

2020



Medicaid Benefits in Oregon for National Diabetes Prevention Program

Companion Guide 2020 for Health System
Partners Serving Oregon Health Plan Members



Oregon
Health
Authority

PUBLIC HEALTH DIVISION

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Section I: Introduction and summary

To address the growing problem of prediabetes and type 2 diabetes, the Centers for Disease Control and Prevention (CDC) established the National Diabetes Prevention Program ([National DPP](#)) lifestyle change program. This evidence-based program focuses on helping participants to manage their prediabetes and reduce their risk of developing type 2 diabetes. Those goals are accomplished through positive lifestyle changes such as eating healthier and getting more physical activity.

The Oregon Health Authority (OHA) recognizes prediabetes as an issue that affects Oregon communities. OHA has responded by supporting and encouraging implementation of the National DPP across the state.

Implementing National DPP in Oregon will be achieved through several partners and multiple levers across the community and health systems. The Oregon Health Plan (OHP), Oregon's Medicaid coverage, is a significant lever for transforming health care delivery including implementing National DPP. OHP is administered through Coordinated Care Organization (CCO) plans, along with the fee-for-service plan. CCOs may need to adapt existing infrastructures to help reduce administration barriers and improve access to care for National DPP delivery. In particular, CCOs must collaborate with multiple partners including:

- Medical and clinical providers
- National DPP providers
- CDC
- Community-based organizations
- Tribal health, and
- Health system business partners.

To support the implementation of National DPP, OHA developed this companion document to provide more in-depth and updated guidance. This guide provides technical and policy direction for implementation, and commonly asked questions about National DPP in Oregon.



Newsflash

Change in benefit: The National DPP was added to the [Prioritized List of Health Services](#) on Jan. 1, 2019 for OHP members with a prediabetes diagnosis or previous history of gestational diabetes. On Oct. 1, 2019, the Health Evidence Review Commission (HERC) added the National DPP as a high-intensity intervention for OHP members with overweight or obesity diagnosis, without prediabetes diagnosis present.

OHA anticipates collaboration among partners engaged in the National DPP system of care will result in:

- Delivery of effective and efficient services
- Controlled cost of care
- Improved population health, and
- Increased equitable distribution of care and resources

Document overview

This document is structured around four major sections:

1. Introduction
2. Pathways to implement National DPP in Oregon
3. Oregon Benefits Overview
4. Funding the National DPP covered benefit in Oregon

See the flowchart on page 10 for an overview of the three pathways and following sections for more in-depth information on each section.

National DPP in Oregon Overview

The table below provides *Fast Facts about*:

- Eligibility criteria (screening and diagnosis)
- The covered benefit (funding, billing or both), and
- National DPP service provision.

Fast Facts about the National DPP service provision

Who is covered? Eligibility criteria	What is covered? The covered benefit	How is coverage provided? DPP service provision
Screening and diagnosis	Funding, billing and referral	Provider requirements
<p>Any one of these criteria:</p> <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) 	<p>Any one of these criteria:</p> <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, PreventT2 • Multiple modalities covered: <ul style="list-style-type: none"> » In-person » Distance learning » Online programs 	<p>Any one of these criteria:</p> <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: <ul style="list-style-type: none"> » Medicaid and Medicare reimbursement » CCO global budget through HRS

CDC recognition

What does CDC recognition mean?

CDC sets standards for organizations that wish to offer an in-person, distance learning, or online lifestyle change program. This ensures high quality and effectiveness of the National DPP delivery. Programs must apply to CDC and meet certain standards to receive CDC recognition. The standards can be found on the [CDC's National DPP webpage](#). Some key standards are:

- Use of an approved CDC curriculum
- Tracking of class results and data sent to CDC, as required by CDC's [Diabetes Prevention Recognition Program](#) (DPRP). CDC reviews this data and provides feedback to the program.
- Delivery of CDC curriculum through trained lifestyle coaches

Does Oregon require CDC recognition for National DPP providers?

Yes. National DPP services are an OHP covered benefit since Jan. 1, 2019. Organizations that provide these services must be recognized by CDC for payment from a CCO or FFS. This requirement ensures National DPP programs in Oregon align with best practices. *Organizations may start providing the service in Oregon based on CDC preliminary, pending or full recognition status.*

Stages of CDC recognition:*

- **Pending:** The organization applies to the DPRP. They are approved if they meet requirements, which include:
 - » Review of lifestyle curriculum
 - » Intervention duration, and
 - » Intervention intensity.
- **Preliminary:** The organization will be awarded preliminary recognition when they meet the following criteria:
 1. The requirements for pending recognition
 2. Have at least five eligible participants:
 - Who attended their first session at least one year but no more than 18 months before submission due date
 - Who attended at least three sessions in the first six months, and
 - Whose time from the first to last session of the program was at least nine months.

* See [CDC's DPRP](#) for additional information.

3. Among participants meeting the criteria for evaluation in #2:
 - At least 60% attended at least nine sessions in months one through six, and
 - At least 60% attended at least three sessions in months seven through twelve.
- **Full recognition:** The organization will be awarded full recognition when they meet the following criteria:
 1. The requirements for preliminary recognition
 2. Among participants meeting evaluation criteria:
 - Body weights are recorded at a minimum of 80% of the sessions attended
 - Physical activity minutes are recorded at a minimum of 60% of sessions attended
 - Average weight loss over the entire 12-month intervention period must be a minimum of 5% of starting body weight
 - Minimum of 35% of participants must be eligible for program based on:
 - A blood test that indicates prediabetes, or
 - A history of gestational diabetes.

The remainder (maximum 65%) can be eligible based on prediabetes risk test.

What is needed to maintain CDC recognition?

