

Clinical Policy: Diabetes Prevention Program (DPP)

Reference Number: MO.CP.MP.503

Last Review Date: 06/17/2020

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Description

Medical necessity criteria for the Diabetes Prevention Program (DPP).

Policy/Criteria

- I.** It is the policy of Home State Health that the Diabetes Prevention Program is **medically necessary** when meeting one of the following:
 - A.** Initial core service period (consisting of a maximum of 26 sessions in months 1- 12), all of the following:
 1. 21 years of age and older and currently enrolled as a Home State Health member;
 2. Not currently pregnant;
 3. BMI \geq 25 or a BMI \geq 23 if of Asian descent, as of the date of attendance at the first core session;
 4. No previous diagnosis of type one (1) or two (2) diabetes with the exception of gestational diabetes;
 5. Had at least one of the following within the last twelve (12) months:
 - i. Hemoglobin A1C test with a value of 5.7% to 6.4%;
 - ii. A fasting plasma glucose of 100 mg/dl to 125 mg/dl;
 - iii. A 2-hour plasma glucose of 140 to 199 mg/dl after the 75 oral glucose tolerance test;
 - B.** Ongoing maintenance program (consisting of a maximum of four (4) sessions in months 13 through 24), and the member has achieved and maintained a minimum of 5% weight loss at the end of the first 12 months.
- II.** Providers of DPP services include individuals and/or organizations with diabetes prevention programs that have pending, preliminary, or full recognition status from the CDC's Diabetes Prevention Recognition Program, and are enrolled as MO HealthNet providers.
- III.** Additional DPP services requests beyond the initial allocation must be submitted as a new prior authorization request.
- IV.** Participants receiving DPP services are not eligible to receive concurrent authorization for other MO HealthNet reimbursed weight reduction services.

Background

On September 1, 2020, the MO HealthNet Division (MHD) will implement a DPP for eligible adult participants. These services are Centers for Disease Control and Prevention (CDC)-recognized DPP services for at risk individuals, intended to prevent or delay the progression to Type-2 Diabetes. DPP services are provided during a "core services period" of 12 months, and the curriculum focuses on making lifestyle changes and monitoring weight, BMI, and physical

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activity. Participants that meet continuation criteria will receive an additional 12 months of ongoing maintenance services that emphasize maintaining the lifestyle changes. The goal is to improve health outcomes for the adult population at risk for developing diabetes by managing obesity and associated co-morbidities.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
99412	Preventative Medicine Service, group counseling for ongoing maintenance

HCPCS Codes	Description
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized DPP curriculum, provided to individuals in a group setting, minimum sixty (60) minutes, per day

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	06/20	06/20

References

1. Missouri State Medicaid Contract Amendment 11 Section 2.7.5.g
2. Missouri Statute Final Rule 13 CSR 70-25.130, July 15, 2020

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional

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organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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