

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number: 2306-MiDPP **Comments Due:** April 19, 2023 **Proposed Effective Date:** June 1, 2023

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Policy Subject: Michigan Diabetes Prevention Program (MiDPP)

Affected Programs: Medicaid, Healthy Michigan Plan, MiHealth Link

Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) Tribal Health Centers (THCs), Local Health Departments (LHDs)

Policy Summary: The purpose of this policy is to establish a preventive service benefit for Michigan Medicaid coverage and reimbursement of the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Program (DPP) which will be called MiDPP.

Purpose: To establish coverage of an evidence-based program that provides a formal behavioral modification approach to preventing type 2 diabetes. Data shows 38 percent of Medicaid beneficiaries are at risk for developing type 2 diabetes. MiDPP can reduce health and racial disparities associated with diabetes risk through a variety of languages and delivery modes.

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) Tribal Health Centers (THCs), Local Health Departments (LHDs)

Issued: May 1, 2023 (Proposed)

Subject: Michigan Diabetes Prevention Program (MiDPP)

Effective: June 1, 2023 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

Note: Implementation of this policy is contingent upon State Plan Amendment (SPA) approval from the Centers for Medicare & Medicaid Services (CMS).

The purpose of this bulletin is to establish policy for the Michigan Medicaid coverage of the Centers for Disease Control and Prevention (CDC) recognized Diabetes Prevention Program (DPP). The Michigan Medicaid CDC DPP will be called MiDPP. Effective for dates of service on or after June 1, 2023, MiDPP services may be reimbursed when provided to eligible Medicaid beneficiaries 18 years and older by enrolled Medicaid MiDPP providers. MiDPP is provided as a preventive service pursuant to 42 C.F.R. Section 440.130(c) and services are not subject to beneficiary cost-sharing.

The policy applies to the Medicaid Fee-for-Service (FFS) program. Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the MiDPP benefit as defined in this policy and may provide services over and above the FFS program. For beneficiaries enrolled in an MHP or ICO, MiDPP providers should check with the beneficiary's health plan for prior authorization or referral requirements.

I. General Information

Prediabetes is a precursor to type 2 diabetes. Type 2 diabetes predisposes people to additional health problems, such as heart disease, kidney disease, vision loss, and amputation.

MiDPP is an evidence-based program based on the CDC DPP. It is a unique Medicaid preventive benefit that provides a formal behavioral modification approach to preventing type 2 diabetes. Roughly 38 percent of Michigan Medicaid beneficiaries over the age of 18 are at risk for developing type 2 diabetes, and national data indicates that people of color

experience a disproportionate prediabetes prevalence. To support the MDHHS commitment to reducing health disparities for Michigan Medicaid beneficiaries, MiDPP is available in a variety of languages and tailored to meet the cultural needs of participants through a variety of delivery modes. In addition, beneficiaries receive support through interactions with others with similar goals and challenges.

The CDC curriculum for MiDPP uses healthy eating, physical activity, and behavior modifications for stress management and problem-solving. Participants learn healthy behaviors, set goals for weight loss, and are encouraged to work up to at least 150 minutes of physical activity per week.

II. **MiDPP Covered Services**

MiDPP are 22 structured health behavior change one-hour sessions provided by a Medicaid-enrolled Lifestyle Coach associated with an enrolled MiDPP provider. As required by federal regulations in CFR 440.130(c), MiDPP for a qualified beneficiary must be recommended by a licensed healthcare provider. Examples of healthcare providers qualified to recommend MiDPP are those licensed in Michigan as a practical nurse, registered nurse, midwife, social worker, physician assistant or physician. Documentation of the MiDPP recommendation must be noted in the beneficiary's program record.

III. **Beneficiary Eligibility**

Medicaid covers MiDPP for beneficiaries who meet the following criteria:

- Current Medicaid eligibility and aged 18 years or over
- Overweight or obese as defined by Body Mass Index (BMI) and has one of the following:
 - elevated blood glucose levels according to [CDC Diabetes Prevention Recognition Program \(DPRP\) Standards and Operating Procedures](#) for blood glucose level requirements
 - history of gestational diabetes mellitus (GDM)
 - score at "high risk" on CDC prediabetes risk test.

A beneficiary with previously diagnosed type 1 or type 2 diabetes or who is currently pregnant cannot enroll in MiDPP. The beneficiary should be referred to their healthcare provider and is eligible for Medicaid Diabetes Self-Management Education Services (DSME). (Refer to the Billing & Reimbursement for Institutional Providers chapter of the [MDHHS Medicaid Provider Manual](#), DSME Training Program section, for information on the DSME benefit). A beneficiary whose pre-diabetes diagnosis changes to diabetes during a MiDPP session may continue a series upon recommendation of their healthcare provider and a referral to DSME initiated. A beneficiary may repeat MiDPP.

MiDPP Providers and Lifestyle Coach

A MiDPP provider is the organizational and billing entity, and the MiDPP Lifestyle Coach is the session leader and rendering provider. Each must meet CDC recognition standards, including educational and experience requirements, as well as meet MDHHS provider enrollment requirements. It is the responsibility of the enrolled MiDPP provider to ensure the Lifestyle Coaches affiliated with their programs meet CDC program requirements and are enrolled in Medicaid.

