Medicare Diabetes Prevention Program (MDPP)

2025 Medicare FFS Billing and Payment Fact Sheet

Calendar Year (CY) 2025 MDPP expanded model regulations allow for fee-for-service (FFS) payments for beneficiary attendance as well as performance-based payments for diabetes risk reduction (weight loss). This fact sheet explains the billing process for MDPP services, including changes to the MDPP payment schedule in the CY 2025 Physician Fee Schedule (PFS), and provides tips on how to submit claims and where to get help along the way. This resource is relevant to MDPP-related claims for dates of service beginning January 1, 2025. For guidance on MDPP-related claims with dates of service on or before December 31, 2024, please see the 2024 Billing and Claims Cheat Sheet or the 2024 Medicare FFS Billing and Payment Fact Sheet. MDPP suppliers may use the MDPP Medicare Advantage Fact Sheet or contact the beneficiary's Medicare Advantage plan for information on Medicare Advantage billing and payment.

1. Identify Your MAC → 2. Understand Payment/Billing → 3. Submit Your Claims → 4. Payment/ Next Steps

1. Identify Your Medicare Administrative Contractor (MAC)

What Are MACs?

MACs are contractors that, among other things, process Medicare enrollment applications and claims for FFS Medicare providers and suppliers. Activities performed by MACs include:

- Review and processing of enrollment applications
- Processing of FFS Medicare claims
- Responses to inquiries
- Provision of information on billing and coverage requirements

A supplier's administrative location(s) determine(s) which MAC(s) a supplier should enroll with. For more information on how to identify your MAC, please visit the "Who are the MACs" page on the Medicare website and search for the Part A/B MAC that serves the geographic area of your administrative location(s). Each MAC processes claims for certain states. If an MDPP supplier has administrative locations in multiple states and offers MDPP services, the MDPP supplier may work with more than one MAC.[1] You should contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.

2. Understand the Billing/Payment Structure

What the Centers for Medicare and Medicaid Services (CMS) Pays for

Medicare pays MDPP suppliers for furnishing the MDPP Set of services to eligible beneficiaries using FFS payments. Suppliers may also receive performance-based payments when participants achieve diabetes risk reduction (weight loss) milestones.

MDPP Billing and Payment Quick Facts

- An organization must be separately enrolled in Medicare as an MDPP supplier to bill for MDPP services, even if the organization is already enrolled in Medicare as a different provider type.
- MDPP suppliers may electronically submit claims to a MAC for each session that a beneficiary attends (up to 22 sessions). Suppliers may also submit claims for performance payments when beneficiaries achieve certain weight-loss milestones.
- Eligible MDPP beneficiaries are *not* required to pay anything out-of-pocket for MDPP services. MDPP suppliers must accept Medicare's payment for MDPP services as payment in full and cannot bill or collect any amount from MDPP beneficiaries.
- MDPP suppliers must collect beneficiary body weight measurements at each MDPP session to document baseline weight and achievement of any weight loss performance goals. Weight may be obtained in-person by the MDPP supplier, via digital technology (such as scales that transmit weights securely via wireless or cellular transmission), or self-reported by the beneficiary from an at-home digital scale.
- Suppliers may deliver all MDPP services virtually via distance learning, in person, or through a combination of in-person and distance learning delivery. Suppliers must maintain their Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) registration and be able to provide services in person, even if providing distance learning services only (i.e., the supplier must maintain an "in-person" **or** "in-person with a distance-learning component" DPRP organization code).
- Distance learning sessions must be delivered by trained Lifestyle Coaches via live, synchronous delivery in a virtual classroom.

[1] An administrative location is a physical location associated with an MDPP supplier's operations, where the supplier is the primary operator of the space. Supplier operations include MDPP services and any other services provided by the supplier. The supplier may furnish the MDPP set of services from this location, but it is not required. An administrative location may be the same location as a supplier's headquarters or office space.

MDPP Includes Two Different Session Types:

Core Sessions

- Beneficiaries may attend up to 16 weekly sessions during months 1-6 of the MDPP Core Services period.
- The MDPP Core Services period starts with the first claim for G9886 or G9887.
- Beneficiaries must attend one core session to initiate MDPP services.
- A supplier may claim payment for a beneficiary's attendance, regardless of the beneficiary's weight loss.
- A supplier is paid performance payments if the beneficiary achieves weight-loss goals.

Core Maintenance Sessions

- Beneficiaries may attend up to 6 monthly sessions during months 7-12 of the MDPP Core Services period.
- A supplier may claim payment for a beneficiary's attendance, regardless of the beneficiary's weight loss.
- A supplier is paid performance payments if the beneficiary achieves weight-loss goals and/or continues to meet the 5% weight-loss goal at each session.

