demonstrate (1) how CDC content is being delivered and (2) include by participant record demonstrating online completion of content as verification for potential audit. <i>Members must be actively participating during the month in order for provider to bill for any full month of DPP service.</i>

+ Details for data requirements for maintaining CDC recognition can be found in the CDC Diabetes Program Recognition Standards <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

Collaborating to recruit participants

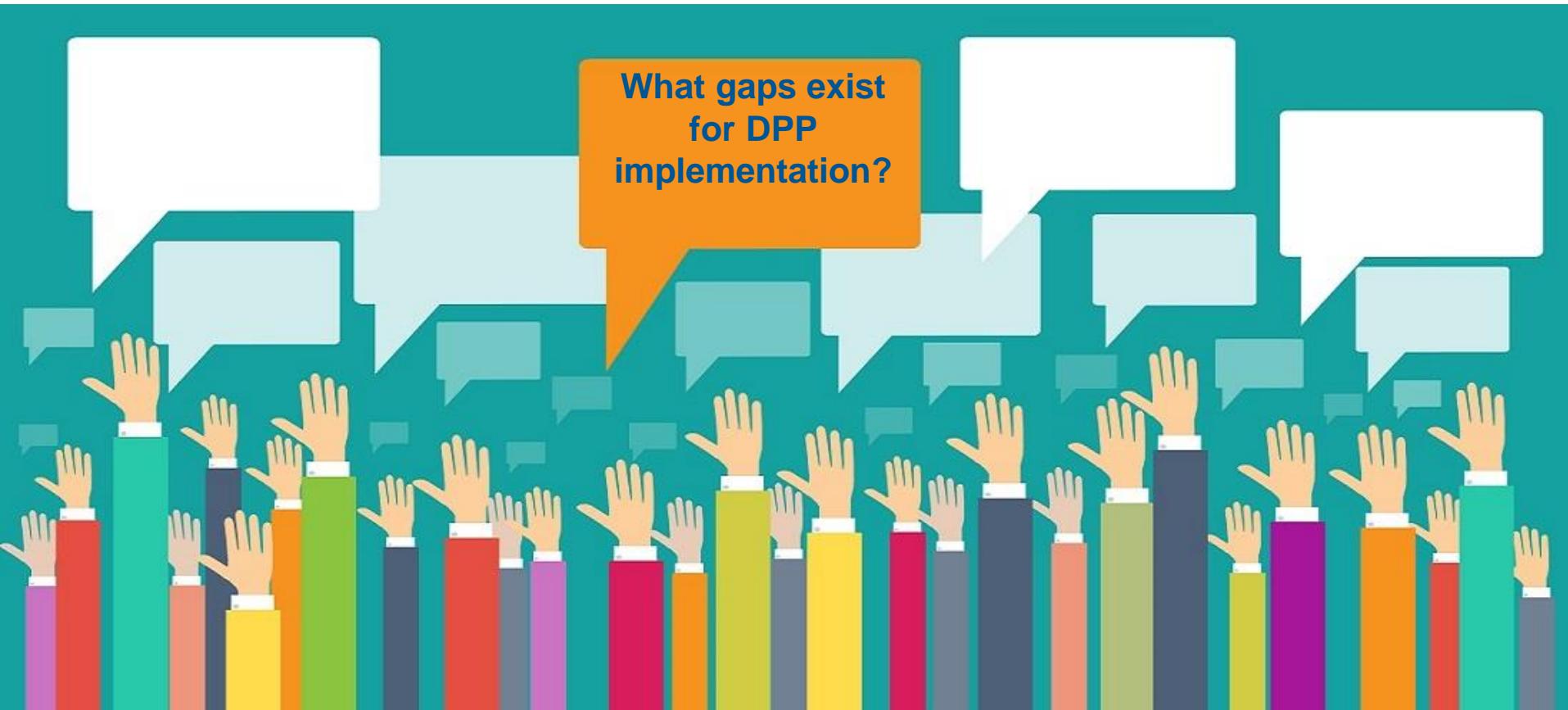
Responsibility for participant recruitment does not reside with a single entity

