Diabetes Prevention and Management Programs Billing Guidelines

Effective August 1, 2021, these programs are available to customers covered under Medicaid fee-for-service (FFS) and the HealthChoice Illinois (HCI) managed care organizations (MCOs).

Both types of diabetes prevention and management services will be billable via the X12 837P transaction or the MEDI Internet electronic claim system. Programs must be enrolled in HFS' IMPACT system.

Diabetes Prevention Program (DPP)

The National Diabetes Prevention Program (DPP) is a yearlong, evidence-based lifestyle change intervention developed by the Centers for Disease Control and Prevention (CDC) to reduce the risk of adults with prediabetes progressing to Type 2 diabetes. The program achieves that goal primarily through weight loss that results from the CDC's Diabetes Prevention Lifestyle Change curriculum, which focuses on healthy eating, increasing physical activity, and managing stress. CDC-recognized DPP organizations may enroll as an Illinois Medicaid provider to administer the program to deliver a set of medically necessary services to prevent or delay the onset of Type 2 diabetes for beneficiaries with indications of prediabetes. DPP services are provided in-person or via telehealth/virtually during sessions that occur at regular, periodic intervals over the course of one year.

DPP Provider Enrollment via the IMPACT System:

- Type of Enrollment – Facility, Agencies, Organizations (FAO)
- Provider Type – Diabetes Prevention Provider Organization (Legacy PT 102)
- Specialty - Diabetes Prevention Provider Organization
- Sub-Specialty – No Subspecialty
- Requirements – CDC certification indicating pending, preliminary, or full recognition status.
- Earliest Start Date – August 1, 2021

Note: A Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Encounter Rate Clinic (ERC), even if already enrolled in IMPACT, must create a separate enrollment, and obtain a separate NPI to bill for diabetes prevention services. These services will be reimbursed through the fee-for-service methodology and not the encounter rate.

Customer Eligibility Criteria for DPP Services:

- Adults with Medicaid coverage between the ages of 18 and 64
- Be overweight or obese (Body Mass Index (BMI) of > 25 kg/m2 (> 23 kg/m2 if Asian) and
- Have elevated blood glucose level or history of gestational diabetes mellitus (GDM), meaning the enrollee has:
- Fasting glucose of 100 to 125 mg.
- Plasma glucose measured 2 hours after a 75-gm glucose load of 140 to 198 mg/dl.
- A1C level of 5.7 to 6.4; or
- Clinically diagnosed GDM during a previous pregnancy

Note: The customer is not required to be referred for these services, the services need only be recommended. HFS will not require the National Provider Identifier (NPI) of an ordering/referring practitioner on the 837P claim form.

DPP Services Reimbursement Methodology:

The reimbursement methodology available for DPP services is session and performance-based reimbursement for either in-person or virtual DPP providers.

Session/Event	HCPC Code and Description	Payment	Virtual or Telehealth Session Modifier	Virtual or Telehealth Make-Up Session Modifier	Limitation
Milestone 1	G9873 – 1st core session attended	$180	GT or 93*	None	Once in 365 days
Milestone 2	G9874 – 4 total core sessions attended	$150	GT or 93*	VM	Once in 365 days. If both modifiers are used, GT or 93 must be first one listed, then VM as the second modifier listed.
Milestone 3	G9875 – 9 core sessions attended	$140	GT or 93*	VM	Once in 365 days. If both modifiers are used, GT or 93 must be first one listed, then VM as the second modifier listed.
Milestone 4	G9876 – 2 sessions in months 7-9, 5% weight loss not achieved ***OR*** G9878 – 2 sessions in months 7-9, 5% weight loss achieved	$30 without weight loss $50 with weight loss	GT or 93*	VM	Once in 365 days. If both modifiers are used, GT or 93 must be first one listed, then VM as the second modifier listed.
Milestone 5	G9877 - 2 sessions in months 10-12, 5% weight loss not achieved ***OR*** G9879 – 2 sessions in months 10-12, 5% weight loss achieved	$30 without weight loss $50 with weight loss	GT or 93*	VM	Once in 365 days. If both modifiers are used, GT or 93 must be first one listed, then VM as the second modifier listed.
Performance: 5% weight loss achieved	G9880 – 5% weight loss from baseline achieved	$100	GT or 93*	None	Once in 365 days.