The Diabetes & Kidney Unit (DKU) within the MDHHS Public Health Administration (PHA) will monitor MiDPP providers and lifestyle coaches for compliance to CDC recognition requirements. This includes provider qualifications, required training, and necessary data collection. Providers should contact the DKU at / **DKU DPP website link (under construction)** to begin the approval process for MiDPP.

Once the MiDPP provider, including lifestyle coaches, are approved by the DKU, enrollment should be initiated in the Michigan Medicaid Community Health Automated Medicaid Processing System (CHAMPS). An enrolling MiDPP provider must have a Type 2 (Organization) National Provider Identification (NPI) number and the lifestyle coach must have a Type 1 (Individual) NPI number before enrolling in CHAMPS. DKU-approved MiDPP providers request Medicaid enrollment with Provider Enrollment at [MILogin - Login \(michigan.gov\)](https://milogin.michigan.gov).

MiDPP providers and lifestyle coaches are subject to all relevant policy found in the General Information for Providers chapter of the [MDHHS Medicaid Provider Manual](#).

IV. Billing and Reimbursement

MiDPP claims are submitted only by the Medicaid-enrolled MiDPP provider. Claims are submitted on a professional claim format and must include an approved MiDPP Healthcare Common Procedure Coding System (HCPCS) code with the diagnosis code of Z71.89: Other Specified Counseling. Weight loss that meets a coding requirement for reimbursement must be documented on the MiDPP beneficiary's program record.

Currently covered MiDPP procedure codes are listed below and will be maintained on the MiDPP fee schedule located on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Special Programs. Specific codes identify beneficiary session attendance either as a Core Session in months 1-6 or a Core Maintenance Session in months 7-12.

Medicaid will follow CMS Medicare coding and reimbursement guidelines as closely as possible. Providers with questions or needing assistance with MiDPP billing should contact the MDHHS PHA Diabetes & Kidney Unit/ **DKU DPP website link (under construction)**.

MDHHS MiDPP HCPCS Procedure Codes

(Months 1-6)

G9873	Attend 1 core session
G9874	Attend 4 core sessions
G9875	Attend 9 core sessions

(Months 7-9)

G9876	Attend 2 core maintenance sessions	No 5% weight loss
G9878	Attend 2 core maintenance sessions	Achieves 5% weight loss

(Months 10-12)

G9877	Attend 2 core maintenance sessions	No 5% weight loss
G9879	Attend 2 core maintenance sessions	Achieves 5% weight loss

Other

G9891	Non-payable code to indicate session date to qualify for a payment attendance milestone. This code must be included with the session dates when a payable attendance milestone is achieved.
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Allowable one time only during a beneficiary MiDPP series:

G9880	5% weight loss achieved from baseline weight
G9881	9% weight loss achieved from baseline weight
G9890	Bridge payment

Other Billing Considerations

The enrolled MiDPP provider determines the best learning situation for the individual and their ability to access sessions. Sessions may take place in the following modalities and make-up sessions are encouraged:

- In-person
- Distance Learning (synchronous audio-visual or audio-only telemedicine): Lifestyle coaches deliver sessions where the coach is present in one location and participants are participating from another location. Claims for an audio-only session must include the appropriate procedure code, place of service code and modifier 93 and claims for an audio-visual session must include the appropriate procedure code, place of service code and modifier 95.
- Online: An asynchronous mode of delivery where participants log into course sessions via a computer, tablet, or smart phone. Per CDC requirements, MiDPP lifestyle coach interaction (in person or via synchronous telemedicine) is required and must be no less than once per week during the first six months and once per month during the second six months.

When billing for a telemedicine session, synchronous or asynchronous, MiDPP providers are expected to adhere to current MDHHS telemedicine policy and modifiers. Refer to the Michigan Medicaid Telemedicine fee schedule for the list of current codes acceptable for MiDPP telemedicine claims. Claims for an asynchronous session must include the

appropriate procedure code and the following remark: “Service provided via an asynchronous telemedicine platform”.

Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Tribal Health Center (THC), and Tribal FQHC Reimbursement

MiDPP services are reimbursed at the Medicaid Fee Screen reimbursement rate and are not eligible for the Prospective Payment System (PPS) or the All-Inclusive Rate (AIR). Claims for sessions are submitted on the professional claim form with NPI numbers specific to the clinic MiDPP provider and lifestyle coaches.

V. Program Oversight

The DKU and Michigan Medicaid policy area will monitor the MiDPP through quality checks of documentation and required data reporting. CDC recognition status and delivery mode capabilities of each MiDPP provider and associated lifestyle coaches will be tracked to ensure continued Medicaid provider enrollment eligibility.

MiDPP records will be used to verify that a Medicaid beneficiary has met requirements for billed MiDPP codes. Documentation for review must be available upon request. For information on Medicaid post-payment review, refer to the General Information for Providers chapter of the [MDHHS Medicaid Provider Manual](#), Post-Payment Review and Fraud/Abuse section.