



# **Medicare Diabetes Prevention Program (MDPP) CY 2025 Physician Fee Schedule (PFS) Updates**

## ***January 22<sup>nd</sup>, 2025***

People using assistive technology may not be able to fully access information in this file. For assistance, please contact [digital@hhs.gov](mailto:digital@hhs.gov).

# Disclaimer

---

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Webinar Objective and Outline

---

## Objective:

Describe the content, provide context, and discuss implications of the updates included in the Calendar Year (CY) 2025 Physician Fee Schedule (PFS) for MDPP

## Outline:

1. [Background](#)
2. [Summary of MDPP Updates in 2024](#)
3. [CY 2025 PFS Changes to MDPP](#)
4. [How MDPP Suppliers Can Align with CY 2025 PFS Changes](#)
5. [Resources and Additional Information](#)

# Background

# The Prevalence and Cost of Diabetes

Diabetes affects many individuals, negatively impacts health outcomes, and carries high costs.

## While Many are At-Risk for Diabetes, Few are Aware

**1 in 2** Nearly half of adults aged 65 and older have prediabetes.<sup>1</sup>

*however...*



Only one in four adults aged 65 and older with prediabetes are aware of their condition.<sup>1</sup>

## Diabetes Prevalence is High and Growing



Nearly one in three adults aged 65 and older have diabetes.<sup>1</sup>

*and...*



Prevalence of diabetes is expected to double by 2050 among adults.<sup>2</sup>

## Diabetes Burdens the System with High Costs

**2.6x** Diabetes causes individuals to spend 2.6 times more on health care per year.<sup>3</sup>

**\$205B** Medical care for diabetes for persons aged 65 and older cost the nation about \$205 billion in 2022. Most of this expenditure was paid by Medicare.<sup>3</sup>

# The Medicare Diabetes Prevention Program (MDPP)

**MDPP is a group-based preventive service offered to Medicare beneficiaries at risk of developing type 2 diabetes.**



HEALTHY  
EATING



PHYSICAL  
ACTIVITY



WEIGHT  
LOSS

- MDPP provides training and strategies for long-term healthy eating, increased physical activity, and weight loss.
- MDPP's goal is to prevent the onset of type 2 diabetes via behavioral change.

# CDC's National Diabetes Prevention Program (DPP)

MDPP builds on the success of the CDC's National DPP. The National DPP is a structured lifestyle intervention that was tested in the Medicare population through an Innovation Center-funded DPP Model Test (Y-USA test).



## Decades of Evidence

- Backed by over 20 years of evidence
- Research shows DPP can decrease the risk of type 2 diabetes in individuals with prediabetes by 58%<sup>4</sup>



## CDC's National DPP

- Implemented nationally
- CDC established the Diabetes Prevention Recognition Program (DPRP) to set quality assurance standards for the program



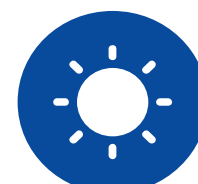
## DPP Model Test (Y-USA test)

- Assessed DPP effectiveness among the Medicare population
- Showed that group-based community sessions can lead to beneficiary weight loss and Medicare savings



## DPRP Recognition

- Organizations must achieve full or preliminary DPRP recognition before enrolling in Medicare as MDPP suppliers
- The [CDC DPRP Standards](#) define the criteria for recognition and were updated on June 1<sup>st</sup>, 2024
- DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers



## DPRP Curriculum

- MDPP suppliers utilize a CDC-approved curriculum to deliver MDPP services
- CDC-approved curricula include evidence-based topics like healthy eating and weight loss

# MDPP Has Changed Over Time to Facilitate Supplier and Beneficiary Participation

- MDPP programmatic changes are implemented using PFS rulemaking
  - The PFS is a complete listing of fees and payment policies used by Medicare to reimburse professional providers and suppliers on a fee-for-service basis<sup>5</sup>
  - The PFS is updated annually to ensure Medicare Part B payment policies reflect changes in medical practices, service costs, and the value of the care provided
  - Each summer, the proposed PFS rule is released for a 60-day public comment period
    - The CMS MDPP Team reviews comments specific to MDPP before the rule is finalized in the fall
- The [CY 2025 PFS Final Rule](#) is available in the Federal Register
  - This document provides information on the finalized policies, updates to payment rates, and other changes under Medicare Part B for CY 2025



# Key MDPP Updates: CY 2021, 2022, and 2024 PFS Changes

- **CY 2021 PFS<sup>6</sup>**
  - Allowed virtual delivery in place of in-person sessions due to the COVID-19 Public Health Emergency (PHE)
  - Adjusted the once-per-lifetime limit
  - Enabled virtual weight reporting, and expanded virtual session options to enhance accessibility and adaptability
- **CY 2022 PFS<sup>7</sup>**
  - Waived supplier enrollment fees
  - Reduced the service period to one year
  - Restructured payments to enhance supplier participation and beneficiary access
- **CY 2024 PFS<sup>8</sup>**
  - Simplified the MDPP payment structure
  - Extended COVID-19 PHE flexibilities for distance learning