Entity	Responsibility/Contribution
CBO	<ul style="list-style-type: none">• Promotion within community• Might be delivering program• May be able to help identify OHP members eligible for medical coverage
Clinic	<ul style="list-style-type: none">• Screening & testing for prediabetes• Referral to culturally appropriate DPP
CCO	<ul style="list-style-type: none">• Develop creative, inclusive reimbursement infrastructure for National DPP delivery• Promote program to CCO members

Building CCO relationships

- Check with your local CCO for contracting and billing options
- Let the CCO know if you have
 - Medical billing experience; and
 - Affiliation with a clinic or clinical provider who can bill on your behalf.
- CCOs may use health-related services funds to contract and pay you directly for services – ask!

CBO poll: gaps



OHA encourages CCOs to:

- Meet the member's cultural and health needs
- Engage community-based organizations – especially those serving non-English speaking communities or communities of color
- Work with medical clinics, hospitals, health departments
- Engage Tribal Health Programs & FQHCs serving underserved populations
- Consider web-based/online providers (may be a good option for those who live farther from population centers)
- Build in-house CCO or clinic capacity

Tribal members in FFS

- Indian Health Services, Tribal and Urban Indian (I/T/U) services may already be providing DPP in your community.
- See additional information about providing DPP to Tribal members in the resource section of these slides.

Questions?



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Upcoming trainings

National Diabetes Prevention Program webinar

- Clinic focus: September 23, 2020, noon-1 p.m.

On-demand, recorded webinars with no-cost CME available

- Patient education and engagement in diabetes care (no-cost CME available): On-demand, recorded webinar
- Working with pharmacists on a diabetes care team (no-cost CME available): On-demand, recorded webinar

Presenter contacts

- **Lisa Bui:** Lisa.T.Bui@dhsosha.state.or.us
- **Rachel Burdon:** Rachel.E.Burdon@dhsosha.state.or.us
- **Don Kain:** kaind@ohsu.edu

Thank you!

This webinar is hosted by the
Oregon Health Authority Transformation Center.

- For more information about this presentation, contact Transformation.Center@state.or.us
- Find more resources for diabetes care here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Diabetes.aspx>
- Sign up for the Transformation Center's technical assistance newsletter: <https://www.surveymonkey.com/r/OHATransformationCenterTA>

Resources

Billing FAQs

Requirements for National Diabetes Prevention Program reimbursement

The Oregon Health Plan (OHP) will reimburse for National Diabetes Prevention Program (National DPP) services for individuals over 18 with prediabetes, previous gestational diabetes or an overweight/obesity diagnosis when it is:

- Provided by a recognized Oregon National DPP lifestyle program,
 - Referred and billed by an enrolled OHP provider, and
 - Delivered as an intervention for prediabetes (when confirmed via blood test within the past year) or previous gestational diabetes, according to line 3 of the Prioritized List of Health Services and as noted in Guideline Note 179; or as a high intensity intervention for obesity or overweight diagnoses (according to line 320 of the Prioritized List and as noted in Guideline Note 5).
- OHP will **not** cover National DPP services for members with a current diagnosis of Type 1 or Type 2 diabetes or end-stage renal disease.

When can current enrolled providers supervise and bill for a DPP program?

- Oregon Licensing Boards provide guidance on supervision requirements and expectations such as scope of practice.
- OHP does not require supervising providers to be in the same office when auxiliary community health education and outreach are being performed.
- Programs that are within a health department, FQHC, or clinic that already has OHP enrollment can bill through the existing clinic/provider enrollment as for other services.
- Medicare “Incident-To” rules apply only to Medicare billing.
- OHP FFS DPP claims can be billed by the supervising provider; FFS doesn’t have a mechanism to directly enroll independent DPP suppliers like Medicare. CCOs can mirror this billing process.

Medicaid FFS 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.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>

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

New encounter-only provider type for DPP in CCOs:

When a CCO chooses a DPP provider who has no current other enrollable provider type, the CCO may want to use the new encounter-only provider type.