	CORE SESSIONS	CORE MAINTENANCE SESSIONS
	MONTHS 1-6 (MAX 16 SESSIONS)	MONTHS 7-12 (MAX 6 SESSIONS)
Fee-For-Service Payments	**G9886 ($26)**: MDPP beneficiary attended a core session in-person, group, for 60 minutes	
	G9887 ($26): MDPP beneficiary attended a core session via distance learning, for 60 minutes	
Performance Payments	**G9880 ($149)**: MDPP beneficiary achieved 5 percent weight loss from baseline weight (billable once)	
	G9881 ($26): MDPP beneficiary achieved 9 percent weight loss from baseline weight (billable once)	
		G9888 ($8): MDPP beneficiary maintained 5 percent weight loss from baseline in months 7-12

*Healthcare Common Procedure Coding System (HCPCS) G-codes are **bolded** next to each payment description. Beginning in 2025, bridge payments will no longer be paid for dates of service of January 1, 2025 or later.*

Key Points to Remember

- MDPP suppliers must collect beneficiary weight measurements for each MDPP session.
- Three G-codes can be used when submitting claims for beneficiary achievement of performance milestones: 1) 5% weight loss (G9880), 2) 9% weight loss (G9881), and 3) maintenance of 5% weight loss in a core maintenance session (G9888).
- Note that codes G9880 and G9888 cannot be used with the same date of service (DOS), and the DOS for code G9880 must occur prior to any DOS submitted for G9888. Claims for G9888 will be rejected by the MACs if 1) there is no claim for G9880 with a DOS prior to claim for G9888 and 2) DOS for G9888 is within the first 6 months of the MDPP services period.
- Suppliers may bill for a maximum of 22 sessions, including up to 16 weekly sessions in months 1-6, and up to 6 monthly sessions in months 7-12.
- Suppliers must use one of two G-codes (G9886 or G9887) when submitting claims for attendance payments for core and core maintenance session furnished to an MDPP beneficiary. Once the MACs have paid supplier(s) for 22 sessions for a beneficiary, any additional claims with DOS after the 22 paid claim will be rejected, including out-of-sequence claims.
- Each HCPCS G-code should be listed with the corresponding session DOS, MDPP organizational NPI, and rendering provider NPI. Note that the coach is the rendering provider on the claim.
- Same-day make-up sessions utilizing modifier 76 ("Repeat procedure by same physician") are allowed to be billed by MDPP suppliers. When submitting a claim for a same-day make-up session, suppliers must use Current Procedural Terminology (CPT) modifier 76 in combination with code G9886 or G9887 to identify that the session occurred on the same day as a regularly scheduled session. Failure to attach the CPT modifier 76 may result in claims denials

If a Beneficiary Changes MDPP Suppliers

- Reach out to the HIPAA Eligibility Transaction System (HETS) to identify where the beneficiary is in their service timeline and get the beneficiary's MDPP records from the previous MDPP supplier to verify data (e.g., session attendance, baseline weight) before submitting any claims for performance payments. For more information please see the MDPP Factsheet "How to Verify an MDPP Beneficiary's Medicare Coverage" (https://www.cms.gov/priorities/innovation/files/x/mdpp-verify-medicare-coverage.pdf).
- Bridge payments (G9890) have been discontinued in the CY 2025 PFS final rule and bridge payment claims with a DOS of January 1, 2025 or later will be denied.

3. Submit Your Claims

MDPP suppliers (or their billing agents) are responsible for submitting all FFS claims to their MAC. You must use the 837P form to transmit health care claims electronically (https://www.cms.gov/files/document/mln006976-medicare-billing-837p-form-cms-1500.pdf), or the CMS-1500 form (the paper version of the 837P form). To submit a CMS-1500 form you must submit an Administrative Simplification Compliance Act (ASCA) waiver (https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCASelfAssessment). 98% of Medicare FFS providers/suppliers submit their claims electronically for a faster processing time.

How to Submit Claims

Timely submission of claims is ***highly*** encouraged. File claims as soon as possible by self-submitting or utilizing a vendor/third party billing agent. MDPP suppliers, like all other FFS Medicare providers, can file claims up to 12 months from the date of service. Your claim will be denied if you file it 12 months or later after the date of service. Please contact your MAC if you have questions about submitting MDPP claims.

Self-Submit Claims

If an MDPP supplier does not use a billing agent, the MDPP supplier can submit claims to its MAC directly. **The MDPP supplier must install claims software and obtain a submitter ID from the MAC(s)**. Organizations may obtain PC-Ace Pro 32 claims submission software or other recommended software from their MAC(s).

