
Diabetes Prevention Program

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This section explains requirements that providers and recipients must meet to participate in the Diabetes Prevention Program (DPP). Also included is information about service frequency limits and instructions about billing for DPP services.

Provider Requirements

Providers must meet Centers for Disease Control and Prevention (CDC) standards to offer Diabetes Prevention Program services. Providers must obtain CDC pending, preliminary or full recognition in connection with the National Diabetes Prevention Program.

Providers offering prevention program services must use a CDC-approved lifestyle change curriculum that does all of the following:

- Emphasizes self-monitoring, self-efficacy and problem solving.
- Provides for coach feedback.
- Includes participant materials to support program goals.
- Requires participant weigh-ins to track and achieve program goals.

Providers must ensure services are rendered by peer coaches. See “Peer Coaches” in this section.

DPP Enrollment for Existing Medi-Cal Providers

Medi-Cal providers wishing to render diabetes prevention services in addition to their other Medi-Cal services must submit a *Medi-Cal Supplemental Changes* form (DHCS 6209) to the Department of Health Services (DHCS). Upon approval, providers will be designated as DPP providers. Only DPP-designated providers may be reimbursed for diabetes prevention services. The following Medi-Cal provider types may enroll:

- Home Health Agencies (HHA)
- Physicians
- Physician groups
- Indian Health Services/Memorandum of Agreement (IHS/MOA)

- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Free clinics
- Community clinics
- Multispecialty clinics
- County clinics not associated with hospitals
- Otherwise undesignated clinics
- Community hospitals (outpatient)
- County hospitals (outpatient)
- DPP suppliers
- Home and Community-Based Services (HCBS) nursing facilities

Delivery Methods

Diabetes prevention services can be offered through the following delivery methods:

- In person: Participants are physically present in a classroom or classroom-like setting and peer coaches provide training. Peer coaches may supplement the training with handouts, emails or reminder texts. Organizations that conduct make-up sessions online, via another virtual modality or over the telephone are still considered to be delivering the program in person.
- Distance learning: Peer coaches deliver sessions via remote classroom where the coach is present in one location and participants are calling or video-conferencing from another location.

Interpretation Services and Curriculum Translations

Providers are required to meet all state and federal translation and interpretation standards.

Providers include the following:

- Medi-Cal provider-designated agents
- Public and private agencies and/or individuals engaged in planning, providing or securing Medi-Cal services for recipients seeking diabetes prevention services

Information about interpretation and translation services is located in the *Provider Regulations* section of the Part 1 Medi-Cal provider manual.

Provider Suggestions to CDC for Curriculum Changes

Providers may submit suggestions for changing the CDC curriculum by contacting the CDC at dprpAsk@cdc.gov. The CDC will explain the next steps for submission and review of the adapted or translated curriculum.

Peer Coaches

Diabetes prevention services must be provided by peer coaches who promote realistic lifestyle changes, emphasize weight loss through healthy eating and physical activity and implement the diabetes prevention curriculum.

A trained peer coach may be a physician, a non-physician practitioner or an unlicensed person who has been trained to deliver the required curriculum and has the skills, knowledge and qualities specified in the National Diabetes Prevention Program guidelines.

Recipient Eligibility

Recipients may be referred to the program by a provider or by self referral.

Recipients must meet all the following criteria to be eligible:

- At least 18 years of age
- Body mass index (BMI) of at least 25, if the recipient does not self-identify as Asian, or a BMI of at least 23 if self-identified as Asian
- One of the following within the 12-month period prior to being referred to the prevention program:
 - A hemoglobin A1c test with a value between 5.7 and 6.4 percent
 - A fasting plasma glucose of 110-125 mg/dL
 - A two-hour plasma glucose of 140-199 mg/dL
- No previous diagnosis of type 1 or type 2 diabetes, with the exception of gestational diabetes
- Free of end-stage renal disease

If the recipient is diagnosed with diabetes while participating in the prevention program, the recipient may continue in DPP.