- MMIS Type 63 description on Form 3108 now is “National Diabetes Prevention Program Supplier”
- Type 63 specialty codes are:
 - (1) 497 for in-person program
 - (2) 498 for online program.
- Form 3018 is available at:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3108.pdf>
- For information for DPP programs on how to get an NPI as a DPP supplier or instructor/coach, both CDC and Medicare provide instructions for DPP suppliers.
<https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf>
- Many online-only DPP providers, especially larger national companies, are likely to already have Medicare DPP supplier enrollment which makes credentialing for you easier.

**How to Use the
Type 63
Encounter-Only
“National
Diabetes
Prevention
Program
Supplier”**

At the present time, our State Plan does not allow for DPP supplier enrollment in OHP FFS.

CMS credentialing requirements for CCOs and encounter-only DPP suppliers

- Each CCO is responsible for credentialing and ensuring encounter-only DPP supplier providers meet CMS network provider selection policies and procedures consistent with 42 CFR §438.12 (Specifically CMS requires MCEs to (a) not discriminate against particular providers that serve high-risk populations and (b) ensure providers are not CMS excluded per 42 CFR §438.214.)
- Given CMS credentialing requirements for CCOs, and since DPP suppliers have no Oregon licensure or licensing board, CCOs may choose to follow processes 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 via Medicare DPP supplier type providers/programs steps: <https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf>
 - An additional example of Maryland's credentialing process for National DPP suppliers that aligns with Medicare DPP supplier enrollments: <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>.

Who is covered?



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
- For prediabetes diagnosis, 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

Coverage: What is covered for OHP?

In-person DPP program participation requirements and coverage limitations:

National DPP services can be provided

- In person; or
- Via remote two-way telehealth class (for medical billing use GT modifier).

	In-person DPP program	Total number of OHP-covered sessions
Year One	Months 1–6	16 core sessions (per CDC curriculum)
	Months 6–12	12 maintenance sessions (up to 2 per month)
Year Two	Months 1–12	24 maintenance sessions (up to 2 per month)
	Program Total	52 sessions over 24 months

Online National DPP coverage

Online program participation requirements and coverage limitations:

To qualify for reimbursement as an online program, the program must provide the OHP member

- an FDA-approved Bluetooth-enabled weight scale and
 - a web-based fitness tracker
- at the beginning of the program.

	Online DPP program	Total number of OHP-covered program months
Year One	Months 1–6	Up to 6 months (per CDC curriculum)
	Months 6–12	Up to 6 months (for each month the member actively participates in the program)
Year Two	Months 1–12	Up to 12 months (for each month the member actively participates in the program)
	Program Total	Up to 24 months

FFS claim detail

Example: Prediabetes diagnosis on claim

Inter Change
Government Health Portfolio

Session valid through: Wed Oct 2 2019 1:51:55 PM

Wednesday, October 02, 2019

Home **Claims** Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL Site EDMS Help

home search **information** adjustments data corrections related data independent choices reports drug profile search

Next Search By: ICN [] search clear adv search

Physician Claim

ICN [] Claim Type PROFESSIONAL CLAIM Status* PAID [] Details 1

Prev ICN [] Provider ID [] MCD [Search] FDOS* 05/22/2019 Billed []

Current ID* [] [Search] Ref Prov1 ID [] [Search] TDOS* 05/22/2019 Net Billed []

Last Name [] Signature Yes [] Hosp FDOS [] Total TPL []

First Name [] Accident [] Hosp TDOS [] TPL []

DOB [] Accident Date [] Date Billed* 09/03/2019 Spenddown []

Cert # [] ClaimDiagnosis 1 - R7303 [] Date Paid 09/06/2019 Copay Amount []

Attachment No [] PAN [] TPL Rec Amt \$0.00 Paid []

RA Number [] Submitter ID [] Reimbursed \$0.00 MRN []

MCO Billing Provider [] NPI [] Plan Payment [] Total Patient Liability \$0.00 TPR Code []

