



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Managed Care Organizations Transmittal No. 133**  
**HealthChoice Diabetes Prevention Program Transmittal No. 1**  
**September 30, 2019**

To: Managed Care Organizations  
 CDC-recognized Type 2 Diabetes Prevention Programs

From: Jill Spector, Director  
 Medical Benefits Management *Jill Spector*

Re: Coverage of National Diabetes Prevention Program for HealthChoice Enrollees,  
 Effective September 1, 2019

Note: Please ensure that appropriate staff members in your organization are  
 informed of the contents of this memorandum.

Effective September 1, 2019, HealthChoice managed care organizations (MCOs) will provide the National Diabetes Prevention Program (National DPP) Lifestyle Change Program to HealthChoice enrollees. The National DPP Lifestyle Change Program is an evidence-based program established by the Centers for Disease Control and Prevention (CDC) to prevent or delay the onset of type 2 diabetes through healthy eating and physical activity. Only CDC-recognized type 2 diabetes prevention programs may enroll with Medicaid to administer the program. The Medicaid diabetes prevention program will be known as the HealthChoice Diabetes Prevention Program (HealthChoice DPP).

**Enrollee Eligibility Criteria**

To be eligible, enrollees must:

1. Receive services through a HealthChoice MCO;
2. Be between 18-64 years old;
3. Be overweight or obese (Body Mass Index (BMI) of  $\geq 25$  kg/m<sup>2</sup>;  $\geq 23$  kg/m<sup>2</sup>, if Asian); AND
4. Have elevated blood glucose level OR History of gestational diabetes mellitus (GDM)<sup>1</sup>

<sup>1</sup> This refers to a 1) Fasting glucose of 100 to 125 mg/dl; 2) Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl; 3) A1C of 5.7 to 6.4; or 4) Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy.

Pregnant enrollees and enrollees previously diagnosed with type 1 or type 2 diabetes are not eligible to participate in HealthChoice DPP.

### **Referral Requirements**

A health care professional or an MCO may refer HealthChoice enrollees to the program, but a referral is not required for participation in HealthChoice DPP. Enrollees may directly enroll in their MCO's in-network CDC-recognized type 2 diabetes prevention programs if one of the three following scenarios is met:

1. The enrollee brings a copy of blood test results within the past 12 months that indicate a diagnosis of prediabetes; or
2. The enrollee brings a copy of blood test results within the past 12 months that indicate a normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy; or
3. DPP provider receives blood test results from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee.

### **MCO Referrals and Reimbursement to CDC-Recognized Type 2 Diabetes Prevention Programs**

MCOs must allow their network providers to refer eligible individuals directly to in-network CDC-recognized type 2 diabetes prevention programs. MCOs should track members who enroll with contracted CDC-recognized type 2 diabetes prevention programs to ensure they have adequate capacity to serve the eligible population. MCOs may require CDC-recognized type 2 diabetes prevention programs, through the contracting process, to provide notification back to the MCO when a member has enrolled in their program.

### **Reimbursement Methodologies**

Two reimbursement methodologies are available to MCOs for HealthChoice DPP:  
(1) Session and Performance Based Reimbursement Methodology (in Section 1, Tables 1 and 2) for either in-person or virtual DPP providers; and  
(2) Milestone/Bundled Reimbursement Methodology (in Section 2, Table 3) for virtual DPP providers only.

The Department intends to require MCOs to pay contracted CDC-recognized type 2 diabetes prevention programs at least the minimum rates for both reimbursement methodologies.

### **Section 1: HealthChoice Session and Performance-Based Reimbursement Methodology for In-Person and Virtual DPP Providers**

Participating in-person and virtual CDC-recognized type 2 diabetes prevention programs must use the make-up modifiers when submitting claims for make-up sessions using TS and VM modifiers with any code that has a session attached to it. In-person programs should always use

the TS modifier for makeup sessions. Virtual programs should always use the VM modifier for their makeup sessions.

HCPCS code G9891 is a code used to track attendance and indicate that the CDC-recognized type 2 diabetes prevention program furnished a session that was not accounted for using an attendance performance goal code, such as G9874 (4 core sessions attended). G9891 is a non-payable code for reporting services of sessions furnished to participants (i.e. core sessions 2-3, 5-8, and 10-16).