To maintain CDC recognition, programs must continue to submit participant and program data to CDC per CDC expectations. Each CDC-recognized organization (with pending, preliminary, or full recognition) must submit evaluation data to the DPRP every six months. Elements of the evaluation data include:

- Participant's prediabetes determination
- Participant's age, ethnicity, height, weight and physical activity minutes
- The National DPP delivery mode, and
- The session type.

Q: Does OHP require participant or cohort weight loss for reimbursement of National DPP?

A: Oregon requires National DPP providers to maintain CDC recognition for payment. Refer to CDC National DPP recognition standards for specific weight, physical activity and other requirements. National DPP delivery providers should also work with primary care providers to share participant progress in the program, including weight loss.

Q: Do National DPP providers serving OHP members submit weight data to the CCO or FFS plan?

A: Participant weight (and other) data is not submitted for FFS plan. Please check with the individual CCO on data requirements for claim submission.

National DPP delivery options

When covering the National DPP lifestyle change program, there are several options for administering the program. These options include contracting with CDC-recognized organizations that offer the program:

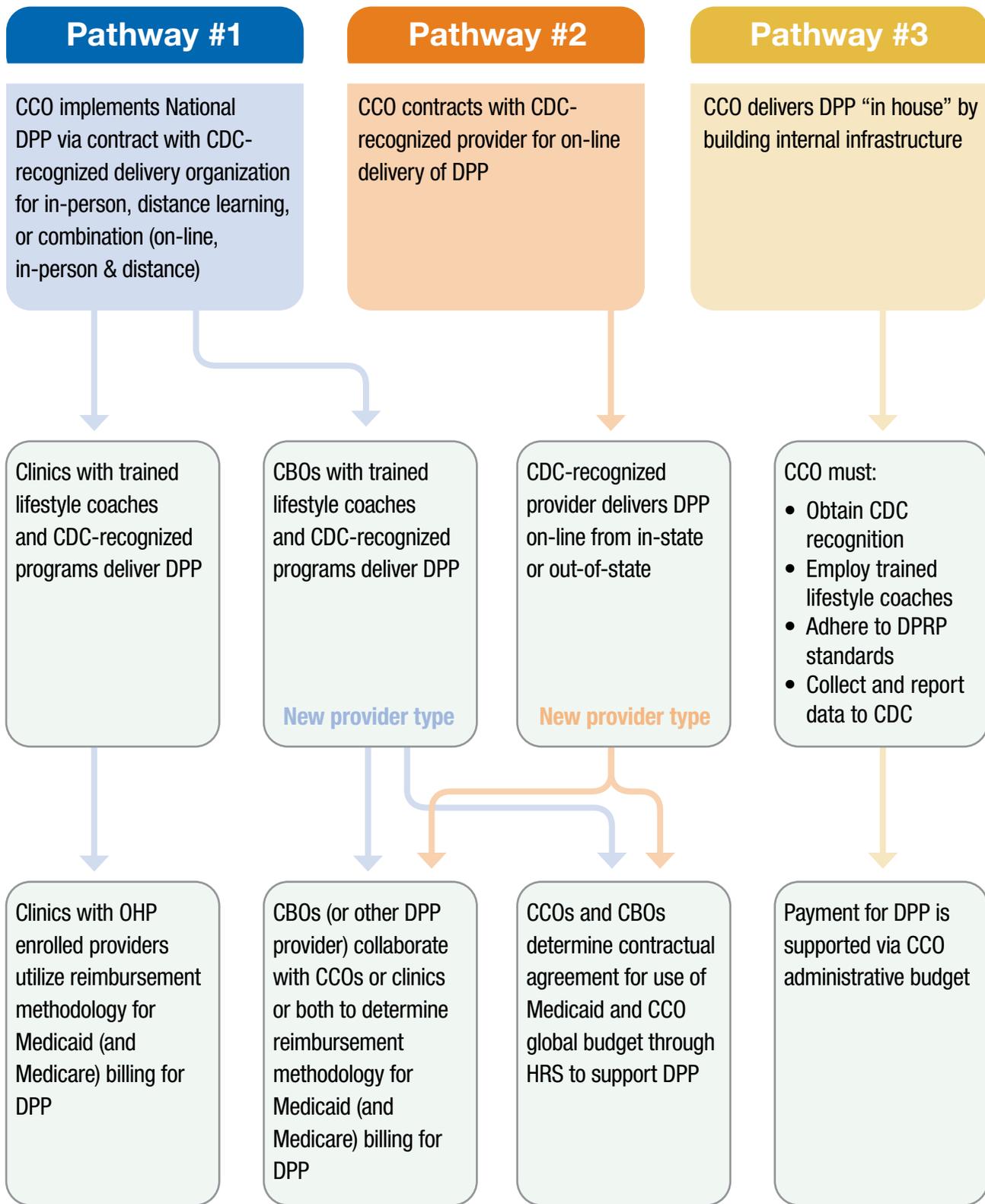
1. **In-person.** A yearlong lifestyle change program is delivered 100% in person for all participants by trained lifestyle coaches. This means participants are physically present in a classroom or classroom-like setting. Lifestyle coaches may supplement in-person sessions with handouts, emails or reminder texts.
2. **Distance learning.** A yearlong lifestyle change program is delivered 100% by trained lifestyle coaches via remote classroom or telehealth (i.e., video conference call). The lifestyle coach is present in one location and participants video-conference in from another location. For distance learning, programs must have delivery that occurs all at the same time.
3. **Online.** A yearlong lifestyle change program is delivered 100% online for all participants. This means participants log into course sessions via a computer, laptop, tablet or smart phone. Participants also must interact with lifestyle coaches at various times and by various communication methods. These methods include online classes, emails, phone calls or texts. Online programs typically use delivery which does not happen all at the same time.
4. **Combination.** CCOs have the option to deliver a yearlong lifestyle change program as a combination of any of the previously defined delivery modes (1-3 above) by trained lifestyle coaches. Medicaid Fee for Service (FFS) allows combination delivery. However, billing and payment need to be either per session (for in person or distance learning) or per month (for online). Payment would be either per session or per month whichever matched the main delivery mode.