TPL Non-Plan \$0.00

Physician Claim Select an area to add or modify

adjust

Claim Detail

Diagnosis

Sequence	Diagnosis	Description	ICD Version	Present on Admission	Qualifier
2	Z6837	Body mass index (BMI) 37.0-37.9, adult	10		ABF
1	R7303	Prediabetes	10		ABK

List prediabetes (or gestational diabetes, or obesity) on ALL claims as primary diagnosis

On initial (1st) claim, include qualifying BMI as secondary diagnosis)

FFS claim detail

Example: Billing Provider Submission

Claim Detail									
Detail Number	1	Status	PAID	FDOS	05/22/2019	Billed Amt			
Adjust Ind		Diagnosis Ind	1 2	TDOS	05/22/2019	Allowed Amt			
Procedure	0403T	POS		Units Billed		Copay Amt			
Modifier1		Rend Prov ID		Units Allowed		OI Amt			
Modifier2		Ref Prov1 ID		Emergency		System			
Modifier3		Ref Prov2 ID		EPSDT Ref		EPSDT/Fam Plan			
Modifier4		Patient Liability		Plan Payment		TPL Non-Plan			
NDC		NDC UOM		NDC Qty		NDC Qual			

Type changes below. goto

Detail #	1	Status	PAID	FDOS*	05/22/2019	Billed Amt	
Adjust Ind	<input type="text"/>	Diagnosis Ind	1 2	TDOS*	05/22/2019 <td>Allowed Amt</td> <td></td>	Allowed Amt	
Procedure*	0403T [Search]	POS		Units Billed	1.00	Copay Amt	
Modifier 1	[Search]	Rend Prov ID		Units Allowed	1.00	OI Amt	
Modifier 2	[Search]	Ref Prov1 ID		Emergency	<input type="text"/>	System	No
Modifier 3	[Search]	Ref Prov2 ID		EPSDT Ref	None	EPSDT/Fam Plan	
Modifier 4	[Search]	Patient Liability	0	Plan Payment		TPL Non-Plan	
NDC	[Search]	NDC UOM		NDC Qty	0	NDC Qual	

Diagnosis					
Sequence	Diagnosis	Description	ICD Version	Present on Admission	Qualifier
2	Z6837	Body mass index (BMI) 37.0-37.9, adult	10		ABF
1	R7303	Prediabetes	10		ABK

Rendering Provider (in this case, a nutritionist) is the provider who attests that the patient attended the class conducted by the Lifestyle Coach

COVERAGE: Medicare–Medicaid Full Benefit Dual Eligible (FBDE)

Billing for OHP FBDE reminders:

- For the in-person program, **Medicare is primary payer** for OHP FBDE. OHP/CCO is responsible for cost-sharing.
 - Contact the member's Medicare Advantage plan for billing instructions **or**
 - Bill Medicare FFS
- **Medicare does not cover the online program.** OHP/CCO is responsible as member's primary coverage for the online program.



FBDE: OHP benefit packages BMM, BMD

Medicare (MDPP) FFS coverage and 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). Contact a patient's Medicare Advantage plan to determine billing expectations.

