Reimbursement Policy

Subject:	Chronic Disease Self-Management Program (CDSMP) for Arthritis	
Policy Number:	PO-RE-146v1	
Effective Date:	06/01/2025	**Last Approval Date:** 07/21/2025

I.   Policy Description

This policy establishes the guidelines and requirements for the reimbursement of evidence-based Chronic Disease Self-Management Program (CDSMP) services for Arthritis provided to eligible Healthfirst members aged 18 years and older. The CDSMP aims to improve participants' confidence, physical and psychological well-being, and overall disease management skills through structured group-based or virtual sessions facilitated by trained and licensed providers.

The information below applies to the following lines of business:

- Medicaid Managed Care (MMC)
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)

Policy Scope

This policy applies to Healthfirst members aged 18 years or older diagnosed with arthritis.

Eligible organizations including Hospital Outpatient Departments (OPDs), Diagnostic and Treatment Centers (D&TCs), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), practitioner group practices, individual/private practitioners, community-based organizations (CBOs), and out-of-state practitioners with SMRC licensure.

Organizations seeking to bill and receive reimbursement for CDSMP services.

Reimbursement Guidelines

A. Provider Eligibility and Licensure
   - Organizations must possess valid recognition and licensure from the Self-Management Resource Center (SMRC).
       o SMRC guidelines and standards are outlined in the SMRC Implementation and Fidelity Manual
   - Providers that have received CDSMP recognition by the SMRC can enroll as a CDSMP provider. This includes private practitioners, practitioner group practices, Article 28 clinics, and Community-Based Organizations (CBOs).

- o Community-Based Organization (CBO) requirements
  - ▪ A new National Provider Identifier (NPI) to enroll in New York State (NYS) Medicaid as a CBO under category of service "0572" and assigned the CDSMP specialty code "106".
  - ▪ Compliance with eMedNY NYS Medicaid Program **and** any federal and State regulatory standards.
- Providers must obtain a new National Provider Identifier (NPI) specific to CDSMP service delivery.
- Providers must maintain active SMRC licensure and adhere to the standards outlined in the 2022 SMRC Implementation and Fidelity Manual or subsequent updates.
- All practitioners delivering CDSMP must be properly licensed and enrolled in Medicaid with the appropriate documentation.

B. Program Recognition and Enrollment

- Organizations must obtain SMRC licensure and complete the NYS Medicaid provider enrollment process, including submission of:
  - o Recognition Attestation (Form 434902 CDSMP Attestation)
  - o NYS Medicaid Business Enrollment Form (eMedNY 436701)
  - o NYS Medicaid Disclosure Form (eMedNY-380101)
- Practitioners must also complete applicable enrollment forms, including OPRA and Practitioner Disclosure forms if applicable.

C. Program Participation and Delivery Standards

- Services are delivered as in-person group sessions or via telehealth, each session lasting 2.5 hours weekly for six (6) weeks.
- Each session must have a minimum of 8 participants in-person or 12 remotely. A participant is considered a "completer" if they attend at least four sessions.
- No fewer than 8 and no more than 16 participants in-person; up to 12 remotely.
- If minimum attendance is not met, the program must be postponed until recruitment targets are achieved.
- Services must be delivered in accessible community settings promoting engagement, privacy, and professionalism.

D. Billing and Claims Submission

- Providers must submit claims using CPT code 98960 for each session.
- Providers billing in a telehealth setting must submit claims with the applicable place of service (02 or 10) and modifier combination (93, 95, FQ or GT)
- For make-up sessions on the same date as regular sessions, submit with 98960 and 2 units.
- Claims for CDSMP must be submitted separately from non-CDSMP services, even if provided by the same provider under a different NPI or specialty code.
- Claims must specify the location where services are delivered, ensuring it meets accessibility and confidentiality standards.

Adjudication and Appeal Process

1. Reimbursement for CDSMP services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.

4. Reimbursement is subject to member eligibility, program coverage, and medical necessity at the time the service is provided.

5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization.

II.   Applicable Codes

Code	Description	Comment
98960	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	

III.   Definitions

Term	Meaning

IV.   Related Policies

Policy Number	Policy Description
N/A	N/A

Current Procedural Terminology © American Medical Association. All rights reserved.

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V.   Reference Materials

CDSMP Policy and Billing Guidelines
SMRC Self-Management Resource Center - SMRC - Self-Management Resource Center
SMRC Implementation and Fidelity Manual 2022
Chronic Disease Self-Management Program (CDSMP)

VI.   Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy

guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amount that Healthfirst or the member owes the provider.