MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1423
Subject:	Diabetes Prevention Program (DPP) Transfer Policy
Section:	Medical Non-Pharmacy Protocols
Initial Effective Date:	07/01/2020
Revision Effective Date(s):	07/21, 11/22, 07/23
Review Effective Date(s):	07/22
Responsible Parties:	Inna Kats, MD
Responsible Department(s):	Clinical Operations
Regulatory References:	Maryland Department of Health DPP Program Manual (for billing and coding information, only)
Approved:	Carol Attia MBA, BSN,RN VP Clinical Care and Quality · Karyn Wills, MD Chief Medical Officer

Purpose: To define the conditions under which MedStar Family Choice (MFC) utilization staff and physicians may approve and may not approve the transfer for a member from one Diabetes Prevention Program to another

Scope: MedStar Family Choice, Maryland

Policy: It is the policy of MFC to approve transfer from one DPP to another only when certain conditions are met.

Procedure:

1. Transfer from one program to another will require an authorization to be placed in the clinical care management system to support the claims payment system which would otherwise deny a claim for a second program within 365 days of a previous program or reject an out of network provider.
2. Only one switch will be permitted per member in each 365 day period. For example, members may not switch from virtual to in person and then back to a virtual program.
3. Utilization review staff will gather the clinical information supporting the request and submit to a Medical Director for review.
4. PreCert may reference the table at the bottom of this policy to guide codes to be entered.
5. The Medical Director will review the request applying the criteria and scenarios outlined below in deciding to approve or deny the request for transfer.

Newly Enrolled in MFC: Move from another MCO to MFC
Scenario #1) Request to continue with an in net DPP Provider
    If attending a program with an in net DPP provider, member continues in the program with the same provider, then MFC will approve.
- MFC will pay claims to DPP provider to complete the remaining classes and any bonus dollars earned.
- MFC will place an authorization in the clinical software system to alert its claims processor   that there will be no visit 1 and claims will pick up in the middle of the program.

CPT Codes to be entered by MFC PreCert staff will depend on how many sessions were completed while enrolled in the previous MCO:
The code list for In-Person and Virtual Providers from Table 1 in the Program Manual could include: G9874, G9875, G9876, G9877, G9878, G9879, G9891, G9880 and G9881.
The code list for the Milestone reimbursement methodology for Virtual DPP providers could include: G9874, G9875, G9880, and G9881.

Scenario #2) Request to continue with a Non network DPP
    If attending a program with an out of network DPP provider and member has completed through and including the 9th visit, MFC will approve the remining sessions for continuity assuming the DPP provider will provide clinical information to support prior completed visits and will accept MFC/Medicaid rates.
- MFC will have to place an authorization in the clinical software system to alert its claims processor to pay the OON provider for the remainder of the DPP sessions.

    If fewer than 9 visits completed, MFC will require member to change to in network provider and member will likely have to start over again from session #1 with the in net DPP provider.

CPT Codes to be entered by MFC PreCert if the transfer has been approved for continuity should start past Session 9 or Milestone 9:
The code list for In-Person and Virtual Providers from Table 1 in the Program Manual could include: G9876, G9877, G9878, G9879, G9891, G9880 and G9881.
The code list for the Milestone reimbursement methodology for Virtual DPP providers could include: G9880, and G9881.

Move from one DPP provider to another within MFC network
Scenario #3a) Request to move from one in net in person DPP provider to another in net in person provider.   Example: Member starts DPP program at FSH and then want to change to program at GSH
- MFC will not permit this change

Scenario #3b) Member starts with in net in person program and wants to switch to a virtual program or distance learning from a different DPP provider

- MFC will permit this change if the member has completed three or fewer sessions with the in-person program. Member will enroll in the virtual program or distance learning program and start at Session 1 in the new program.
- MFC will have to place an authorization in the clinical software system to alert its claim processor to pay for a second session 1 within the 365 days.