MDPP Payment Structure

Maximum possible payment per eligible beneficiary: \$670

	CORE SESSIONS (16 SESSIONS) Months 0-6	CORE MAINTENANCE SESSIONS INTERVAL 1 (3 SESSIONS) INTERVAL 2 (3 SESSIONS) Months 7-12		ONGOING MAINTENANCE SESSIONS INTERVAL 1 (3 SESSIONS) INTERVAL 2 (3 SESSIONS) INTERVAL 3 (3 SESSIONS) INTERVAL 4 (3 SESSIONS) Months 13-24			
Attendance only	Attend 1 session total: \$25 (G9873) Attend 4 sessions total: \$50 (G9874) Attend 9 sessions total: \$90 (G9875)	Attend 2 sessions (without at least 5% WL): \$15 (G9876)	Attend 2 sessions (without at least 5% WL): \$15 (G9877)	5% WL and attendance must be achieved to receive payment during ongoing maintenance sessions			
Attendance and Weight Loss (WL)	5% WL is not required to receive payment	OR Attend 2 sessions (with at least 5% WL): \$60 (G9878)	OR Attend 2 sessions (with at least 5% WL): \$60 (G9879)	Attend 2 sessions (with at least 5% WL): \$50 (G9882)	Attend 2 sessions (with at least 5% WL): \$50 (G9883)	Attend 2 sessions (with at least 5% WL): \$50 (G9884)	Attend 2 sessions (with at least 5% WL): \$50 (G9885)
Additional Codes	5% WL achieved: \$160 (G9880)			9% WL achieved: \$25 (G9881)			
	Bridge payment: \$25 (G9890)			Report attendance at sessions that are not associated with a performance goal. Non-payable codes should be listed on the same claim as the payable code with which they are associated : \$0 (G9891)			

• HCPCS G-codes and their payment amounts are bolded next to each payment description

★ Represents when a specific performance goal (i.e., attendance, weight loss) must be met for the beneficiary to be eligible to continue receiving services

Link to Medicare DPP Fact Sheet
<https://innovation.cms.gov/Files/fact-sheet/mdpp-beneelig-fs.pdf>

Medicare DPP resources

- **Medicare Diabetes Prevention Program (MDPP) Quick Reference Guide to Payment and Billing Reference Guide**
 - <https://innovation.cms.gov/files/x/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>

OHP billing guide

OHP NDPP billing guide:

<https://www.oregon.gov/oha/HSD/OHP/Tools/National%20DPP%20services%20for%20OHP%20members.pdf>

Questions?

- **Providing NDPP services to CCO members:** Contact your local CCO.
- **Providing NDPP services to OHP members not enrolled in a CCO:** Please email Jennifer Valentine at Jennifer.B.Valentine@dhsosha.state.or.us

How to become a National DPP provider

Resources on NDPP

- [National DPP Coverage Toolkit](#) – Information on contracting, delivery, billing and coding, and data and reporting to support health insurance plans, employers, and state Medicaid agencies in making the decision to cover the National DPP lifestyle change program
- [Implement a Lifestyle Change Program](#) – Resources and guidance on offering a program, including staffing, participant recruitment and training, and data reporting
- [Interested in offering the DPP in Oregon? \(PDF\)](#)
- [CDC Diabetes Prevention Recognition Program Standards and Operating Procedures Handbook](#)
- [National Diabetes Prevention Program reimbursement for Oregon Health Plan members](#)
- [Diabetes Prevention Program OHP benefit coverage and billing guidance](#)

Programs: Investment in infrastructure

- Two master trainers in Oregon
- **310 trained** lifestyle coaches
- **30 CDC-Oregon recognized programs**
- **34 counties** have trained lifestyle coaches
- **8463 participants** have gone through DPP



Not yet a National DPP provider?

Contact the OHA Public Health Division to learn how you can get trained:

Kaitlyn Lyle, Diabetes Program Coordinator

Kaitlyn.E.Lyle@dhsoha.state.or.us

CDC program registry:

https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

Additional resources

Web resources

For all audiences

- [Evaluation of the Medicaid Coverage for the National Diabetes Prevention Program Demonstration Project: Executive Summary](#)
- [Oregon Diabetes Report](#) (PDF) – Report to the 2015 Oregon Legislature on the burden of diabetes and progress on the 2009 diabetes strategic plan
- [Oregon Medical Association DPP platform](#) – Explore resources and training opportunities, connect with a DPP physician champion, and look for a communication campaign for providers and clinical teams launching June 2019
- [Comagine Health \(formerly HealthInsight\) DPP initiative](#) – Resources for clinicians, consumers, program delivery organizations and employers/health plans
- [CDC Prediabetes Screening Test](#)

For all audiences

- [Place Matters Oregon website](#)
- [Making the case for National DPP video \(short\)](#)
- [Making the case for National DPP video \(long\)](#)