What is the role of lifestyle coaches?

National DPP services are provided through trained lifestyle coaches who use a curriculum approved by the CDC. A trained lifestyle coach leads the program to help participants change certain aspects of their lifestyle, such as eating healthier, reducing stress and getting more physical activity. The program includes group support from others who share similar goals and struggles.

CDC does not recognize individual lifestyle coaches. CDC recognizes the organizations that oversee them.

Section II: Pathways to implement National DPP in Oregon



APM/VbP model

Selecting your pathways

CCOs can choose from multiple pathways to administer and ensure access to the National DPP lifestyle change program in Oregon. These options are not mutually exclusive.

By contracting with CDC-recognized community-based organizations, CCOs can help increase community capacity and create options for more culturally responsive programming.

[Here](#) is a list of CDC-recognized organizations in Oregon. [Here is](#) a map that shows the availability of National DPP lifestyle change program classes from organizations with preliminary, pending or full CDC-recognition status.

Considerations: When determining what types of CDC-recognized organizations to include in their network, CCOs should consider:

- Medicaid rules and authorities
- Current delivery system structures
- CCO credentialing
- Network adequacy
- Other contracting standards, and
- Needs of their Medicaid enrollees.

Pathway #1: CCO implements National DPP via contract with CDC-recognized delivery organization for in-person or distance learning programming

Steps to Implement

1. Identify in-person programs in your area: National DPP lifestyle change programs are offered by a variety of organizations, including:
 - » Hospitals
 - » Clinics
 - » Tribes and tribal health programs
 - » YMCAs
 - » Pharmacies



Newsflash

- Participants in Oregon's National DPP Medicaid Demonstration Project in 2016-2018 lost an average of 4.5% of their body weight. Also, 93% of participants reported satisfaction with the program.
- Oregon increased access to the National DPP by:
 - » Creating a new National DPP supplier provider type, and
 - » Working with community-based organizations to deliver the program

- » Local health departments
- » Community-based organizations (CBOs) and culturally-specific CBOs, and
- » Faith-based organizations.

Programs can be found on the [CDC program registry](#).

2. CCOs determine if the National DPP provider is an enrolled Oregon Medicaid provider, qualify as regular Medicaid enrollable provider, or if they need to complete CCO encounter-only provider enrollment. See page 26 for more detail on issues related to National Diabetes Program Supplier type vs. other Medicaid enrollable provider types.
3. CCO to provide billing information and expectations to the National DPP delivery organizations who will provide the service to CCO members. This should include, billing practices (type of coding methodology, rates of reimbursement, prior-authorization procedures, referral requirements.

National DPP in native communities

If you are a CCO that has American Indian/Alaska Native (AI/AN) OHP members, we strongly encourage you to connect with your local Indian Health Service (IHS), Tribal Health Program (THP), or Urban Indian Health Program who may already be offering National DPP. Some Urban Indian Health Programs in Oregon have been using a CDC-recognized curriculum for many years and are now becoming CDC-recognized National DPP programs. These programs use a culturally responsive curriculum. They often hold programs in places convenient to AI/AN people.

Pathway #2: CCO contracts with CDC-recognized provider for online delivery of National DPP

Steps to Implement

1. Identify online programs through the [CDC program registry](#).
2. CCO determines if each National DPP provider is
 - » Is an enrolled Oregon Medicaid provider, or
 - » Qualifies as regular Medicaid enrollable provider, or
 - » Needs to complete CCO Encounter-only provider enrollment. See page 23 for more detail on issues related to National DPP supplier type vs. other Medicaid enrollable provider types.
3. CCO provides billing information and expectations to the National DPP delivery organizations who will provide the service to CCO members. This should include:
 - » Billing practices
 - » Type of coding methodology
 - » Rates of reimbursement

- » Prior authorization procedures, and
- » Referral requirements.

Requirements for out-of-state programs

- Provider enrollment requirements for out-of-state providers can be found in Oregon Administrative Rules (OARs) 410-120-1260 and Chapter 943-120. Out-of-state providers should also contact Oregon licensing boards to learn about any requirements to provide services in Oregon.
- For CCO requirements for out-of-state services, contact the member's [CCO](#). CCOs may require National DPP programs to get prior authorization.
- For FFS, in addition to enrolling with OHA, out-of-state programs will have to get prior authorization for FFS members. OHA requires prior authorization for any out-of-state service provided to OHP members not enrolled in a CCO. To learn more, visit [OHA's prior authorization web page](#).
- An FFS prior authorization request can include start and end dates of service for the DPP versus sending separate requests for each session. The out-of-state FFS prior authorization request form is form [OHP 1074](#).
- **Out-of-State Billing Provider vs. Out-of-State Rendering provider:**
 - » When a rendering provider has an out-of-state billing entity, use the rendering provider's in-state status to determine the location of services provided.

There is no prior authorization required by FFS for in-state providers.

Pathway #3: CCO delivers National DPP “in-house” by building internal infrastructure

Steps to implement

1. CCOs choose to become a National DPP delivery site and directly hire staff to deliver the program.
2. Obtain CDC-recognition:
 - » For more information on implementing a National DPP lifestyle change program, [click here](#).
 - » For more information on standards for CDC recognition, [click here](#).
 - » For the DPRP application form, [click here](#).
 - » Submit questions to dprpAsk@cdc.gov.
3. Categorize expenses as case management.

Section III: Oregon benefits overview

This section covers common questions for the National DPP delivery. It also covers specifics about member eligibility requirements in Oregon.

Oregon National DPP frequently asked questions

What is covered in Oregon for the National DPP?

OHP will cover members for:

- Up to 52 sessions (in-person), or
- 24 months (online) over 2 years.

