

# Diabetes Prevention Program

A new Category III code, effective January 1, 2016, will be used to report the services provided in a standardized diabetes prevention program (DPP) recognized by the Centers for Disease Control and Prevention (CDC). This article provides an overview of such programs, along with a clinical example of the typical patient and description of services.

- **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**

A DPP is an evidence-based program that is designed to delay or prevent the participant's progression to type 2 diabetes. The standardized curricula recognized by the CDC are year-long behavior change interventions comprising at least 24 sessions delivered across the course of a year: typically delivered in 16 weekly hour-long sessions during the first six months of the year, followed by monthly hour-long sessions during the second six months. Participants are weighed at every session and work toward goals of more healthful eating, 150 minutes per week of physical activity, and  $\geq 5\%$ -7% weight loss. The standardized program is facilitated by lifestyle coaches (*note that both licensed and non-licensed coaches can deliver this program*) and participants who collaboratively discuss and identify solutions to health and behavior challenges for type 2 diabetes risk reduction.

DPP curricula recognized by the CDC are consistent with the behavior change curriculum that was successfully utilized in multiple National Institutes of Health (NIH) funded randomized clinical trials, including the DPP Trial, the Diabetes Prevention Program Outcomes Study, and the Diabetes Education Prevention with Lifestyle Intervention offered at the YMCA (DEPLOY studies).<sup>1,2</sup> In the original DPP Trial, the behavior change intervention significantly reduced the number of new cases of type 2 diabetes by 58% during the three-year trial period and 71% for adults aged 60 years or older. The DEPLOY studies and more than two dozen other translations of the original DPP Trial into community settings showed that non-licensed providers of the curriculum could produce outcomes similar to those of health professionals. Through the CDC's intensive efforts to expand the number of organizations delivering the diabetes prevention program over the past five years, the

standardized program is increasingly utilized by participants around the country.<sup>3</sup>

The growing body of evidence led the CDC to create the national DPP, which includes the CDC's Diabetes Prevention Recognition Program (DPRP) standards and operating procedures. The DPRP standards are based on a defined curriculum, content and duration, program delivery standards, data collection, and clearly defined program performance criteria that organizations must achieve to be recognized by the CDC as delivering a high quality, effective diabetes prevention behavior change intervention.

The DPRP also makes it clear that standardized diabetes prevention programs are not merely weight-loss programs. Participants must qualify for these programs with specific eligibility criteria beyond being overweight. They must have laboratory blood test values or specific risk factors indicating a high risk for type 2 diabetes. Throughout the behavior change intervention, participants have access to a trained coach who must be able to successfully deliver the program. In many cases, the coach receives at least 20 hours of standardized training conducted by master trainers on curriculum delivery, including collection of weight data, physical activity, food journal review, evidence-based information that supports the intervention; behavior change strategies, such as cue control, portion size, handling negative thoughts, increasing physical activity, and maintaining progress, motivational interviewing, group facilitation techniques; and annual Health Insurance Portability and Accountability Act (HIPAA) certification. (Note: The DPRP does not set coach training standards. The requirement is that coaches must receive training to effectively deliver the program and it is the CDC-recognized organization's responsibility to assure this.)

## Clinical Example (0403T)

A 55-year-old female participant has a body mass index (BMI) of 30 and an elevated glucose level on her recent fasting plasma glucose test, which indicates she is in the prediabetes range (between 100-125 mg/dL). She goes to a community center where she learns about the standardized diabetes prevention program (DPP) curriculum and enrolls in the program. She consents to the center's program to inform her physician that she's enrolled in the program and provide progress reports on her participation program outcomes.

## Description of Procedure (0403T)

The participant receives type 2 diabetes preventive behavior change intervention education approximately weekly for 16 one-hour visits with a group of participants meeting the same qualification criteria (BMI 25+ and screening tests suggesting prediabetes). The standardized service includes education on healthy eating and nutrition, increasing moderate to vigorous physical activity to 150 minutes per week, and behavior change strategies on stress management, cues, stress, and problem solving. The participant tracks food intake and physical activities minutes as he or she works to reduce body weight by 5% to 7% in order to prevent or delay the onset of type 2 diabetes.

At the conclusion of the 16 weekly sessions, the participant continues to attend up to eight monthly one-hour group sessions in order to maintain weight loss achieved and sustain behavior changes.

The physician receives a progress report on his or her patient's progress at visits 8 and 16, which contains the number of visits, weight loss at each point in time, minutes of physical activity reported, and completion level of food journals for documentation in the patient's medical record.

### Coding Tips

The provider of the DPP may report one unit of the CPT code for each 60-minute session (or equivalent).

## Rationale

The number of different codes previously used to report diabetes prevention program reflects the rationale for the creation of the new Category III code 0430T. This is a distinct behavioral intervention that is based on a standardized curriculum to address risk factors related to prediabetes, which is designed to prevent the progression of prediabetes to type 2 diabetes. It is offered in a nontraditional care setting, provided by trained peer-facilitators, and this new code will allow for preventive health service tracking, and payment for this type of low-cost behavior change intervention may be helpful to the approximately 86 million Americans aged 20 or older who have prediabetes.

### References

1. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002; 346(6): 393-403.
2. Ackermann RT, Finch EA, Brizendine E, Zhou H, Marrero DG. Translating the diabetes prevention program into the community: the DEPLOY pilot study. *Am J Prev Med.* 2008; 354(4): 357-.36.3.
3. Ali MK, Echouffo-Tcheugui JB, Williamson DF. How effective were lifestyle interventions in real-world settings that were modeled on the Diabetes Prevention Program? *Health Affairs.* 2012; 31(1): 67-75.