Medicare DPP resources

Important Medicare (MDPP) Information Links

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

<https://innovation.cms.gov/files/x/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>

For health care providers

- [Steering Toward Health](#) - Online toolkit for the OHA and Oregon Medical Association multiyear initiative to connect adults with prediabetes to evidence-based lifestyle change programs.
- [Screen and Refer Patients to a Lifestyle Change Program](#) – Resources including the [Prevent Diabetes STAT toolkit](#) developed by the AMA and CDC
- [CDC-recognized National Diabetes Prevention Programs in Oregon \(find a workshop\)](#)
- [Guideline Note 179](#) – Outlines National DPP eligibility criteria for Medicaid members in Oregon, per the Prioritized List of Health Care Services

For employers and insurers

- [National DPP Coverage Toolkit](#) – Information on contracting, delivery, billing and coding, and data and reporting to support health insurance plans, employers, and state Medicaid agencies in making the decision to cover the National DPP lifestyle change program
- [Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs](#) – Lessons from Oregon CCOs participating in the National DPP Medicaid Demonstration Project (2016–2018)
- [National Diabetes Prevention Program reimbursement for Oregon Health Plan members](#)
- [Diabetes Prevention Program OHP benefit coverage and billing guidance](#)
- [Health-related services FAQ guidance](#)
- [Covering a lifestyle change program as a health benefit \(CDC\)](#)

For DPP providers

- [Implement a Lifestyle Change Program](#) – Resources and guidance on offering a program, including staffing, participant recruitment and training, and data reporting
- [Interested in offering the DPP in Oregon? \(PDF\)](#)
- [CDC Diabetes Prevention Recognition Program Standards and Operating Procedures Handbook](#)

Additional resources

Indian Health Service/Tribal/Urban Indian

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

If you are in a community 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.

DPP programs in tribal settings can apply with CDC for a quick turnaround preliminary recognition approval of their already nationally recognized DPP culturally designed curriculum or decide to participate in a training in Oregon for the DPP curriculum.

CDC requires programs to offer at least one year of the DPP curricula to stay CDC recognized. The OHP benefit covers the full second year of maintenance sessions to support members' continued success following the Medicare model.

Year One	DPP Core Year-long Program
CPT 0403T In-person	ENCOUNTER rate per 60 min. class billed by date of session X 16 CORE SESSIONs in 1 st six months X 12 Core Maintenance Sessions in 2 nd half year/six months (up to 2 sessions per month)
Year Two	DPP Maintenance Year
CPT 0403T In-person	ENCOUNTER rate per 60 min. class billed by date of session X 24 Maintenance Sessions in 12 months (up to 2 sessions per month)

Tribal Health Clinics are enrolled OHP providers and can bill for DPP programs through current enrollments.

Complete the CDC online registration form:
https://nccd.cdc.gov/ddt_dprp/applicationform.aspx

Select which CDC approved curriculum you are using in the drop-down menu of Question 17

NOTE: The full list of CDC Training entities are found here: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html>

17. Curriculum*

If you select **Other Curriculum**, you must submit your curriculum files.

- ☒ 2016 PreventT2 - English
- ☐ 2016 PreventT2 - Spanish
- ☐ 2016 PreventT2 - English and Spanish
- ☐ 2012 National DPP curriculum - English
- ☐ 2012 National DPP curriculum - Spanish
- ☐ 2012 National DPP curriculum - English and Spanish
- ☐ Native Lifestyle Balance-Preventing Diabetes in American Indian Communities
- ☐ Other Curriculum

You do not need to upload a copy of the curriculum you are using if it is one of the listed approved curricula for DPP programs such as Native Lifestyle Balance.

You should receive pending recognition within a few days as long as there aren't any questions about other information provided on the form.

To ensure CDC is aware of your application for recognition, please email Kirsten Aird at Oregon Public Health KIRSTEN.G.AIRD@state.or.us and copy the CDC contacts Pat Shea gzt0@cdc.gov and Beth Ely eke0@cdc.gov