# Summary of MDPP Updates in 2024

# Key CY 2024 PFS Changes<sup>9</sup> – Effective 1/1/2024

- **Simplified MDPP Payment Structure**
  - Fee-for-service payments to MDPP suppliers for each core or core maintenance session (up to 22 sessions) attended by an MDPP beneficiary
    - Allow for adequate and predictable payment stream to cover the cost of providing services
- **Extension of COVID-19 PHE Flexibilities for Distance Learning to December 31<sup>st</sup>, 2027**
  - Expanded MDPP access for beneficiaries in rural areas, medically underserved communities, and those who are homebound or have transportation barriers
  - Increased beneficiary choice of delivery modality and flexibility of location

# Key 2024 CDC DPRP Standards Updates<sup>10</sup> – Effective 6/1/2024

- **Changes to MDPP delivery modes and definitions**
  - Expansion of session delivery options
  - Introduction of a new organization code for combination organizations
- **Changes in CDC DPRP Recognition timelines**
  - Preliminary and Full recognition no longer have expiration dates
  - Full Plus recognition expires 12 months after being awarded unless all requirements are met
- **Changes to CDC Data Reporting**
  - Organizations must submit data reporting files in the 2024 format as of the August 2024 release

**Note:** CDC updates the DPRP Standards every three years. For more information about the 2024 CDC DPRP Standards update, please visit the [National DPP Customer Service Center](#).

# CY 2025 PFS Changes to MDPP

# Overview of CY 2025 PFS Changes for MDPP

- **New Option for Beneficiaries to Self-Report Weight:** Beneficiaries can send two date-stamped photos with one photo showing the beneficiary's weight as it appears on their digital scale, and one photo of the beneficiary visible in their home
- **New CDC DPRP Organization Code allowed on MDPP Enrollment:** Suppliers can maintain MDPP enrollment with an *“in-person with a distance learning component”* CDC DPRP organization code
- **Removal of Bridge Payments:** Bridge payments (*G9890*) are no longer necessary after the CY 2024 PFS changes to the MDPP payment structure
- **Clarifying Same-day Make-up Sessions:** Suppliers can hold and bill for same-day make-up sessions by adding Current Procedural Terminology (CPT) Modifier 76 to the claim line
- **Updated Payment Rates for MDPP Services:** Payments for certain MDPP services have increased to account for inflation

New in  
2025

# New Option for Beneficiaries to Self-Report Weight for Distance Learning

Options for self-reporting weights in distance learning sessions were expanded to give beneficiaries more flexibility. Weight reporting remains a requirement for every MDPP session.

## What's new:

- Beneficiaries can now choose to self-report their weight by submitting two date-stamped photos:
  - One photo must show the beneficiary's weight on the digital scale, and the second photo must show the beneficiary visible in their home

# Self-Reporting Weight Options for Distance Learning

**Beneficiaries can now choose to self-report their weight by any of the following options:**

- A live, synchronous video wherein the MDPP Coach observes the beneficiary weighing themselves and views the weight indicated on the at-home digital scale
- A video recording that clearly documents the weight of the MDPP beneficiary as it appears on their digital scale on the date associated with the billable MDPP session
- A digital scale that transmits weight measurements securely via wireless or cellular transmission
- One date-stamped photo
  - Both the weight of the MDPP beneficiary as it appears on their digital scale and the beneficiary being in their home must be clearly visible in the photo
- **(New in 2025)** Two date-stamped photos
  - One photo must show the beneficiary's weight on the digital scale, and the second photo must show the beneficiary visible in their home



New in  
2025

# New CDC DPRP Organization Code for MDPP Enrollment

The newly allowed CDC DPRP organization code for MDPP supplier enrollment reduces administrative burden by enabling suppliers to only maintain whichever of the two organization codes they already have

- MDPP suppliers can now have the CDC DPRP “*in-person*” organization code or the “*in-person with a distance learning component*” organization code
  - Previously, MDPP suppliers had to have a CDC DPRP “*in-person*” organization code

## New Term:

“*In-person with a distance learning component*” - MDPP sessions that are delivered in-person by trained coaches where participants have the option of attending sessions via MDPP distance learning.

This term replaces the previous “*Combination delivery*” term.

