



### What is Prediabetes?

[Prediabetes](#) means your blood glucose (sugar) levels are higher than normal—but not high enough to be diagnosed as diabetes.

Prediabetes range based on a blood-based test:

- Hemoglobin A1C: 5.7%–6.4%
- Fasting plasma glucose: 100–125 mg/dL
- Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL

### What is the Lifestyle Change Program? - An Overview

A CDC-recognized lifestyle change program is the curriculum as part of the National Diabetes Prevention Program. The National DPP program requires the Lifestyle Change program to be a year-long, and the curriculum must be approved by CDC (a list of approved curriculum is on the CDC website). In order to be approved, CDC ensures each LSC program is evidence-based and ties back to the original findings in NIH's DPP Study. The Lifestyle Change Program is based on the study and was developed specifically to prevent or delay type 2 diabetes. This ties back to the evidence that a participant who takes the approved National DPP Lifestyle Change program is 58% less likely to develop type 2 diabetes (71% less likely if they are over 60 years old). The program helps individuals who have prediabetes or are at risk for type 2 diabetes adjust certain parts of their everyday lifestyle, such as eating healthier, reducing stress, improving coping skills and increasing physical activity. The program includes group support from other participants and is facilitated by a trained lifestyle coach.

### The Research behind the Program:

The Diabetes Prevention Program (DPP) clinical [research](http://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp/Pages/default.aspx) study (<http://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp/Pages/default.aspx>) has shown that people with prediabetes who participate in a structured lifestyle change program can reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Metformin group reduced their risk but not as much as the lifestyle intervention group (31%).

The results of the multicenter clinic study found the program helped people lose 5%-7% of their body weight through healthier eating and 150 minutes of physical activity a week.

**AADE Diabetes Prevention Program | Frequently Asked Questions**  
**200 West Madison, Suite 800**  
**Chicago, IL 60606**  
**800.338.3633**  
**[www.diabeteseducator.org](http://www.diabeteseducator.org)**



The impact of this program has been followed for many years. The [10-year follow-up research](#) has found people who completed a diabetes prevention lifestyle change program were one third less likely to develop type 2 diabetes.

### **Why Offer a Program? – Join the National Effort**

The Centers for Disease Control and Prevention (CDC) estimate that 29.1 million people in the United States, or a little more than 9% of the population, have diabetes. For those with prediabetes, CDC estimates there are 86 million people. The long-term damage and complications of diabetes may already be starting in these people with prediabetes and CDC shows that 9 out of 10 people in this range do not realize they have prediabetes.

The National Member Practice Survey (NPS) of the American Association of Diabetes Educators (AADE) found the majority of diabetes educators (80%) reported providing some type of education to people with prediabetes. This is a standard program to service these individuals who are eligible.

The National Diabetes Prevention Program provides an evidence-based program developed specifically to prevent or delay type 2 diabetes.

For more information on the National Diabetes Prevention Program, please visit the CDC's website at: <http://www.cdc.gov/diabetes/prevention>.

### **What is the AADE Diabetes Prevention Program?**

In 2012, the Centers for Disease Control and Prevention (CDC) selected AADE as one of six partner organizations to assist in expanding the reach of the National Diabetes Prevention Program. This is an exciting opportunity because it highlights the leadership role that diabetes educators can play in diabetes prevention efforts. An overarching goal is to make the Lifestyle Change Program a covered healthcare benefit for people with prediabetes. Currently, AADE has a total of 44 DSME grant funded sites in 16 states implementing the National DPP. We are tracking data, offer support of implementation and our overall goal is to ensure sustainability for these programs through increasing the number of covered lives and enrollment into the National DPP.

### **What is the AADE DPP Model?**

AADE model for the National DPP is to utilize the existing network of thousands of AADE and ADA nationally certified Diabetes Self-Management Education (DSME) programs eager to address diabetes prevention in their local communities. AADE Sites ensure the program is



delivered with quality and available to all eligible participants using a network of nationally certified DSME programs.

**The DSME platform guarantees experience with:**

- Appropriate management of personal health information
- HIPAA compliance
- Quality DPP Lifestyle Coach Trainings
- Third-party payment processing
- NPI Number
- Linkage with local primary care practitioners
- Strong background in diabetes
  - Evidence-based answers to participant questions
  - Linkage with DSME for people with diabetes
  - Linkage to other clinical services as needed

**National Diabetes Prevention Program(DPP) vs. an AADE DPP site run within a DSME program:**

According to CDC’s Diabetes Prevention Recognition Program, there are many sites eligible to deliver the National DPP in an effective manner. This includes community based organizations and virtual delivery. Delivery of the National DPP in our AADE DPP model of implementation with nationally certified DSME sites is an effective delivery option for the program. Engaging certified DSME programs provides assurance that the personnel have in-depth knowledge about diabetes and its complications, demonstrated ability to collect data as well as an understanding of the needs of the people they will engage in terms of culture, differences in learning styles, and awareness about literacy and numeracy issues.

