

Oregon Health Plan 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 Oregon Health Plan (OHP) provider, and
- Delivered according to the [Prioritized List of Health Services](#) 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 and [Guideline Note 179](#); or as a high-intensity intervention for obesity or overweight diagnoses according to [line 320](#) of the Prioritized List and [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.

To learn how to become OHP provider, [visit the OHP Provider Enrollment page](#).

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 or 95 for telehealth delivery.
- **Rate:** \$23 per unit (limit 1 unit per day)

	Total number of covered in-person sessions	Maximum allowable payment
Year One		
Months 1-6	16 core sessions (per CDC curriculum)	\$368
Months 6-12	12 maintenance sessions (up to 2 per month)	\$276
Year Two		
Months 1-12	24 maintenance sessions (up to 2 per month)	\$552
Program Total	52 sessions	\$1,196

Federally qualified health centers, tribal clinics and rural health clinics can receive their encounter rates for the face-to-face program delivery.

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 method of tracking or self-reporting physical activity.

Payment for eligible online programs is one payment every 30 days, for periods that the member actively participates in the online program. The member must be actively participating in online program activities throughout the 30-day period in order to bill for the 30-day period.

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

	Total number of covered program months	Maximum allowable payment
Year One		
Months 1-6	Up to 6 months (per CDC curriculum)	\$294
Months 6-12	Up to 6 months (for each month the member actively participates in the program)	\$294
Year Two		
Months 1-12	Up to 12 months (for each month the member actively participates in the program)	\$588
Program Total	Up to 24 months	\$1,176

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 Year One. Bill OHP (OHA or the CCO) as primary for continued enrollment in Year Two for those starting after 1/1/2022.
- For the online program, bill OHP 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.