Additional Medi-Cal recipient eligibility information is available in the Part 1 manual section, *Eligibility: Recipient Identification*.

Billing

Services are reimbursable only if rendered by a CDC-recognized DPP. Only Medi-Cal enrolled, licensed practitioners may be reimbursed for diabetes prevention services.

Each DPP provider may bill one of the 14 reimbursable codes when all the requirements for billing the code have been met, including the session attendance for specific core and ongoing maintenance session intervals and achievement and/or maintenance of weight loss, as applicable to the specific code.

Providers must maintain signed documentation on file attesting that a DPP recipient met the requirements for billing of each code.

Unlicensed Practitioners

Unlicensed practitioners receive their reimbursement through a contractual arrangement with a Medi-Cal provider who is a licensed DPP practitioner.

Bill Medicare First

Medi-Cal is a payer of last resort. When billing for recipients for whom the Medi-Cal eligibility verification system indicates Medicare coverage, providers must bill Medicare before submitting a claim to Medi-Cal. Important instructions for billing are in the *Medicare/Medi-Cal Crossover Claims: Outpatient Services* section in the appropriate Part 2 Medi-Cal provider manual. Providers should bill according to instructions under the “Part B Services Billed to Part B Carriers” and “Medicare Documentation Requirements” headings.

Providers billing through a Medicare Administrative Contractor (MAC) should refer to “Billing Tips: Part B Services Billed to Part B Medicare Administrative Contractors.”

Billing Chart

The following billing charts include the reimbursable HCPCS codes for core, maintenance, weight loss and bridge DPP services.

Note: “Attended” in the following chart means the recipient attended the described session(s) either in person or through online, virtual or distance learning.

Core Sessions (months one through six):

A core session is approximately one hour and adheres to the CDC curriculum for core sessions.

«Table of Core Sessions»

HCPCS Code	Description	Notes
G9873	First Medi-Cal DPP core session was attended by a DPP recipient	Payment is without regard to weight loss
G9874	Four total Medi-Cal DPP core sessions were attended by a DPP recipient	Payment is without regard to weight loss
G9875	Nine total DPP core sessions were attended by a DPP recipient	Payment is without regard to weight loss

Core Maintenance (months 7 through 12):

A core maintenance session is approximately one hour and adheres to the CDC curriculum for core sessions.

«Table of Core Maintenance Sessions»

HCPCS Code	Description	Notes
G9876	Two DPP core maintenance sessions were attended by a DPP recipient in months 7 thru 9, and the recipient did not achieve the minimum 5 percent weight loss	Use when recipient has <u>not met</u> the minimum 5 percent weight loss
G9877	Two DPP core maintenance sessions were attended by a DPP recipient in months 10 thru 12 , and the recipient did not achieve the minimum 5 percent weight loss	Use when recipient has <u>not met</u> the minimum 5 percent weight loss

«Table of Core Maintenance Sessions (continued)»

HCPCS Code	Description	Notes
G9878	Two DPP core maintenance sessions were attended by a DPP recipient in months 7 thru 9, and the recipient achieved the minimum 5 percent weight loss	Use when recipient <u>has met</u> the minimum 5 percent weight loss
G9879	Two DPP core maintenance sessions were attended by a DPP recipient in months 10 thru 12, and the recipient achieved the minimum 5 percent weight loss	Use when recipient <u>has met</u> the minimum 5 percent weight loss

Ongoing Maintenance (months 13 through 24):

An ongoing maintenance session is approximately one hour and adheres to the CDC curriculum for core sessions.