Additionally, AADE supports programs that meet quality standards set by CDC’s [Diabetes Prevention Recognition Program \(DPRP\)](#). Programs track results and send data to CDC each year to show that they are having an impact on preventing or delaying type 2 diabetes.

**What is the Diabetes Prevention Recognition Program?**

The Centers for Disease Control and Prevention (CDC) facilitates the Diabetes Prevention Recognition Program (DPRP) and through this program, provides the quality assurance measures by which an organization demonstrates their ability to effectively deliver the Lifestyle Change Program. With various providers (in-person, virtual, or via distance learning), the DPRP provides equitable standards and operating guidelines that all providers follow in order to be Fully recognized by the CDC. Note, from first class implementation, it currently takes a minimum of meeting the standards for two years before an organization can achieve Full DPRP Recognition.

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### **Why do diabetes educators and/or CDE, BC-ADM need to go through lifestyle coach training?**

All AADE DPP sites are recognized through CDC's Diabetes Prevention and Recognition Program (DPRP). CDC highly recommends that DPRP Recognized DPP programs staff have coaches who are trained as Lifestyle Coaches through an approved training Entity (AADE is CDC approved) to use a CDC-approved curriculum and who have the expertise and skills to effectively deliver the National DPP. Lifestyle coach training focuses on building group facilitation skills, the ability to support participants, provide guidance, and help groups work together to implement a successful lifestyle change program. CDC does not require any prerequisites to take the training.

### **How can AADE members set up a DPP program within their DSME program?**

AADE DPP offering listed below:

#### **➤ AADE Diabetes Prevention Program Lifestyle Coach Training**

The AADE DPP Lifestyle Coach Training is based on the curriculum developed by The Centers for Disease Control and Prevention (CDC), Prevent T2. Participants will benefit from additional insights from AADE Diabetes Prevention Programs who has been working with diabetes education sites nationwide to guide them on the effective delivery of the NDPP.

Upon completion of the training, attendees will be designated "Lifestyle Coaches" and will have the confidence to enable their program participants to make lasting lifestyle changes to improve their outcomes. Also, these coaches can educate their fellow community members on how the NDPP can prevent or delay the onset of type 2 diabetes.

Learn more: <https://www.diabeteseducator.org/practice/diabetes-prevention-program/lifestyle-coach-training>

#### **➤ "Building Your Diabetes Education and Prevention Program"- Everything you Need to Know and More**

Learn the essential skills to build a successful diabetes self-management education (DSME) program and explore the emerging realm of the National Diabetes Prevention Program (NDPP). AADE's workshop, Building Your Diabetes Education and Prevention Program, is designed to help you not only navigate the National Standards but also understand other essential elements required for a comprehensive DSME and prevention program. Take your program one step further by exploring the emerging realm of the National Diabetes Prevention Program. Not to mention, earn 10 CE!

Learn more: <https://www.diabeteseducator.org/education-career/live-courses/dsme-workshop>

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#### **How can I bill for Pre-Diabetes Education?**

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.

Code is not currently tied to reimbursement. This must be worked out individually with each payer.

Coverage and eligibility for pre-diabetes education are different than DSMT.

Medicare and many commercial payers only cover DSMT for patients diagnosed with diabetes (not pre-diabetes) New CPT code should help differentiate between pre-diabetes and DMST education

#### **Advancing Efforts to Expand Medicare Coverage**

The Department of Health and Human Services (HHS) announced on March 23 2016 that the National Diabetes Prevention Program (National DPP) would be eligible for Medicare expansion this summer when the Physician Fee Schedule for calendar year 2017 is released. The American Association of Diabetes Educators (AADE) is one of the leading participants in the National DPP and will be offering comments when the Physician Fee Schedule is released summer 2016.

The announcement reflects the actuary for the Centers for Medicare & Medicaid Services' report that the program meets their criteria of improving health care while decreasing healthcare costs.

#### **If my DSMES or other program is interested in setting up a DPP program, is there additional support/guidance through AADE?**

Though our experience with our Grant Funded initiative, AADE has developed tools and resources for DPP implementation. We are developing how we will allow access to this support, tools, and resources for both members and programs. More to come on this in 2016. If you are interested in learning more, please email: [dpp@aadenet.org](mailto:dpp@aadenet.org).