# MDPP Service Delivery Modality and the CDC DPRP Organization Code

- MDPP suppliers may offer either service delivery modality (i.e., in-person or distance learning) or a combination of both modalities regardless of the CDC DPRP organization code (i.e., *“in-person”* or *“in-person with a distance learning component”*) associated with their PECOS enrollment
- MDPP suppliers who already operate under the *“in-person”* organization code are not required to switch to the new *“in-person with a distance learning component”* organization code, even if they are offering distance learning sessions

# Non-Live Service Delivery Is Not Allowed in MDPP

- “**Online**” delivery is **NOT** allowed in MDPP
- The definition of “**Online**” includes the following:
  - Sessions that are delivered one hundred percent (100%) through the internet via phone, tablet, or laptop in an asynchronous (non-live) classroom where participants are experiencing the content on their own time without a live [including non-artificial intelligence (AI)] coach teaching the content
  - Chat bots and AI forums do not constitute live interaction

New in  
2025

# Removal of Bridge Payment

Bridge Payments (claimed after a beneficiary switches MDPP suppliers) are no longer deemed necessary after the CY 2024 PFS update to the MDPP payment structure

## What's new:

- The MDPP **Bridge Payment (G9890)** has been removed from the list of HCPCS G-Codes that will be accepted for MDPP service dates from January 1<sup>st</sup>, 2025 and later

# Billing for Same-Day Make-Up Sessions

To enable MDPP suppliers the flexibility of scheduling make-up sessions on the same day as a regularly scheduled session, suppliers must append a modifier code on the claim for the make-up session

- MDPP suppliers will need to append **Current Procedural Terminology (CPT) Modifier 76** (“repeat services by same physician”) to any claim for an in-person session (G9886) or a distance learning session (G9887) that indicates a make-up MDPP session that was held on the same day as a regularly scheduled session
  - The **CPT Modifier 76** is ONLY for the specific claim for a same-day make-up session
    - Failure to append the **CPT Modifier 76** to claims for same-day make-up sessions may lead to denials or rejections by the Medicare Administrative Contractors (MACs)
  - MDPP make-up sessions can only be furnished using the modalities permitted by the CY2024 PFS final rule for MDPP sessions: **in-person** and **distance learning** service delivery

New in  
2025

# Updated Payment Rates for MDPP Services

The payment rate for G9880, G9881, G9886, and G9887 has been increased to account for inflation

	CORE SESSIONS	CORE MAINTENANCE SESSIONS
	MONTHS 1-6 (MAX 16 SESSIONS)	MONTHS 7-12 (MAX 6 SESSIONS)
Fee-For-Service Payments	<b>G9886 (\$26):</b> MDPP participant attended an in-person session for 60 minutes	
	<b>G9887 (\$26):</b> MDPP participant attended a distance learning session for 60 minutes	
Performance Payments	<b>G9880 (\$149):</b> MDPP participant achieved 5% weight loss from baseline weight	
	<b>G9881 (\$26):</b> MDPP participant achieved 9% weight loss from baseline weight	
		<b>G9888 (\$8):</b> MDPP beneficiary maintained 5 percent weight loss from baseline weight in months 7-12

**Note:** The G-codes presented in this table are based on the CY 2025 PFS and are relevant for claims with dates of service starting January 1, 2025<sup>11</sup>

# How MDPP Suppliers Can Align with CY 2025 PFS Changes

# How Suppliers Can Align With CY 2025 PFS Changes

- Notify MDPP beneficiaries of the new two-photo option for weight reporting
- Do not claim bridge payments for MDPP services occurring on or after January 1<sup>st</sup>, 2025
- Ensure that MDPP claims with dates of service on January 1<sup>st</sup>, 2025 or later utilize the CY 2025 Payment Rates
- Ensure that CPT Modifier 76 is added to any claim for a make-up session that was held on the same day as a regularly scheduled MDPP session
- Ensure that your CDC DPRP organization code and status in PECOS are aligned and up to date with your organization's CDC DPRP recognition status





# Resources and Additional Information

# Helpful Resources



If you have any questions or feedback to share, please visit the [MDPP Supplier Support Center](#)



## Want to find out more about the 2024 CDC DPRP Standards?

Head to [CDC DPRP Standards](#) and the [National DPP Customer Service Center](#)



## Want more information on the 2025 PFS Changes?

Head to the [CY 2025 PFS Final Rule](#) and the [CY 2025 PFS Final Rule Fact Sheet](#)



## Want more information on billing for MDPP?

Head to the [MDPP FFS Billing and Payment Fact Sheet](#) and the [MDPP Medicare Advantage Fact Sheet](#)



## Want more information on supplier standards?

Head to the [MDPP Supplier Fact Sheet](#)



## Want to access more supplier support resources?

Head to the [MDPP website](#)



## Other ways to stay updated

Sign up for our [listserv](#)

# Questions?

*Please contact the CMS MDPP Team with any further questions at <https://cmmi.my.site.com/mdpp/>*