What is the benefit for those dually eligible for Medicare and Medicaid?

For OHP members with full Medicare coverage:

- For the in-person program, bill Medicare as primary.
- For the online program, bill OHP (FFS or the CCO) as primary

To learn more, go to:

- The [Medicare DPP \(MDPP\) Beneficiary Eligibility Fact Sheet](#) for requirements for Medicare beneficiaries
- The [MDPP Quick Reference Guide to Payment and Billing](#) for Medicare FFS billing and payment, or
- Visit the [Centers for Medicare & Medicaid Services \(CMS\) MDPP website](#) for additional materials and information or confer with the MA program serving the dually eligible member.

Are there lifetime eligibility restrictions (can a person repeat the program)?

There are no lifetime eligibility restrictions. However, re-enrolling may require a prior authorization, as determined by each payer. OHA wants to ensure that all eligible members with prediabetes or previous history of gestational diabetes have access to this evidence-based program which can prevent or significantly delay the onset of diabetes. Now that OHA added obesity and overweight diagnosis, which are seen in approximately 29% of adults in Oregon, there will be an increase in the number of OHP members who qualify for the National DPP program benefit.

Is the curriculum culturally responsive?

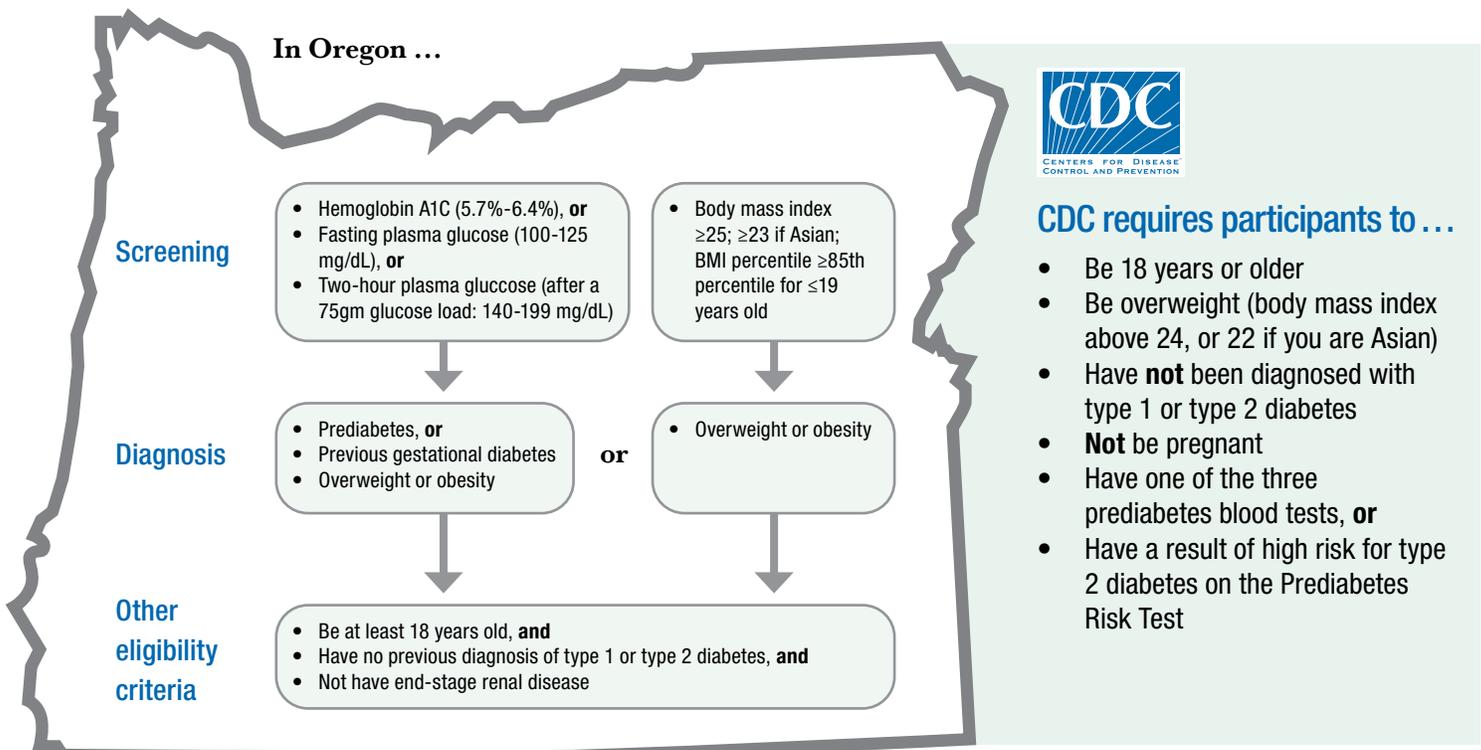
The Health Evidence Review Commission (HERC) and the Public Health Division highlight Oregon's goals to address populations disproportionately affected by diabetes, such as American Indian, Alaska Native, Pacific Islander, Latino, Latina, Latinx and African American populations and people with disabilities as high priority for receiving the program. Additional information is available to CCOs to plan benefit implementation in the [Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs](#). The Public Health Division, Health Promotion Chronic Disease Prevention section (PHD/HPCDP) is funded to support local communities (community-based organizations, tribal health authorities, local public health authorities and health care partners) to create systems and infrastructure for delivery of chronic disease self-management, such as the National DPP. Working with organizations that provide services and support, such as the National DPP to American Indian, Alaska Native, Pacific Islander, Latino, Latina, Latinx and African American populations and people with disabilities through pilot projects is one way OHA is trying to transform care to be more culturally relevant and responsive.

Member eligibility

Screening and diagnosis requirements

CCOs and partners implementing the National DPP in Oregon must understand and adhere to the eligibility criteria for payment and reimbursement of the National DPP via OHP (Medicaid) and the program eligibility requirements set by CDC.

