Neighborhood Health Plan OF RHODE ISLAND™

Coverage and Payment Policy

Diabetes Prevention Program

Policy Overview

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood) coverage and reimbursement requirements for Diabetes Prevention Program (DPP) services provided by CDC approved providers.

The Medicare Diabetes Prevention Program (MDPP) provides ongoing health behavior coaching and education to members who are at risk for type II diabetes.

Scope

This policy applies to Neighborhood's **INTEGRITY** line of business, for services provided pursuant to 42 CFR §424.205.[i]

Coverage

The MDPP is made up of three sessions over the course of two years:

- Core Sessions (months 0-6);
- Core Maintenance Sessions (months 7-12);
- Ongoing Maintenance Sessions (months 13-24).

Core sessions provided within the first year are covered based on member attendance. Ongoing maintenance sessions are only covered if the member achieves and maintains minimum weight loss and attendance goals as required by the program.

Providers must have one of the following recognitions to furnish MDPP services:[ii]

- MDPP Interim Preliminary Recognition;
- MDPP Preliminary Recognition;
- CDC Preliminary Recognition;
- CDC Full Recognition.

All sessions must be delivered by an eligible MDPP coach and be based on a CDC approved curriculum focused on weight loss and lifestyle wellness, in an effort to prevent or delay type II diabetes.

Neighborhood covers MDPP services in accordance with CMS guidelines.

Benefit Limitations

MDPP services have a maximum limit of once per lifetime.

Benefit Exclusions

Neighborhood does not cover MDPP services for the following:

- Members with a diagnosis of diabetes prior to the start date of the first core session;
- Members with a diagnosis of End Stage Renal Disease (ESRD);
- Members not covered by **INTEGRITY**.
- Members who have previously received MDPP services

Member Responsibility

Cost sharing obligations, such as coinsurance, copays, deductibles, or patient share do not apply to MDPP.

Prior Authorization

MDPP services do not require prior authorization.

Medical Necessity Criteria

All services must be medically necessary to qualify for reimbursement.

Members must meet the following criteria:

MDPP Core Sessions

- Body Mass Index (BMI) of at least 25 (23 if self-identified as Asian) on the date of the first core session;
- Meet **one** (1) of three (3) blood test requirements within the 12 months prior to attending the first core session:
  - A hemoglobin A1c test with a value between 5.7% and 6.4%, or
  - A fasting plasma glucose of 110-125 mg/dL, or
  - A 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test)
- No previous diagnosis of diabetes prior to the date of the first core session (with exception of gestational diabetes)

MDPP Ongoing Maintenance Sessions

- Achievement of 5% minimum BMI reduction, based on initial session weight;
- Maintenance of 5% BMI reduction for duration of Ongoing Maintenance sessions.

For questions regarding these criteria, please contact Utilization Management at (401) 459-6060.

Payment Methodology

Neighborhood reimburses claims for MDPP services Fee-For-Service, as specified by provider contract.

Claims Submission

Billable services are subject to contractual agreements and must meet timely filing requirements to be considered for reimbursement.

Providers are entitled to performance incentive payments if a member achieves and maintains a 5% BMI reduction during the Core Sessions, as well as a 9% reduction during the core and ongoing

sessions. The incentive codes are billed as a second claim line with the sessions, for each session the member maintains the weight loss. BMI reduction is measured from the recorded weight of the first core session.

Make up sessions may be billed with modifier "VM" in accordance with CMS guidelines.

Claims must be submitted on a CMS-1500 Professional claim form or via electronic X12 837P format. Adjustments, corrections, and reconsiderations must include the required forms.

Coding

CMS approved codes are listed below.

Coding must meet standards defined by the AAPC Healthcare Common Procedure Coding System (HCPCS) Level II and the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM).[iii]

HCPCS	Description
G9873	1st core session attended
G9874	4 total core sessions attended
G9875	9 total core sessions attended
G9876	2 core maintenance sessions attended in months 7-9 (weight loss goal not achieved or maintained)
G9877	2 core maintenance sessions attended in months 10-12 (weight loss goal not achieved or maintained)
G9878	2 core maintenance sessions attended in months 7-9 and weight loss goal achieved or maintained
G9879	2 core maintenance sessions attended in months 10-12 and weight loss goal achieved or maintained
G9882	2 ongoing maintenance sessions attended in months 13-15 and weight loss goal maintained
G9883	2 ongoing maintenance sessions attended in months 16-18 and weight loss goal maintained
G9884	2 ongoing maintenance sessions attended in months 19-21 and weight loss goal maintained
G9885	2 ongoing maintenance sessions attended in months 22-24 and weight loss goal maintained

HCPCS	Description
G9890	Bridge payment – first session furnished by MDPP supplier to an MDPP beneficiary who has previously received MDPP services from a different MDPP supplier
G9891	MDPP session reported as a line-item on a claim for a payable MDPP services 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
G9880	5 percent weight loss from baseline achieved
G9881	9 percent weight loss from baseline achieved

Record Keeping

To qualify for reimbursement, all records must be kept in accordance with state and federal regulations.

A treatment record must be created for each member receiving MDPP services, and contain *no less* than the following:

a) Member identification (Neighborhood ID, name);
b) Documentation of medical necessity;
c) Type of session;
d) Coach leading the session;
e) Date and place of service;
f) Recording of member's weight at each session.

Once a record is established, additions, deletions, modifications, or edits of any kind must be made in compliance with Chapter 3 of the CMS Medicare Program Integrity Manual.[iv]

Electronic Medical Records (EHRs) are compliant with CMS and Neighborhood's documentation standards. All EHRs must meet state and federal privacy guidelines.

Whether electronic, paper, or a combination of both, all records must be accurate, legible, and completed with signature in a prompt manner, but no later than 30 days from the date of service. At its discretion, Neighborhood may request copies of patient records at any time to ensure adherence to state, federal, and reimbursement requirements as outlined in this document.[v]

Disclaimer

This guideline is informational only, and not a guarantee of reimbursement.

Claim payments are subject to Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. All services billed to Neighborhood for reimbursement are subject to audit.

Effective dates noted reflect the date the long standing policy was documented or updated to assist with provider education, unless otherwise noted. Neighborhood reserves the right to update this policy at any time.

Document History

Date	Action
4/1/2018	Policy created

References

[i] Requirements for Medicare Diabetes Prevention Program Suppliers
[ii] 42 C.F.R., Section 424.205(d) - MDPP Supplier Standards; CDC DPRP Requirements
[iii] CMS ICD-10-CM; AAPC HCPCS Level II
[iv] 3.3.2.5 - Amendments, Corrections and Delayed Entries in Medical Documentation
[v] CMS 3.3.2.4 - Signature Requirements