Taxonomy Code for Health Educator: 174H00000X

Place of Service Codes Include: 02, 03, 04, 10**,11, 12, 13, 14, 19, 22, 99

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Place of Service Code 10 - Telehealth Provided in Patient's Home is billable with effective with dates of service beginning July 1, 2022. Please refer to the **March 31, 2022, and **March 21, 2022** informational notices.

DPP ICD-10 Diagnosis Codes:

The following ICD-10 diagnosis codes may be used for claim submission and reimbursement.

Elevated Blood Glucose Level and Gestational Diabetes ICD-10 Codes

ICD-10 Code	Description – Elevated Blood Glucose Level	ICD-10 Code	Description – Gestational Diabetes
R73.01	Impaired fasting glucose	Z86.32	Personal history of gestational diabetes
R73.02	Impaired glucose tolerance – Oral		
R73.03	Prediabetes		

BMI ICD-10 Codes for BMI 12.0 and Greater

ICD-10 Code	Description – Body Mass Index	ICD-10 Code	Description – Body Mass Index
Z68.23	Body mass index (BMI) 23.0-23.9, adult	Z68.34	Body mass index (BMI) 34.0-34.9, adult
Z68.24	Body mass index (BMI) 24.0-24.9, adult	Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.25	Body mass index (BMI) 25.0-25.9, adult	Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.26	Body mass index (BMI) 26.0-26.9, adult	Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.27	Body mass index (BMI) 27.0-27.9, adult	Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.28	Body mass index (BMI) 28.0-28.9, adult	Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.29	Body mass index (BMI) 29.0-29.9, adult	Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.30	Body mass index (BMI) 30.0-30.9, adult	Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult	Z68.43	Body mass index (BMI) 50.0-59.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult	Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult	Z68.45	Body mass index (BMI) > 70, adult

DPP Provider Assignment of ICD-10 Codes and Z Codes:

For each initial claim, DPP Providers must indicate two ICD-10 codes: 1) for elevated blood glucose (R73.01, R73.02, R73.03), or history of Gestational Diabetes (Z86.32), and 2) for BMI.

DPP providers may indicate R codes for elevated blood glucose if one of three scenarios are met:

- The enrollee presents a formal provider referral with R code indicated; or
- DPP provider receives blood test results from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee; or
- The enrollee presents blood test results which the DPP provider may use to identify appropriate R code according to the following prediabetes definitions.

Prediabetes Definitions:

Prediabetes (R73.03) is defined as any of the following 3 criteria:

- Impaired glucose tolerance (IGT) – Two-hour plasma glucose value during a 75 g OGTT between 140 and 199 mg/dL (7.8 to 11.0 mmol/L) = alone, this is the criterion for R73.02.
- Impaired fasting glucose (IFG) – Fasting plasma glucose 100 to 125 mg/dL (5.6 to 6.9 mmol/L) = alone, is the criterion for R73.01
- Hemoglobin A1C – A1C 5.7 to 6.4 percent

DPP providers may indicate Z code for history of Gestational Diabetes if one of three scenarios is met:

- The enrollee presents a formal provider referral with Z code indicated; or
- DPP Provider receives blood test results or provider note from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee; or
- The enrollee presents blood test results or provider note indicating history of GDM or normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy, which the DPP provider may use to indicate the Z code.

For each subsequent claim, DPP providers must indicate only the appropriate code initially used to indicate diagnosis of elevated blood glucose (R codes) or history of gestational diabetes (Z86.32); they do not need to include BMI codes on any subsequent claim.

DPP providers should follow MCO guidance on how to direct members to provide the necessary blood test documentation, confirmation or formal provider referral (i.e. fax, secure email, digital photo, etc.).

Referral Sources and Assignment of ICD-10 Codes by a DPP Provider:

The table below describes how DPP providers should make ICD-10 assignment according to referral source and documentation presented.

