MARYLAND Department of Health

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

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organizations Transmittal No. 131
HealthChoice Diabetes Prevention Program Transmittal No. 1
June 10, 2019

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

From: Jill Spector, Director
Medical Benefits Management

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 reimburse for providing 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 ≥ 25 kg/m2,; ≥ 23 kg/m2, if Asian); AND
4. Have elevated blood glucose level OR History of gestational diabetes mellitus (GDM)[1]

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

---

[1] 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.

Referral Requirements

A health care professional or an MCO may refer HealthChoice participants 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 two 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.

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 also 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.

Billing

The following table lists the HCPCS codes and reimbursement for HealthChoice DPP. **The Department intends to require MCOs to pay contracted CDC-recognized type 2 diabetes prevention programs at least the minimum rates outlined in the table below.**

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.

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 Reimbursement Methodology Requirements for Minimum Payment Levels*

Session/Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In-Person Make-up Session	Virtual Session[2]	Virtual Make-Up Session	
Session 1	G9873[3] - 1st core session attended	$100	None	GT[4]	None	Can be used 1 time in 365 days
Session 2-4	G9874 - 4 total core sessions attended	$120	TS[5]	GT	VM[6]	Can be used 1 time in 365 days 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	$140	TS	GT	VM	Can be used 1 time in 365 days 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)	$40	TS	GT	VM	Can be used 1 time in 365 days 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 months 10-12 (weight loss goal not achieved or maintained)	$40	TS	GT	VM	Can be used 1 time in 365 days 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[7] - MDPP session reported as a line-item on a claim for a payable MDPP service	$0	None	GT	None	

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

[3] CDC-recognized type 2 diabetes prevention programs must have confirmed self-referred individuals' eligibility through a blood test prior to billing for this code.

[4] The modifier GT refers to "via interactive audio and video telecommunications systems."

[5] The modifier TS refers to "follow-up service."

[6] The modifier VM refers to "virtual make-up session."

[7] 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.)

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 Reimbursement if Performance Outcomes Are Met*

Session/ Event	HCPCS Code and Description	Payment	Modifiers			Limitation
			In-Person Make-up Session	Virtual Session[8]	Virtual Make-Up Session	
5% Weight Loss	G9880 - 5 percent weight loss from baseline achieved	$100	None	GT	None	Can be used 1 time in 365 days
9% Weight Loss	G9881 - 9 percent weight loss from baseline achieved	$50	None	GT	None	Can be used 1 time in 365 days
Session 10-19 with at least 5% weight loss	G9878[9] - 2 core maintenance sessions attended in months 7-9 and weight loss goal achieved or maintained	$80	TS	GT	VM	Can be used 1 time in 365 days Cannot be used with G9876 Virtual programs may only use VM to indicate make-up sessions. Do not use GT **and** VM **OR** GT **and** TS
Session 20-22 with at least 5% weight loss	G9879[10] - 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 Cannot be used with G9877 Virtual programs may

[8] Virtual DPP refers to online, distance learning or combination delivery modes (combination only when online and/or distance learning DPP services are rendered).

[9] 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).

[10] 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).

						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 maximum payment for CDC-recognized type 2 diabetes prevention programs based on these rates is $670.

For community and/or virtual 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'.[11]

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.

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. 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.

[11] 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