Screening, diagnosis and eligibility for National DPP



To be eligible for referral to a CDC-recognized National DPP provider, patients must meet the following requirements for OHP payment:

1. Be at least 18 years old **and**
2. Be overweight or obese (body mass index ≥ 25 ; ≥ 23 if Asian; BMI percentile ≥ 85 th percentile for ≤ 19 years old) **and**
3. Have no previous diagnosis of type 1 or type 2 diabetes and
4. Not have end-stage renal disease **and**
5. **For members with a prediabetes or gestational diabetes diagnosis, one of the following is required:**
(*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-gram glucose load): 140–199 mg/dL, **or**
 - » Have a previous diagnosis of gestational diabetes

As referenced in [Guideline Note 179](#) and [Guideline Note 5](#) of Oregon's [Prioritized List of Health Services](#), participant eligibility for the National DPP is dependent upon:

- Prediabetes diagnosis* (ICD10 R73.03), or
- Diagnosis or past history of gestational diabetes (ICD-10 Z86.32), or
- Diagnosis of obesity or overweight (E66.01 –E66.9 (obesity) codes).
See Coding Guide for National DPP addendum on page 30-31.
- For a prediabetes diagnosis, participants need to have a blood test result within the prediabetes range within the past year to be eligible for services.
- Participants who qualify for the National DPP through the CDC prediabetes risk test will also need to meet the Oregon Health Plan eligibility criteria as outlined in [Guideline Note 179](#) listed in previous paragraph.

Member eligibility FAQ

Can a provider use an obesity or overweight diagnosis for National DPP services?

Yes. As of Oct. 1, 2019, the Health Evidence Review Commission (HERC) added the National DPP as a high-intensity lifestyle intervention for OHP members with an overweight or obesity diagnosis. This is even without a prediabetes diagnosis present. However, the National DPP provider must adhere to CDC's Diabetes

* For further reference, diagnosis codes for the National DPP are included on line 3 of the OHP Prioritized List of Health Services. See overweight and obesity diagnosis codes provided in the Coding Guide for National DPP addendum.

Prevention Recognition Standards when submitting the required participant-level and program data to CDC.

What if a member already has been diagnosed with diabetes? Can they participate in this program?

There are other evidence-based diabetes education programs available to members who have a clinical diabetes diagnosis. For more information on some existing programs in Oregon visit [OHA's website - Resources People with Diabetes, Providers and Payers](#).

Section IV: Funding the National DPP covered benefit in Oregon

This section will cover several details on the National DPP benefit in Oregon. It includes details on the FFS fee schedule, funding pathways and billing codes for coverage.

CCO funding pathways

Medical CPT® coding	<ul style="list-style-type: none">• Traditional medical billing model. Similar to FFS model for OHP.• 87% of Oregon’s current CDC-recognized programs are currently Medicaid enrolled.• CCOs may choose to use the DPP provider type for medical billing model.
Health-related services (HRS)	<ul style="list-style-type: none">• CDC-recognized National DPP services that are not covered for an individual OHP member may be considered HRS flexible services.• CDC-recognized National DPP programs provided by community-based organizations may be considered HRS community benefit initiatives.
In-house	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• CCO to CDC-recognized National DPP organization• CCOs may find alternative payment method (APM) or value-based payment (VBP) models useful. Plans may have a APM or VBP provider contract that could be modified to include the National DPP• APM or VBP model option can enhance a CPT® coding

What are health-related services (HRS)?

HRS are non-covered services offered as a supplement to covered benefits under Oregon's Medicaid plan to improve care delivery and overall member and community health and well-being. Health-related services are defined by:

- OARs (OAR [410-141-3500](#) and [410-141-3845](#))
- [Oregon's 1115 Medicaid Demonstration waiver special terms and conditions](#), and
- Federal regulations ([45 CFR 158.150](#) and [45 CFR 158.151](#)).

As described in this document, DPP improves health care quality, and therefore qualifies as an HRS. For more information, see the web page [here](#) for health-related services guidance documents.

How do CCOs report National DPP expenses to OHA?

CCOs are required to submit financial reports to OHA. DPP expenses are included in reports, which depends on the implementation choice. See details in the above graphic (e.g. HRS, medical, etc.). Expenses will be reviewed and considered in capitation rate development. However, the implementation choice will determine where the expenses are recorded, and how it will be considered.

CCOs must record expenses consistent with the implementation. CCOs cannot count expenses in multiple categories. For example, if the National DPP is implemented using CPT[®] codes and recorded as medical, then it cannot also be recorded as HRS.

How can the National DPP be reported as HRS?

A CCO that implements the National DPP in a community-based organization (CBO) that does not do medical billing may consider this an HRS community benefit initiative. CCOs may choose to work with CBOs to implement National DPP because many CBOs have expertise with specific bilingual or cultural populations that may otherwise be hard to reach and engage in lifestyle programs. The CCO has the option to categorize these expenses as HRS in the CCO financial reporting (i.e. Exhibit L template).

Can a CCO choose multiple funding pathways to deliver the National DPP?

Yes. Pathways depend on the unique needs of the membership, provider networks and community needs. A CCO can select the appropriate pathways to deliver the National DPP.

Reimbursement methodology

What are the CCO reimbursement rates for National DPP?

The rate of reimbursement is determined by the individual CCO. Contact information for each CCO is [here](#).

What is the FFS reimbursement rate for the National DPP?

OHA FFS will reimburse in-person National DPP suppliers based on session attendance. The member must actively participate in online program activities throughout the 30-days in order to bill for the period. Maximum allowable payments are shown in the FFS fee schedule below.

National DPP Fee Schedule for FFS in Oregon

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; consult OHP telehealth rules and guidance for billing synchronous two-way delivery.
- Rate: \$23 per unit (limit 1 unit per day)

The rate exception is for encounter-rate providers, such as tribal health clinics or federally qualified health centers who receive approved encounter rates for the in-person program using 0403T.

