



DPP Reimbursement and Coding

Program and patient eligibility			
		Oregon Health Plan (Medicaid)	Medicare (must be enrolled in part B)
Eligible Programs		All CDC recognized programs, both online and in-person	
Patient Eligibility	BMI	≥25 or ≥23 if Asian	
	Medical History	Cannot have been diagnosed with type 1 or type 2	
		No end stage renal disease	
	Blood glucose	<ul style="list-style-type: none"> Hemoglobin A1C: 5.7%–6.4% or Fasting plasma glucose: 100–125 mg/dL or Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or Previously diagnosed with gestational diabetes 	<ul style="list-style-type: none"> Hemoglobin A1C: 5.7%–6.4% or Fasting plasma glucose: 110–125 mg/dL or Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL
2nd year eligibility	No additional requirements	As of Jan. 1, 2022 Medicare does not cover 2 nd year	

Oregon Health Plan	
Diagnosis Codes	ICD 10 Primary: Prediabetes R73.03 or hx gestational diabetes Z86.32 or obesity or overweight E66.01-E66.9 Secondary: Overweight Z68.23-Z68.45 (first claim only)
Procedure Code	In-person program 0403T Online program 0488T, use modifier GT or 95 Bill for each 60-minute session
Reimbursement	\$23 per session, up to 16 core sessions, 12 core maintenance sessions, and 24 ongoing maintenance sessions

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Medicare reimburses based on patient achievement, with goals both for attendance and weight loss. (This reimbursement method applies only to part B fee-for-service)

	Bill when.....	HCPCS Code	Payment
Core Sessions months 1-6 16 sessions	Patient has attended 1 core session	G9873	\$38
	Patient has attended 4 core sessions	G9874	\$115
	Patient has attended 9 core sessions	G9875	\$191
Core Maintenance Sessions months 7-9	After month 9 if patient has attended at least 2 core maintenance sessions in months 7-9 AND did not lose at least 5% of original body weight	G9876	\$76
	AND lost at least 5% of original body weight	G9878	\$101
Core Maintenance Sessions months 7-9	After month 12 if patient has attended at least 2 core maintenance sessions in months 10-12 AND did not lose at least 5% of original body weight	G9877	\$76
	AND lost at least 5% of original body weight	G9879	\$101
Ongoing Maintenance Sessions months 13-24*	After month 15 if patient has attended at least 2 ongoing maintenance sessions in months 13-15	G9882	\$57
	After month 18 if patient has attended at least 2 ongoing maintenance sessions in months 16-18	G9883	\$57
	After month 21 if patient has attended at least 2 ongoing maintenance sessions in months 19-21	G9884	\$58
	After month 24 if patient has attended at least 2 ongoing maintenance sessions in months 22-24	G9885	\$58
Months 1-12	Patient loses 5% of weight	G9880	\$184
Months 1-24	Patient loses 9% of original body weight	G9881	\$38
Months 1-24	Patient attends their first session after switching from another provider	G9890	\$38
Months 1-24	When patient attends a session not associated with attendance goals	G9891	\$0
	Virtual Modifier used when a session was done as a virtual make-up session	VM (added at end of G code)	

Payments are based on the achievement of goals and are cumulative.

For example, if a patient attends 10 core sessions, reimbursement would be for the 1 core session (G9873),

4 core sessions (G9874) and 9 core sessions (G9875). *Second year services are only covered for beneficiaries that began services on or before December 31, 2021

Additional information available at
innovation.cms.gov/initiatives/medicare-diabetes-prevention-program
 For more information, visit the OMA.org/SteeringTowardHealth