In Scenario 3b, the member will start again at session 1 and so all available codes would be listed in the authorization.
The code list for In-Person and Virtual Providers from Table 1 in the Program Manual would include: G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9891, G9880 and G9881.
The code list for the Milestone reimbursement methodology for Virtual DPP providers would include: G9873 (E1639 or 0488T), G9874, G9875, G9880, and G9881.

Scenario #4a)   Member starts with in person program and wants to switch to a virtual program or distance learning with the same DPP provider
- MFC will permit this change for an in person to virtual change as outlined in Scenario 2

The coding will follow the coding outlined in Scenario 2 above.
- MFC will permit this change for an in person to distance learning with the same provider at any point in the program provided that the DPP provider continues to bill using Table 1 schema and not the milestone billing schema from Table 3 of the Program Manual.

The code list for the authorization will include only the codes to cover the outstanding sessions and any outstanding incentive codes.

Scenario #4b) Member starts with a virtual or distance learning program and wants to switch to a in person program with a different DPP provider.
- MFC will permit this change if the member has completed three or fewer sessions with the virtual/distance learning program. Member will enroll in the in person program starting from Session 1.
- MFC will have to place an authorization in the clinical software system to alert its claims processor to pay for a second session 1 within the 365 days

In Scenario 4b, the member will start again at session 1 and so all available codes would be listed in the authorization.
The code list for In-Person and Virtual Providers from Table 1 in the Program Manual would include: G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9891, G9880 and G9881.

Scenario 5) Member starts with a distance learning program and want to switch to a in person program with the same provider.
- MFC will permit this change for distance learning to an in person program with the same program at any point in the program provided that the DPP provider

continues to bill using Table 1 schema and not the milestone billing schema from Table 3 of the Program Manual.

The code list for the authorization will include only the codes to cover the outstanding sessions and any outstanding incentive codes.

Scenario #6) Member starts with a virtual or distance learning program and wants to switch to another virtual or distance learning program from a different provider.

- MFC will not permit this change

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The Table below outlines all of the codes for each delivery mode
When a member is approved for a transfer from one program to another, the MFC claims processor will require Precert to enter all of the codes into the authorization entered into the clinical software system. For example, if a member is authorized to switch from an in-person program to a virtual program, PreCert will enter all the codes for a Virtual provider starting from Session 1. If a member new to MFC is approved to continue with the same in person DDP provider and has completed through session 4, then PreCert will enter the codes starting from Session 5-9 though the Attendance code at the bottom of the column.

For in person		Maximum units		For Distance Learning		Maximum units		For Virtual		Maximum units
Session 1	G9873	1		Session 1	G9873	1		Milestone 1	G9873, E1639 or 0488T	1
Session 2-4	G9874	1		Session 2-4	G9874	1		Milestone 2	G9874	1
Session 5-9	G9875	1		Session 5-9	G9875	1		Milestone 3	G9875	1
Session 10-19	G9876	1		Session 10-19	G9876	1		5% Bonus code	G9880	1
Session 20-22	G9877	1		Session 20-22	G9877	1		9% Bonus code	G9881	1
Session 10-19 bonus	G9878	1		Session 10-19 bonus	G9878	1				
Session 20-22 bonus	G9878	1		Session 20-22 bonus	G9878	1				
5% Bonus code	G9880	1		5% Bonus code	G9880	1				
9% Bonus code	G9881	1		9% Bonus code	G9881	1				
Attendance code	G9891	17		Attendance code	G9891	17				

Summary of Changes:	**07/23:**
	• Changed Responsible Parties to Inna Kats, M.D.
	• Updated approved by to Carol Attia and Dr. Wills
	11/22:
	• Removed references to SKYGEN and replaced with claims processor; clarified between the two #4 scenarios (ie –a, b).
	07/22:
	• No changes.
	07/21:
	• Updated Responsible Departments from Utilization Management to Clinical Operations.
	• Added "Maryland" to scope.
	07/20:
	• New policy.