In-person National DPP Oregon FFS payments

	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 two per month)	\$276
Year two		
Months 1-12	24 maintenance sessions (up to two per month)	\$552
Program total	52 sessions	\$1,196

Online program participation requirements and coverage limitations:

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

1. An FDA-approved Bluetooth-enabled weight scale, and

- 2. A web-based fitness tracker.

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

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

Online National DPP Oregon FFS Medicaid payments

	Total Number of covered program months	Maximum allowable payment
Year one		
Months 1-6	Up to six months (per CDC curriculum)	\$294
Months 6-12	Up to six 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.

Does Oregon require weight loss for reimbursement?

- For CCOs, providers should inquire with a member’s CCO for payment protocols tied to participant’s weight loss.
- FFS does not require participant weight loss as part of the FFS payment protocols.

Provider payment: New billing providers should request direct deposit. OHA no longer prints and mails checks. Submit the direct deposit authorization form MSC 189 (EFT Enrollment Form for Providers, Vendors and Contractors) to DHS|OHA Office of Financial Services. The form can be downloaded from the [OHP provider enrollment page](#).

Coding

This coding section applies to National DPP providers.

What are the coding requirements for National DPP services?

CCOs have the option to use either:

- CPT® codes 0403T and 0488T, or
- [Medicare Healthcare Common Procedural Coding System \(HCPCS\) coding](#).
- CCOs who choose to use CPT® coding for DPP medical billing will use a specific combination of a CPT® code with an ICD-10 diagnosis code:
 - » Primary diagnosis code of R73.03 (prediabetes) or Z86.32 (gestational diabetes), and
 - » The appropriate E66.01 –E66.9 (obesity) code with secondary diagnosis code indicating the qualifying BMI on the first claim.

National DPP Providers billing FFS are required to use CPT® codes 0403T and 0488T. National DPP providers can review the coding addendum on page 30-31 or the HERC prioritized list for pairing of CPT® and ICD-10 diagnosis code.

What's the difference between CPT® codes 0403T and 0488T?

CPT® codes 0403T and 0488T are new and specific to National DPP. Code 0488T signifies a program that is online or via electronic technology. However, it can include in-person components. Code 0403T signifies a program that is only in-person.

National DPP Lifestyle Program (limit 1 unit per day)	CPT® code
In-person program	0403T
Distance learning [synchronous telehealth or video conferencing for sessions]* consult OHA for COVID 19 related or telephone codes	0403T with a GT modifier
Online program* [asynchronous]	0488T
*DPP provider must provide Medicaid client: <ol style="list-style-type: none">1. FDA-approved Bluetooth-enabled weight scale, and2. Web-based fitness tracker	

Billing procedures

How do I bill CCOs?

Billing procedures are determined by the individual CCO. A National DPP provider should contact each CCO:

- For the process to become a contracted provider, and
- To set up billing processes with the CCO for the National DPP.

Contact information for each CCO is [here](#).

Why might a CCO choose to use Medicare HCPCS codes for medical billing?

CCOs may want to use HCPCS codes to create billing alignment if they:

- Offer a Medicare Advantage program and have chosen to use Medicare coding, or
- Are contracting with programs which have completed the Medicare National DPP Supplier enrollment.

How do I bill FFS?

Use the professional claim (CMS-1500) format. Follow the standard coding and billing requirements using CPT® code 0403T or 0488T, depending on the delivery mode of the program.

- Bill separate lines for:
 - » Each day of verifiable attendance (1 unit = One 60-minute session), or
 - » 30-day participation in the on-line program for those who actively participated in it during the month.
- On all claims, include the primary diagnosis code of:
 - » R73.03 (prediabetes), or
 - » Z86.32 (gestational diabetes), or
 - » The appropriate E66.01 – E66.9 code (obesity).
- On the first claim, include the secondary diagnosis code indicating the qualifying BMI.
- FFS will not pay for DPP services using Medicare HCPCS codes for DPP. The OHP system accepts Medicare crossover claims with HCPCS for full dual eligible and QMB-only members.

What is the definition of a session for an online program?

The online program is paid for the member's active participation over the month. The member must actively participate in online program activities throughout the 30-day period to bill for the 30-day period. Online programs may bill only for months the member actively participates in the program. Programs should not bill for inactive clients during any month, even if they are still enrolled in the program.

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.

Can I bill the CCO or FFS for a DPP makeup session on the same day?

At this time, the Oregon Health Plan does not allow for a same day makeup session reimbursement.

Provider type

Who can bill for the National DPP?

Current Medicaid enrolled providers

Current Medicaid (Oregon Health Plan) enrolled providers or any provider type who is already an enrollable OHP provider can bill OHP if they:

- Are providing a CDC-recognized program, or
- Have a connected National DPP delivery provider working with them to provide the program to their OHP clients and members.

Current OHP enrolled providers may develop relationships for the program delivery with community-based organizations that are CDC-recognized providers. The medical provider will typically diagnose and refer their clients and members to the National DPP CDC-recognized program. The National DPP delivery provider should work with enrolled providers on the specifics for implementation, such as:

- How the attendance records will be updated for billing, or
- How referrals with appropriate diagnoses will be tracked.

These core records are critical for accurate billing for the program.

A rendering program provider must have or be an enrolled billing provider to submit claims. Existing enrolled OHP providers can contact their CCO for specific billing requirements for National DPP for members enrolled in the CCO. Visit the [OHP provider enrollment web page](#) for more detail on OHP provider enrollment forms and processes.

If providers have questions about billing processes see the OHA billing guide, Requirements for [National Diabetes Prevention Program reimbursement](#) or contact OHP provider services with questions.

