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:

- 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.

Documentation requirements

The billing provider should keep documentation of the services provided, such as attendance records and other supporting documentation.

As verification for potential audit, online programs must maintain documentation that includes:

- How CDC content is delivered and
- Records that demonstrate the client’s completion of program content.

In-person program participation requirements and coverage limitations:

National DPP services can be provided in-person or via remote two-way telehealth class.

- **CPT code:** 0403T; use modifier GT for telehealth delivery
- **Rate:** $23 per unit (limit 1 unit per day)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of covered in-person sessions</th>
<th>Maximum allowable payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months 1-6</td>
<td>16 core sessions (per CDC curriculum)</td>
<td>$368</td>
</tr>
<tr>
<td>Months 6-12</td>
<td>12 maintenance sessions (up to 2 per month)</td>
<td>$276</td>
</tr>
<tr>
<td><strong>Year Two</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months 1-12</td>
<td>24 maintenance sessions (up to 2 per month)</td>
<td>$552</td>
</tr>
<tr>
<td><strong>Program Total</strong></td>
<td>52 sessions</td>
<td>$1,196</td>
</tr>
</tbody>
</table>

Online program participation requirements and coverage limitations:

To qualify for reimbursement as an online program, the program must provide the OHP member these items at the beginning of the program:

1. An FDA-approved Bluetooth-enabled weight scale and
2. A web-based fitness tracker.
Payment for eligible online programs one payment every 30 days, for periods that the member actively participates in the online program. The member must complete online program activities at least twice during a 30-day period in order to bill for the 30-day period.

- **CPT code:** 0488T
- **Rate:** $49 per 30-day period

<table>
<thead>
<tr>
<th></th>
<th>Total number of covered program months</th>
<th>Maximum allowable payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months 1-6</td>
<td>Up to 6 months (per CDC curriculum)</td>
<td>$294</td>
</tr>
<tr>
<td>Months 6-12</td>
<td>Up to 6 months (for each month the member actively participates in the program)</td>
<td>$294</td>
</tr>
<tr>
<td><strong>Year Two</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months 1-12</td>
<td>Up to 12 months (for each month the member actively participates in the program)</td>
<td>$588</td>
</tr>
<tr>
<td><strong>Program Total</strong></td>
<td>Up to 24 months</td>
<td>$1,176</td>
</tr>
</tbody>
</table>

**Documentation requirements**

As verification for potential audit, online programs must also maintain documentation that includes:

- How CDC content is delivered and
- Records that demonstrate the client’s completion of program content.

**Billing requirements**

All programs must maintain their CDC recognition to bill. Online programs may bill only for months that the member is actively participating in the program. Programs should not bill for inactive clients during any month, even if they are still enrolled in the program.

To bill, use the professional claim (CMS-1500) format, following standard coding and billing requirements.

- For the in-person program, bill separate lines for each day of verifiable attendance (1 unit = one 60-minute session).
- For the online program, bill for one month/30 days of verifiable participation (1 unit = 1 month/30 days of active participation).
- On all claims, include the primary diagnosis code of R73.03 (prediabetes) or Z86.32 (gestational diabetes) or the appropriate E66.01 – E66.9 (obesity) code.
- On the first claim, include the secondary diagnosis code indicating the qualifying BMI.

For OHP 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.

OHA also encourages providers to use existing OHP primary care codes to bill for other services that support and encourage National DPP participation (such as blood tests, diagnostic services, prevention counseling and chronic disease care coordination).
Questions?
If you have questions about enrolling as an OHP provider, or billing for OHP services, call Provider Services at 800-336-6016.

- For provider enrollment questions, press option 6.
- For billing questions, press option 5.