



CPT® code guidance

National DPP lifestyle change program

Background

Organizations that offer a National Diabetes Prevention Program (National DPP) lifestyle change program can now use a variety of billing methods to obtain reimbursement,* including:

- Invoice an employer or insurer who has a contract to pay for services rendered
- Collect payments from self-pay participants
- Submit claims to insurers or designated benefit administrators using existing CPT® codes

National DPP lifestyle change program-specific CPT codes

CPT®, which stands for Current Procedural Terminology, is the code set used to describe procedures and services performed by physicians and other health care professionals or entities. CPT® 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. Currently, there are two CPT Category III tracking codes specific to the Centers for Disease Control and Prevention’s (CDC) National DPP lifestyle change program that more accurately identify the non-clinical services performed by CDC-recognized National DPP lifestyle change program providers. These codes are:

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
0488T	Preventive behavior change, online/electronic structured intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days

Code descriptions

What are CPT codes 0403T and 0488T?

The codes are classified as Category III codes, a grouping of temporary codes for new or emerging services. Category III tracking codes allow for data collection and utilization tracking. These codes may be reimbursable when a price is determined by relevant stakeholders (such as an insurance carrier that would be receiving and paying claims and any of the National DPP lifestyle change program providers in the CDC Diabetes Prevention Recognition Program Registry who would be submitting a claim and accepting reimbursement).

* 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, and pay-for-performance.

Category III codes are considered emerging services and are often 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 & Medicaid Services (CMS) set the fee rates for Category I code services as part of a fee schedule.

Who can/should use these CPT codes?

The codes may be used by National DPP lifestyle change program providers that are CDC-recognized or have preliminary or pending recognition status. The AMA encourages those who intend to use these codes to pursue the appropriate steps to be able to submit claims. These include:

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

Evolution of National DPP lifestyle change program-related CPT codes

- July 1, 2015 – **CPT code 0403T** published to the CPT website (ama-assn.org/go/cpt-cat3)
- August 2015 – **CPT® Assistant code 0403T** article published with information/guidance about using this new code
- Jan. 1, 2016 – **CPT code 0403T** is effective and available for use by CDC-recognized National DPP providers
- June 1, 2017– **CPT code 0488T** accepted by the CPT Editorial Panel
- Jan. 1, 2018 – **CPT code 0488T** will be effective and available for use by CDC-recognized National DPP providers using online or electronic modes of delivery

Frequently asked questions

1. What is the overall intention of CPT codes 0403T and 0488T, and who is intended to use them?

The code was developed in order to allow CDC-recognized National DPP lifestyle change program providers to submit a claim for reimbursement, based on negotiated agreement(s) with local payers and to capture the frequency of services provided. These CPT codes are Category III codes, which are tracking codes created to allow for data collection and utilization tracking.

Note: Even if no reimbursement is available, it is still important for CDC-recognized organizations 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 lifestyle change program providers may need to collect insurance information from all of their insured participants.

2. How will pending/preliminary/full recognition from the CDC Diabetes Prevention Recognition Program be tied to locations tracking or billing with these codes?

These codes are designed primarily for use by CDC-recognized organizations through the standardized diabetes prevention program curriculum. Therefore, an insurer could require verification that services were rendered by a CDC-recognized National organization.

3. Do you have to be under the supervision of a licensed provider to bill using CPT code 0403T or 0488T?

No. CDC-recognized organizations that deliver the type 2 diabetes prevention program are the entities 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 used by the organization recognized by the 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*). **CPT code 0488T** can be used by the organization recognized by the CDC to deliver the program for both licensed and non-licensed coaches who deliver an online/electronic intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum provided to individuals per 30 days (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, as well as to track and report services rendered. This CPT code is a Category III tracking code. It can be reimbursable if a CDC-recognized organization 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 organization and health plans to determine the reimbursement rate. The CDC-recognized organization 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 organization would have to decide whether they want to accept that rate. Also, a third-party administrator or benefit consultant might be involved in the negotiation.

For claims received for code 0403T by payers since 2016, and for claims received on code 0488T on or after Jan. 1, 2018, where a CDC-recognized organization 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 organization 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 or 0488T be used by Value-Based Insurance Design (VBID) plans?

These codes may be used as fee-for-service, volume-based codes or may be negotiated to support value-based arrangements. The CDC-recognized organization will need to determine how best to report this CPT code for each 60-minute session. If the CDC-recognized organization wishes to align to market trends meaning alignment with a value-based arrangement, the CDC-recognized organization 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 nine, 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 codes 0403T and 0488T?

Health plans may need to update their claims systems to include these codes, but CDC-recognized organizations use these codes to submit to the health plans.

8. Is there more information about these codes 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 lifestyle change program 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 *CPT Assistant* subscription have access to the article outlining use of this code. More information is available as part of the CPT Network at cptnetwork.com.

9. Many payers reimburse in accordance with a milestone-based schedule, and suggest using modifiers to indicate that a visit has been completed. Is the use of modifiers permitted?

HCPCS Level II modifiers, such as those referenced below, are frequently used in conjunction with CPT codes. AMA CPT does not object to the use of modifiers when they are used appropriately. The use of the modifiers may make the codes more meaningful for payers and allow greater tracking. The modifiers below are standard HCPCS modifiers, which are recommended for assignment to this code by some payers to help them collect and analyze data on the value/timing of the stages of the services provided. They are valid HCPCS modifiers for this year, sometimes used as status modifiers in behavioral health and carry the following meaning:

TF: Intermediate level of care

TG: Complex, high-tech level of care

TS: Follow-up service

TT: Individualized service provided to more than one patient in same setting

For more information

The American Medical Association 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 see [About CPT®](#).

For specific information on coding questions related to CPT code 0403T or 0488T, please access the CPT Network, a subscription-based code service at cptnetwork.com. Please note that AMA members receive 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.