Table 1. *HealthChoice DPP Session-Based Reimbursement Methodology for Minimum Payment Levels for In-Person and Virtual DPP Providers*

Session/Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In-Person Make-up Session	Virtual Session <sup>2</sup>	Virtual Make-Up Session	
Session 1	G9873 <sup>3</sup> - 1st core session attended	\$100	None	GT <sup>4</sup>	None	Can be used 1 time in 365 days <sup>5</sup>
Session 2-4	G9874 - 4 total core sessions attended <sup>6</sup>	\$120	TS <sup>7</sup>	GT	VM <sup>8</sup>	Can be used 1 time in 365 days <sup>5</sup> Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS
Session 5-9	G9875 - 9 total core sessions attended <sup>9</sup>	\$140	TS	GT	VM	Can be used 1 time in 365 days <sup>5</sup> Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS
Session 10-19	G9876 - 2 core maintenance sessions attended in months 7-9 (weight-loss goal not achieved or maintained) <sup>10</sup>	\$40	TS	GT	VM	Can be used 1 time in 365 days <sup>5</sup> Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS
Session 20-22	G9877 - 2 core maintenance sessions attended in	\$40	TS	GT	VM	Can be used 1 time in 365 days <sup>5</sup>

<sup>2</sup> Virtual DPP refers to online, distance learning or combination delivery modes (combination only when online and/or distance learning DPP services are rendered).

<sup>3</sup> CDC-recognized type 2 diabetes prevention programs must have confirmed self-referred individuals' eligibility through a blood test, or provider note indicating history of GDM, prior to billing for this code.

<sup>4</sup> The modifier GT refers to "via interactive audio and video telecommunications systems."

<sup>5</sup> In cases where MCOs allow individuals to switch DPP providers after starting the program, the MCO may need to make an exception to the "can be used 1 time in 365 days" limitation.

<sup>6</sup> Bill with counter code G9891 two times to indicate completion of core sessions 2 and 3.

<sup>7</sup> The modifier TS refers to "follow-up service." In-person programs may only use TS to indicate a makeup session of any modality.

<sup>8</sup> The modifier VM refers to "virtual make-up session." Virtual programs may only use VM to indicate a makeup session."

<sup>9</sup> Bill with counter code G9891 four times to indicate completion of core sessions 5, 6, 7, and 8.

<sup>10</sup> Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 7-9.

	months 10-12 (weight loss goal not achieved or maintained) <sup>11</sup>					Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS
Number of Sessions	G9891 <sup>12</sup> - MDPP session reported as a line-item on a claim for a payable MDPP service	\$0	None	GT	None	This CPT code is used to track attendance. This is a non-payable code for reporting services of sessions furnished to participants (i.e. core sessions 2-3, 5-8, and 10-16.)

## Performance Payments

HCPCS codes G9878 and G9879 are both enhanced payments for performance: weight loss achieved or maintained for months 7-9 and 10-12. These codes may only be used in conjunction with either HCPCS code G9880 (5% weight loss) or G9881 (9% weight loss).

Table 2. *HealthChoice DPP Performance-Based Reimbursement Methodology for In-Person and Virtual DPP Providers*

Session/ Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In- Person Make- up Session	Virtual Session <sup>1</sup>	Virtual Make-Up Session	
5% Weight Loss	G9880 – 5 percent weight loss from baseline achieved	\$100	None	GT <sup>4</sup>	None	Can be used 1 time in 365 days <sup>5</sup>
9% Weight Loss	G9881 – 9 percent weight loss from baseline achieved	\$50	None	GT	None	Can be used 1 time in 365 days <sup>5</sup>
Session 10-19 with at least 5% weight loss	G9878 <sup>13</sup> - 2 core maintenance sessions attended in months 7-9 and weight loss goal achieved or maintained	\$80	TS <sup>7</sup>	GT	VM <sup>8</sup>	Can be used 1 time in 365 days <sup>5</sup>  Cannot be used with G9876  Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM

<sup>11</sup> Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 10-12.

<sup>12</sup> A HCPCS G-code for a session furnished by the billing supplier that counts toward achievement of the attendance performance goal for the payable MDPP services HCPCS G-code. This CPT code is used to track attendance. This is a non-payable code for reporting services of sessions furnished to participants (i.e. core sessions 2-3, 5-8, and 10-16.)

<sup>13</sup> In order to bill G9878 for enhanced attendance, must also bill or have previously billed for weight loss achieved from baseline at either 5% (G9880) or 9% (G9881). Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 7-9.



						<b>OR GT and TS</b>
Session 20-22 with at least 5% weight loss	G9879 <sup>14</sup> - 2 core maintenance sessions attended in months 10-12 and weight loss goal achieved or maintained	\$80	TS	GT	VM	Can be used 1 time in 365 days <sup>5</sup>  Cannot be used with G9877  Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS

Assuming the enrollee attends all sessions and all performance outcomes are met, the total payment per enrollee for the CDC-recognized type 2 diabetes prevention programs based on these rates is \$670.