DPP Provider Assignment of ICD-10 Codes for Elevated Blood Glucose Level and Gestational Diabetes Based on Referral Source and Documentation Provided

Referral Source	A If Elevated Blood Glucose	B If History of Gestational Diabetes	Documentation	ICD-10 codes DPP provider may include on claim
Provider or MCO	Yes, one of the following: R73.01 R73.02 R73.03	N/A	Blood test results indicating elevated blood glucose and/or formal provider referral indicating diagnosis with R code	One of the following: R73.01 R73.02 R73.03
Provider or MCO	N/A	Yes, Z86.32	Blood test or provider note indicating history of GDM or normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy	Z86.32

Member Goes Directly to DPP Provider			Blood test results indicating elevated blood glucose and/or DPP provider receives blood test results from the enrollee's MCO or health care provider, with proper consent and authorization by the enrollee. Unable to provide blood test results, formal provider referral, or blood test results from MCO or health care provider with proper consent and authorization by the enrollee.	One of the following: R73.01 R73.02 R73.03

Diabetes Self-Management Education and Support (DSMES)

Diabetes Self-Management Education and Support (DSMES) services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent diabetes or the progression of diabetes, prolong life, and/or promote the physical and mental health of the beneficiary.
Services may be provided in the home, clinic, hospital outpatient facility, via telehealth, or any other setting as authorized and include counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for diabetes self-care; and nutritional counseling services.

Eligible customers may receive up to 18 hours of DSMES services during each 12-month period beginning with the initial training date, including:

- Up to three hours of individual DSMES, and
- Up to fifteen hours of group DSMES

DSMES Provider Enrollment via the IMPACT System:

- Type of Enrollment – Facility, Agencies, Organizations (FAO)
- Provider Type – Diabetes Self-Management Education and Support Organization (Legacy PT 103)
- Specialty – Diabetes Self-Management Education and Support Organization
- Sub-Specialty – No Subspecialty
- Requirements – Accreditation from the Association of Diabetes Care & Education Specialists (ADCES) or recognition from the American Diabetes Association (ADA)
- Earliest Start Date – August 1, 2021

Note: A Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Encounter Rate Clinic (ERC), even if already enrolled in IMPACT, must create a separate enrollment, and obtain a separate NPI to bill for diabetes prevention services. These services will be reimbursed through the fee-for-service methodology and not the encounter rate.

Customer Eligibility Criteria for DSMES:

- Adults between the ages of 18 and 64 with documentation of a diagnosis of type 1, type 2, or gestational diabetes
- Diagnosis must be made using the following criteria:
    - Fasting glucose > 126 mg/dL on two separate occasions
    - 2-hour post-glucose challenge > 200 mg/dL on two separate occasions
    - Random glucose test > 200 mg/dL with symptoms of uncontrolled diabetes

Note: The customer is not required to be referred for these services, the services need only be recommended. HFS will not require the National Provider Identifier (NPI) of an ordering/referring practitioner on the 837P claim form.

DSMES Reimbursement Methodology:

Individual and Group Reimbursement Methodology for In-Person and Telehealth DSMES

Session	HCPCS Code and Description	Payment	Telehealth Modifier	Limitation
Individual Outpatient DSMES	G0108 – Diabetes outpatient self-management training services, individual per 30 minutes	$55/unit	GT or 93*	3 hours (6 units) per 12 months
Group Outpatient DSMES – two or more participants in the group	G0109 – Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	$16/unit	GT or 93*	15 hours (30 units) per 12 months

Taxonomy Code for Health Educator: 174H00000X

Place of Service Codes Include: 02, 03, 04, 10**,11, 12, 13, 14, 19, 22, 99.

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***DSMES ICD-10 Diagnosis Codes**:*

The following ICD-10 diagnosis codes may be used for billing on the initial claim for reimbursement:

Elevated Blood Glucose Level and Gestational Diabetes ICD-10 Codes

ICD-10 Code	Description – Elevated Blood Glucose Level	ICD-10 Code	Description – Gestational Diabetes
E10	Type 1 diabetes mellitus	024	Diabetes mellitus in pregnancy, childbirth, and the puerperium
E11	Type 2 diabetes mellitus		