«Table of Ongoing Maintenance Sessions»

HCPCS Code	Description	Notes
G9882	Two DPP ongoing maintenance sessions were attended by a DPP recipient in months 13 thru 15	The recipient maintained at least 5 percent weight loss from his/her baseline weight, as measured by at least one weight measurement during months 13 thru 15
G9883	Two DPP core maintenance sessions were attended by a DPP recipient in months 16 thru 18 , and the recipient did not achieve the minimum 5 percent weight loss	The recipient maintained at least 5 percent weight loss from his/her baseline weight, as measured by at least one weight measurement during months 16 thru 18

«Table of Ongoing Maintenance Sessions (continued)»

HCPCS Code	Description	Notes
G9884	Two DPP ongoing maintenance sessions were attended by a DPP recipient in months 19 thru 21	The recipient maintained at least 5 percent weight loss from his/her baseline weight, as measured by at least one weight measurement during months 19 thru 21
G9885	Two DPP ongoing maintenance sessions were attended by a DPP recipient in months 22 thru 24	The recipient maintained at least 5 percent weight loss from his/her baseline weight, as measured by at least one weight measurement during months 22 thru 24

Note: A recipient has coverage of a subsequent ongoing maintenance session interval (for up to nine months after the end of the first ongoing maintenance session interval) if the recipient attended at least two sessions and maintained the required minimum weight loss from baseline at least once during the previous ongoing maintenance session interval.

Weight Loss Performance:

Weight loss performance is billed when the recipient achieves minimum weight loss goals or loss of inches.

«Table of Weight Loss Performance»

HCPCS Code	Description	Notes
G9880	The DPP recipient achieved at least 5 percent weight loss, or an absolute reduction of waist circumference (cm) of 3.2 centimeters on the date a DPP provider furnishes any session during the 12 months of the core services period	N/A
G9881	The DPP recipient achieved at least 9 percent weight loss on the date a DPP provider furnishes any session during the 24 months of the DPP services period	N/A

Bridge Payment:

A bridge payment is a one-time payment for the first DPP core session, core maintenance session, or ongoing maintenance session furnished by a DPP provider to a DPP recipient during months 1 thru 24 when the recipient previously received DPP services from a different DPP provider. A provider may only receive one bridge payment per DPP recipient.

<<Table of Bridge Payment>>

HCPCS Code	Description	Notes
G9890	The DPP recipient achieved at least 5 percent weight loss, or an absolute reduction of waist circumference (cm) of 3.2 centimeters on the date a DPP provider furnishes any session during the 12 months of the core services period	Medi-Cal rate is \$20.

Type 1, Type 2 Diabetes and End Stage Renal Disease Reimbursement Exception

Claims submitted with ICD-10-CM diagnosis codes indicating the recipient has Type 1, Type 2 Diabetes or End Stage Renal Disease are not reimbursable unless the provider includes a remark on the claim, or on an attachment to the claim, that the recipient started the program pre-diabetic and became diabetic during the course of the two-year program.

Online, Virtual, Distance: Learning Modifier KX

Providers who offer an online, virtual or distance learning program may bill modifier KX when all requirements for billing the HCPCS code have been met. Refer to the *Modifiers Approved* section in the appropriate Part 2 Medi-Cal provider manual for the KX description.

Frequency Limits

Recipients may participate in 22 peer coaching sessions over a 12-month period, including an appropriate number of selected weekly core sessions in the first six months and monthly core maintenance sessions in the last six months.

Recipients are eligible to receive ongoing maintenance sessions in three-month intervals for no more than 12 months after the core services period if the recipient:

- Attended at least one session during the final core maintenance session interval (months nine to 12 of the diabetes prevention services period) and had weight measured, and
- Achieved or maintained the required minimum weight loss at least once during the final core maintenance session interval (months 10 to 12 of the DPP services period).

Recipients are limited to one 24-month course of service of DPP in a five-year period.

Frequency Limit Exception

Frequency limits may be overridden for recipients repeating the program due to prior unsuccessful completion. Providers must document incomplete previous DPP sessions in the *Additional Claim Information* field (Box 19) on the *CMS-1500* claim or *Remarks* field (Box 80) on the *UB-04* claim, or on an attachment to the claim.

Record Keeping

For recipients who have completed the entire DPP core services period or who have had an unsuccessful attempt at completing the DPP core services period once in the prior five years, the medical provider must maintain documentation of the recipient's medical condition or circumstance that warrants additional participation in the recipient's medical file, which shall be made available to DHCS upon request.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.