New 2016 National Diabetes Prevention Program CPT Code
Background, Description, and Frequently Asked Questions

CDC-recognized National Diabetes Prevention Program (National DPP) providers use a variety of billing methods to obtain reimbursement*, including:

- Invoice an employer or insurer who has a contract to pay for services rendered
- Self-pay by participant
- Submit claims to insurers or designated benefit administrators using existing CPT codes:

98969	Online medical evaluation provided by a qualified non-physician health care professional (for virtual CDC-recognized National DPP providers)
99412	Group prevention counseling

New National DPP-specific CPT code

CPT®, which stands for Current Procedural Terminology, is a registered trademark of the American Medical Association. A CPT code is a billing code used for clinical procedures that are consistent with contemporary medical practice. There is now a new CPT Category III tracking code specific to CDC's National DPP that is effective for use January 1, 2016 that more accurately identifies the non-clinical service performed by CDC-recognized National DPP providers:

0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day

What is CPT code 0403T?

The code is a Category III code, which denotes a temporary code for new or emerging services. A Category III code is a tracking code created to allow for data collection and utilization tracking. The code can be reimbursable when a price is determined by relevant stakeholders (such as an insurance carrier who would be receiving and paying claims and any of the National DPP providers in the CDC Diabetes Prevention Recognition Program (DPRP) Registry who would be submitting a claim and accepting reimbursement).

Category III codes are considered emerging services and can often be converted to Category I codes, through an application process to demonstrate that the Category I code criteria has been met (note: conversion criteria is established by the CPT Editorial Panel). Category I codes (or official billing codes) are codes for procedures that are consistent with contemporary medical practice and are widely performed. The Centers for Medicare and Medicaid Services set a fee for Category I code services as part of a fee schedule.

Who can/should use this CPT code?

The code should be used by National DPP program providers that are CDC-recognized or have pending recognition status. The AMA encourages those who intend to use the code to pursue the appropriate steps to be able to submit claims. This includes:

- Systems in place (processes, people, technology) to be able to submit claims to a payer
- A national provider identifier (NPI) number
- A payer source (e.g., private insurance or Medicaid) that has agreed to pay for the program

Background

- July 1st 2015 – **CPT code 0403T** published to the CPT web site (http://www.ama-assn.org/go/cpt-cat3).
- August 2015 – a CPT Assistant article published with information /guidance about using this new code.
- January 1st 2016 – **CPT code 0403T** is effective and available for use by CDC-recognized National DPP providers.

*Other billing methods to obtain reimbursement include: organizational stipend; partial pay by participant based on a sliding scale; grant dollars; fee for service; fee for completion; pay for performance.

Frequently Asked Questions

1. **What is the overall intention of CPT code 0403T, and who is intended to utilize it?**
   The code was developed in order to allow CDC-recognized National DPP providers to submit a claim for reimbursement, based on negotiated agreement(s) with local payers and to capture the frequency of services provided. This CPT code is a Category III code, which is a tracking code created to allow for data collection and utilization tracking.

   Note: Even if no reimbursement is available, it is still important for CDC-recognized National DPP providers to submit a claim when possible for all insured individuals (even those whose insurance provider is not yet covering the program) participating in the program. Therefore, in order to bill a particular insurer, National DPP providers may need to collect insurance information from all their insured participants.

2. **How will pending/full recognition from the CDC Diabetes Prevention Recognition Program (DPRP) be tied to locations tracking or billing with this code?**
   This code is designed for use *only* by CDC-recognized National DPP providers. Therefore, an insurer could require verification that services were rendered by a CDC-recognized National DPP provider.

3. **Do you have to be under the supervision of a licensed provider to bill using CPT code 0403T?**
   The organization recognized by CDC to deliver the program is the entity responsible for billing (as opposed to the individual lifestyle coaches leading the classes). Both lay health workers and licensed health care professionals may be trained as lifestyle coaches and lead classes. CPT code 0403T can be utilized by the organization recognized by CDC to deliver the program for both licensed and non-licensed coaches who deliver the intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum provided to individuals in a group setting for a minimum of 60 minutes per day (source: CPT Assistant).

4. **What is the reimbursement rate?**
   CPT codes are procedure codes. Codes do not dictate or guarantee reimbursement. Reimbursement rate is set between the payer and the delivery organization (if not set by CMS) and therefore, needs to be negotiated between these stakeholders. The CPT code then becomes a method to trigger reimbursement and report services rendered. This CPT code is a Category III tracking code. It can be reimbursable if a CDC-recognized National DPP provider has negotiated a fee with a payer.

5. **Is it the intention of CDC/AMA to have health plans in states determine the reimbursement rate?**
   It is the responsibility of the CDC-recognized National DPP providers and health plans to determine the reimbursement rate. The CDC-recognized National DPP provider who wants reimbursement should negotiate a fee. The funding organization (such as an employer or health plan) may determine what rate they are willing to pay. The CDC-recognized National DPP provider would have to decide whether they want to accept that rate. Also, a third-party administrator (TPA) or benefit consultant might be involved in the negotiation.

   If a payer receives a claim on Jan 1, 2016 with the new code, and a CDC-recognized National DPP provider has not negotiated a fee, there is no assumed reimbursement. It is merely a reporting code to say that a health plan member is receiving the services of a CDC-recognized National DPP provider, which is critical in order to show utilization and eventually request this Category III code be converted to a Category I code (official billing code).

6. **How can CPT code 0403T be used by Value Based Insurance Design (VBID) plans?**
   The code may be used as a fee-for-service, volume-based code or it may be negotiated to support value-based arrangements. The CDC-recognized National DPP provider will need to determine how best to report this CPT code for each 60-minute session. If the CDC-recognized National DPP providers wished to align to market trends meaning alignment with a value-based arrangement, the CDC-recognized National DPP provider could:

   A. Agree to milestone payments, and tie utilization of the code to those milestones. For example: agree to five milestones over the course of the year-long program, and only submit a claim when a participant reaches each milestone.
   B. Agree to milestone payments, but still use the code as a reporting mechanism for how often the participant is receiving a session. For example, there could be up to 24 instances over a 12 month period when the code is used (e.g., 24 weekly, 60-minute sessions). This would be the annual max; reimbursement might only occur at visit 9, 16, weight loss, and year-end; the payer would have the full reporting of how the participant was engaged and only reimburse at specific points.

7. **How does AMA want health plans to use CPT code 0403T?**
   Health plans do not use the code; CDC-recognized National DPP providers use this code to submit to payers.

8. **Is there more information about this code available for use by health plans as further guidance or for employers who wish to incorporate this service into their benefit plans?**
   CDC-recognized National DPP providers should talk to their employer clients about the ability to submit medical claims. The employer may then talk to their insurance carrier or benefit administrator about how to enable claims processing for these services. Health plans/insurers that have a subscription to the CPT Assistant have access to the article outlining use of this code. More information is available as part of the CPT Network at www.cptentwork.com.

For more information

The AMA is your trusted source for official Current Procedural Terminology (CPT®)—the most widely accepted medical nomenclature used to report medical procedures and services under public and private health insurance programs (for more information, click About CPT®).

For coding questions related to CPT code 0403T, please access the CPT Network at www.cptentwork.com. (Note: AMA members have complimentary access to the website and can submit questions for free. For non-AMA members, different packages are available on a subscription basis for access to the CPT Network.)

For questions related to payer policies, CDC-recognized National DPP providers should contact individual third-party payers.