SmartPA Criteria

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| --- | --- |
| Procedure Class:  | Diabetes Prevention Program |
| First Implementation Date:  | 09/01/2020 |
| Prepared For:  | MO HealthNet |
| Prepared By:  | MO HealthNet/Conduent  |
| Criteria Status:  | [ ] Existing Criteria [ ] Revision of Existing Criteria [x] New Criteria  |

Executive Summary

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| --- | --- |
|  **Purpose:** | The MO HealthNet Program will implement a state-specific Diabetes Prevention Program. |
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| **Why was this Issue Selected:** |  MO HealthNet to implement an electronic web-based system to authorize Diabetes Prevention services using best medical evidence and treatment guidelines, consistent with national standards to verify medical need. |
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| **Procedures subject to Pre-Certification:** | **Core Services Period: 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. **Maintenance Period: 99412*--***Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting. |
|  |  |
| **Setting & Population:** |  All Appropriate MO HealthNet Fee-For-Service Participants 21 years of age and older. |
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| **Data Sources:** | [ ]  **Medicare LCD** | [x]  **MHN Policy** |

Default Approval Period

Default Approval Period: 18 months

Requirements

* Not currently pregnant; **and**
* Have, as of the date of attendance at the first core session, a BMI equal to or greater than 25 or a BMI of 23 if of Asian descent; **and**
* Have no previous diagnosis of type one (1) or two (2) diabetes, but may have had a previous diagnosis of gestational diabetes; **and**
* Have had within the last twelve (12) months:
	+ Hemoglobin A1C test with a value of 5.7% to 6.4%; **or**
	+ A fasting plasma glucose of 100 mg/dl to 125 mg/dl; **or**
	+ A 2-hour plasma glucose of 140 to 199 mg/dl after the 75 oral glucose tolerance test.

For participants to be eligible for the ongoing maintenance services the following criteria must be met:

* The participant has achieved and maintained a minimum of 5% weight loss at the end of the first 12 months.

To obtain pre-certification, enrolled providers can contact the MO HealthNet Medical Pre-Certification Unit at 1-800-392-8030, Option 7, or use the CyberAccess website, a web tool that automates this process for MO HealthNet providers. To become a CyberAccess user, contact the help desk at 888-581-9797 or 573-632-9797, or email cyberaccesshelpdesk@conduent.com.

## Appendix A

List of Restricted Diagnosis Codes



Quantity Limitations

|  |  |  |
| --- | --- | --- |
| **Service Period** | **CPT Code** | **Max Allowed Units** |
| Core Services Period | 0403T | 26 units (sessions) |
| Maintenance Period  | 99412 |  4 units (sessions) |

\*\*\*Refer to the following bulletin for additional information:

[Revised Diabetes Prevention Program Services | mydss.mo.gov](https://mydss.mo.gov/media/pdf/revised-diabetes-prevention-program-services)