Where can I find more detail on Oregon Medicaid provider enrollment?

Go to the [Oregon Health Plan provider enrollment web page](#).

- Information covered includes National Provider Identifier (NPI) requirements and OHA specific requirements
 - » There is additional information on this page about provider enrollment with CCOs or dental plans.
 - » Use OHA’s verification tool to enter the NPI [here](#) to find out if you or a provider at your organization is already enrolled with OHA,.
 - » Email with questions about provider enrollment to OHA Provider Services Unit: dmap.providerservices@dhsoha.state.or.us
- At present, FFS cannot enroll DPP suppliers directly, but can reimburse through other enrollable providers.
- For FFS, out-of-state National DPP providers will be required to obtain prior authorization. An FFS prior authorization request can include start and end dates of service for the National DPP versus sending separate requests for each session. The out-of-state FFS prior authorization request form can be found [here](#). For additional information, see [OHA’s prior authorization page](#).
- The National CDC-recognized program should continue to submit CDC required data to CDC to maintain the CDC recognition. OHA audits may require additional follow-up with providers on documentation of member diagnosis or attendance and billing alignment. Otherwise the program may fail to maintain CDC recognition status.

What does it look like when current enrolled providers supervise DPP program and billing?

- 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 within a health department, federally qualified health center (FQHC), or clinic area that already has OHP enrollment can bill through the existing clinic or provider 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.

What are the details of the new CCO encounter-only provider type?

As of July 2019, Oregon Medicaid has set up Type 63 for the National Diabetes

Prevention Program Supplier provider type at the organizational level for National DPP Supplier encounter-only provider enrollment through CCOs.

- CCOs submit form 3108 for National Diabetes Prevention Program Supplier at the organization level. The form has been updated to include two specialty codes for Type 63. National Diabetes Prevention Program Supplier. Specialty codes:
 1. 497 for in-person program
 2. 498 for online program.

If a CDC-recognized provider does not currently have an NPI, they should follow the instructions that CDC provides, or see [this step-by-step checklist from Maryland](#) to start their DPP supplier process.

- Each CCO is then responsible for credentialing and ensuring National DPP supplier providers:
 - » Meet CMS network provider selection policies and procedures consistent with 42 CFR requirements in §438.12 to not discriminate against providers who serve high-risk populations, and
 - » Are not CMS excluded per 42 CFR §438.214.
- CCOs can choose to follow a process other states use to meet expectations to ensure providers are not CMS excluded, given:
 - » Managed Care Entity (MCE) credentialing requirements are followed, and
 - » DPP suppliers have no Oregon licensure or licensing board.

Other states require CMS National DPP supplier enrollment process for credentialing for DPP supplier type providers and programs. More details are [here](#).

- CMS DPP supplier enrollment exclusions could be monitored through the CMS Medicare Provider Enrollment, Chain, and Ownership System (PECOS) to address these federal MCE credentialing requirements.
- CCOs can review currently enrolled CMS DPP suppliers in the [CMS database](#).

Making decisions about traditional medical billing or use of encounter providers

- CCOs can still use traditional clinical billing claims processes, this is Pathway #1, for National DPP providers who:
 - » Are Medicaid enrolled providers, and
 - » Already operate within or through Medicaid enrolled clinics, hospitals or health systems for billing the National DPP.

If a provider enrolls both FFS and CCO members, this is one possible pathway for all to follow. For example, most county health departments, tribal clinics and FQHCs are already Medicaid enrolled.

When and why do I need encounter-only enrollment?

- CCOs can arrange for medical providers who plan to serve as the rendering or billing provider for the National DPP to enroll in Medicaid, if they are not already enrolled providers.
- If a National DPP program has a willing medical supervisor or regularly enrollable provider type (such as RD, NP, MD, PA or Psychologist), it will save the CCO extra work in credentialing processes to enroll the medical provider as the billing provider.
- Most licensing boards or professional standards provide guidance to providers on supervision of other provider types, such as community health workers, medical assistants and health educators.
- When any National DPP provider does not provide services to OHP clients outside of those in a CCO, the CCO can submit the form 3108 for encounter-only provider enrollment to OHA.
- More online National DPP providers may:
 - » Already be enrolled as Medicare DPP suppliers, and
 - » Not be regular healthcare clinics already enrolled as Medicaid providers.
- Providers cannot submit encounter-only enrollment to OHA. It must be sent by the CCO.

Section V: Resources

This section includes:

- Oregon specific and national resources to support National DPP implementation
- Staff contacts for the Oregon benefit, and
- Cited references for this guide.

National Diabetes Prevention Program web resources

1. [Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs](#) (Oregon-specific resource)
2. [National DPP Coverage Toolkit](#) (national resource)
3. [Evaluation of the Medicaid Coverage for the National Diabetes Prevention Program Demonstration Project: Executive Summary](#)
4. [OHP FFS National DPP summary](#)
5. [Maryland enrollment process](#) for National DPP suppliers to address credentialing and enrollment issues for Medicaid.
6. [California National DPP program information](#)
7. [National DPP Billing Codes Reference Guide](#)

CCO specific guidance

Please refer to the 2018 guide [Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs](#) (referred to as the guide). The guide is an overview to assist CCOs and other payers interested in covering National DPP. The guide provides background information about the what and why of prediabetes and detailed information about the evidence-based National DPP curriculum. Review pages 1-6 if you need a general refresher about what prediabetes is and the rationale for focusing resources on delivery of the National DPP.

Oregon points of contacts

Billing Guidance: Jennifer Valentine, Jennifer.B.Valentine@dhsola.state.or.us

Benefits-related questions: HERC.Info@dhsola.state.or.us

Public Health partner or program questions: HPCDP-OPS.Team-Tasks@dhsola.state.or.us

Glossary

Alternative payment methodology (APM): APM is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care.