For community and/or virtual DPP providers whose organizations do not meet the descriptions provided for the place of service code set, they may use the place of service code ‘99’.<sup>15</sup>

These HCPCS codes may not be billed with or as nutritional counseling, evaluation and management codes, or other procedure codes when billing for the National DPP lifestyle change program.

ICD-10 Diagnosis Codes for Billing: Please refer to the HealthChoice DPP Manual at <https://mmcp.health.maryland.gov/Pages/HealthChoice-DPP.aspx> for the applicable ICD-10 diagnosis codes.

**Section II: HealthChoice Milestone/Bundled Reimbursement Methodology for Virtual DPP Providers**

Table 3, below, lists the recommended HCPCS codes and reimbursement for HealthChoice DPP under the virtual DPP milestone/bundled reimbursement methodology. Flexibility in bundled payment distribution across milestones 1-3 and the 5% and 9% performance payouts will be allowed so long as the total payment per enrollee for the CDC-recognized type 2 diabetes prevention program meets or exceeds \$670.

<sup>14</sup> In order to bill G9879 for enhanced attendance in this period, must also bill or have previously billed for weight loss achieved from baseline at either 5% (G9880) or 9% (G9881). Bill with counter code G9891 one time to indicate completion of first of two core maintenance sessions in months 10-12.

<sup>15</sup> Place of service code ‘99’ refers to “Other place of service not identified above.” Centers for Medicare and Medicaid Services. (2016). Place of Service Code Set: Place of Service Codes for Professional Claims. Retrieved from: [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set.html](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html)

Table 3. *HealthChoice Milestone/Bundled Reimbursement Methodology for Virtual DPP Providers*

Session/Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In-Person Make-up Session	Virtual Session <sup>1</sup>	Virtual Make-Up Session	
Milestone 1: May be billed at enrollment or initiation into program; scale is issued; or 1 <sup>st</sup> core session attended	Available codes: G9873 <sup>2</sup> - 1st core session attended E1639 <sup>16</sup> 0488T <sup>17</sup>	\$220	Not applicable	GT <sup>3</sup>	None	Can be used 1 time in 365 days <sup>5</sup>
Milestone 2: Billed at 4 core sessions attended	G9874 - 4 total core sessions attended	\$160	Not applicable	GT	VM <sup>7</sup>	Can be used 1 time in 365 days <sup>5</sup>  Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS
Milestone 3: Billed at 9 core sessions attended	G9875-9 core sessions attended	\$140	Not applicable	GT	VM	Can be used 1 time in 365 days <sup>5</sup>  Virtual programs may only use VM to indicate make-up sessions. Do not use GT and VM OR GT and TS
Performance: 5% weight loss achieved	G9880 – 5 percent weight loss from baseline achieved	\$125	Not applicable	GT	None	Can be used 1 time in 365 days <sup>5</sup>
Performance: 9% weight loss achieved	G9881 - 9 percent weight loss from baseline achieved	\$25	Not applicable	GT	None	Can be used 1 time in 365 days <sup>5</sup>

As indicated for Milestone 1, MDH will accept one of three possible codes for enrollment or initiation into the program as a first milestone and allow claiming for the scale using either 1) G9873; 2) [E1639](#); or 3) [0488T](#).

Assuming the enrollee attends and meets all milestones and achieves the 5% and 9% performance outcomes, total payment per enrollee for virtual CDC-recognized type 2 diabetes prevention programs based on these rates should equal \$670.

<sup>16</sup> E1639: Durable Medical Equipment (DME)

<sup>17</sup> 0488T: Preventive behavior change, online/electronic intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days

## **DPP Provider Enrollment and Conditions of Participation**

Eligible providers may now enroll in Maryland Medicaid. CDC-recognized type 2 diabetes prevention programs with active pending, preliminary or full recognition status are eligible to enroll as “DPP Provider” type through ePREP. To enroll as a DPP provider, please visit [eprep.health.maryland.gov](http://eprep.health.maryland.gov). Individual lifestyle change coaches are not eligible to enroll as a HealthChoice DPP provider.

For more information about DPP provider Enrollment, please refer to **the HealthChoice DPP Manual** at <https://mmcp.health.maryland.gov/Pages/HealthChoice-DPP.aspx>. Please direct questions regarding Maryland’s HealthChoice DPP, or DPP provider enrollment qualifications to [mdh.medicaidDPP@maryland.gov](mailto:mdh.medicaidDPP@maryland.gov).