Community-based organization (CBO): CBOs are generally nonprofit groups that work at a local level to:

- Improve life
- Offer services
- Advocate for people and populations they serve, or
- Both offer service and advocate.

In the case of this guide, CBOs may be involved in aspects of the National DPP.

Coordinated Care Organization (CCO): CCOs are the health plans which administer the Medicaid plan (OHP).

Fee-for-service (FFS): FFS is the health plan for Medicaid patients who are not enrolled in a CCO.

Diabetes: Diabetes is a chronic metabolic disease in which glucose (sugar) levels in the blood are above normal. High blood sugar occurs when:

1. The body does not produce enough insulin (type 1 diabetes), or
2. The body resists and does not properly respond to insulin (type 2 diabetes).

It is estimated that 90–95% of adults with diagnosed diabetes are classified as having type 2 diabetes.

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

Health Evidence Review Commission (HERC): HERC was established in 2011. HERC reviews clinical evidence to guide the Oregon Health Authority in making benefit-related decisions for its health plans.

Health-related services (HRS): Health-related services are non-covered services. They are offered as a supplement to covered benefits under Oregon's Medicaid plan to improve care delivery and overall member and community health and well-being.

National Diabetes Prevention Program (National DPP): The National DPP lifestyle change program (National DPP) is a year-long program developed by the Centers for Disease Control and Prevention (CDC) that helps participants to:

- Lose weight
- Adopt healthy habits, and
- Reduce their risk for type 2 diabetes.

Participants learn strategies to:

- Eat more healthfully
- Increase their physical activity, and
- Manage stress.

Oregon Administrative Rules (OAR): OAR are created by most agencies and some boards and commissions to implement and interpret their statutory authority.

Oregon Health Authority (OHA): The mission of OHA is to Ensure all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care. The Medicaid program for Oregon resides in the Health Systems Division (HSD) of OHA. OHA also includes the Public Health Division (PHD) and the Health Policy Analytics (HPA) Division which includes the Health Evidence Review Commission (HERC).

Oregon Health Plan (OHP): OHP is the Medicaid plan in Oregon.

Prediabetes: Prediabetes is a serious health condition where blood sugar levels are higher than normal. However, not high enough yet to be diagnosed as type 2 diabetes.

Citations

National Association of Chronic Disease Directors and Leavitt Partners. National Diabetes Prevention Program Coverage Toolkit, www.coveragetoolkit.org, June 2017.

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The OHA Medicaid Fee-for-Service fee schedule reflected in this guide are as of August 2020. For up-to-date and current billing and reimbursement practices for Medicaid, please contact the [OHA Medicaid office](#).

Addendum

Coding guide for National DPP

Qualifying DPP ICD-10 diagnosis codes

Review National DPP guide on coding guidance; including OHP prioritized list references.

Prediabetes	R73.03	
Diagnosis or past history of gestational diabetes	Z86.32	
Obesity or overweight	E66.01-E66.9	
		Body mass index (BMI)
	Z68.23	23.0-23.9
	Z68.24	24.0-24.9
	Z68.25	25.0-25.9
	Z68.26	26.0-26.9
	Z68.27	27.0-27.9
	Z68.28	28.0-28.9
	Z68.29	29.0-29.9
	Z68.30	30.0-30.9
	Z68.31	31.0-31.9
	Z68.32	32.0-32.9
	Z68.33	33.0-33.9
	Z68.34	34.0-34.9
	Z68.35	35.0-35.9
	Z68.36	36.0-36.9
	Z68.37	37.0-37.9
	Z68.38	38.0-38.9
	Z68.39	39.0-39.9
	Z68.41	40.0-44.9
	Z68.42	45.0-49.9
	Z68.43	50-59.9
	Z68.44	60.0-69.9
	Z68.45	70 or greater

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

HCPCS G-Code	Description
Core sessions	
G9873	MDPP beneficiary attended the first MDPP core session.
G9874	MDPP beneficiary attended a total of four MDPP core sessions.
G9875	MDPP beneficiary attended a total of nine MDPP core sessions.
Core maintenance sessions	
G9876	MDPP beneficiary attended two MDPP core maintenance sessions in months 7-9.
G9877	MDPP beneficiary attended two MDPP core maintenance sessions in months 10-12.
G9878	MDPP beneficiary attended two MDPP core maintenance sessions in months 7-9, and the 5% weight loss from his/her baseline weight. Use G9878 or G9876 achieved.
G9879	MDPP beneficiary attended two MDPP core maintenance sessions in months 10-12 and achieved the 5% weight loss from their baseline weight. Use G9879 or G9877.
Ongoing maintenance sessions	
G9882	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 13-15, and achieved the 5% weight loss from their baseline weight during the interval.
G9883	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 16-18, and achieved the 5% weight loss from their baseline weight during the interval.
G9884	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 19-21, and achieved the 5% weight loss from their baseline weight during the interval.
G9885	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 22-24, and achieved the 5% weight loss from their baseline weight during the interval.
Additional codes	
G9880	MDPP beneficiary achieved at least 5% weight loss from their baseline weight in months 1–12. This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.
G9881	MDPP beneficiary achieved at least 9% weight loss from their baseline weight in months 1–24. This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session.
G9890	Bridge Payment: A one-time payment for the first MDPP core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1–24. This occurs when a beneficiary has previously received their first core session from a different MDPP supplier. A supplier may only receive one bridge payment per MDPP beneficiary.
G9891	MDPP session reported as a line item on a claim for MDPP services. This is a non-payable code for reporting services of sessions furnished to MDPP beneficiaries (i.e. core sessions 2-3, 5-8, 10-16, and maintenance sessions before achievement of a performance goal)

[Oregon primary care providers and procedure codes](#)



You can get this document in other languages, large print, braille or a format you prefer. Contact Health Promotion and Chronic Disease Prevention at 971-304-6236. We accept all relay calls or you can dial 711.