Note: *Please contact your MAC for additional information on claims software.*

Use a Vendor/Third-Party Billing Agent

Providers and suppliers may use a third-party billing agent to manage billing and payment processes on their behalf. If an MDPP supplier uses a billing agent, the billing agent's information must be listed on the MDPP Enrollment Application (https://pecos.cms.hhs.gov/pecos/login.do#headingLv1f).

Include the following information on each claim form

• **Demo Code – Only enter the number, 82, on the form**
• **Billing Provider/MDPP supplier organizational National Provider Identifier (NPI)**: Organizations should obtain a separate NPI to use for MDPP enrollment, in order to reduce claim rejections and denials that may occur if multiple enrollments are associated with a single NPI. Currently enrolled MDPP suppliers may obtain a separate NPI to use for their MDPP enrollment and can update their current enrollment with their new NPI in PECOS. In the event that an organization is unable to obtain a separate NPI or continues to encounter issues related to claims submission and processing after updating its enrollment with the new NPI, the organization should contact its MAC for assistance.
• **Rendering Provider/Coach**
• **ICD-10 diagnosis code**: MDPP claims, like all other types of claims, must include an International Classification of Diseases, 10th Revision (ICD-10) diagnosis code. MDPP suppliers can get the appropriate ICD-10 diagnosis code from a referral. However, MDPP does not require a referral, so the MDPP supplier can use the most appropriate ICD-10 code that captures the nature of the encounter (e.g., Z71.89, Other specified counseling).
• **Date of service (DOS) for each MDPP session**
• **Beneficiary first name, last name, and Medicare Beneficiary Identifier (MBI)**
• **HCPCS G-Code for each MDPP service**
• **Place of Service (POS) code** to indicate where the MDPP service was furnished, e.g., "Office" (11), "Outpatient Facility Code" (19 or 22), or "Other" (99) if the service was furnished in a community setting or as a distance learning session.

Mixed Cohorts

MDPP suppliers may have mixed cohorts and may serve both Medicare beneficiaries and participants who are not Medicare beneficiaries. Eligible MDPP beneficiaries are not required to pay anything out-of-pocket for MDPP services. MDPP suppliers must accept Medicare's payment for MDPP services as payment in full and cannot bill or collect any amount from the beneficiary.

- MDPP suppliers should submit claims only for eligible MDPP beneficiaries. Medicare only covers MDPP services for eligible Medicare beneficiaries.
- To learn how to verify an MDPP beneficiary's Medicare coverage, visit: https://innovation.cms.gov/Files/x/mdpp-verify-medicare-coverage.pdf.

4. Receive Payment and Next Steps

How will suppliers receive payments?

- MDPP suppliers will get payments via Electronic Funds Transfer (EFT): https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html.
- MDPP suppliers must complete an EFT form as a part of the initial MDPP enrollment. For changes to your EFT account, please contact your MAC .
- If there are no issues with the claim, MDPP suppliers will be paid no sooner than 13 days after filing electronically (payment on the 14th day or after). Paper-based claims are paid no sooner than 28 days after filing (payment on the 29th day or after).

Post-Claims Submission

After the MAC processes the claim, MDPP suppliers or the supplier's billing agent will get either an Electronic Remit Advice (ERA) at https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html or a Standard Paper Remit (SPR) with final claim adjudication and payment information. An ERA or SPR usually:

- Includes itemized adjudication decisions about multiple claims
- Reports the reason and value of each adjustment to the billed amount on the claim

Issues with Payment

When you receive the denied or returned claim from the MAC, review the documentation sent from the MAC. Suppliers should contact their MACs for claims-specific questions. For more information on locating your MAC, visit the "Who are the MACs" page on the Medicare website.

If a MAC rejects a claim as unable to be processed
The MDPP supplier or the supplier's billing agent must correct the errors and submit a new claim.

If a MAC denies a claim

An MDPP supplier or the supplier's billing agent can file an appeal utilizing the Medicare Advantage Appeals Fact Sheet if they think the claim was denied incorrectly. Check your MAC's website for more information on how to appeal a denied claim.

Helpful Resources

MACS

- What's a MAC?
- Find my MAC's contact information
- Who are the MACs?
- A/B MAC Jurisdiction Map

Claims Submission

- MDPP Eligibility Verification
- 837P and CMS -1500 Forms Information
- 837P and Form CMS-1500 Web-Based Training *(note: requires login to the Medicare Learning Network)*
- Medicare Claims Processing Manual
- Electronic Health Care Claims

Payment

- PFS 2025 MDPP Changes Final Rule
- CMS Transmittals website
- 2024 Medicare FFS Billing and Payment Fact Sheet
- MDPP Medicare Advantage Fact Sheet

MDPP

- MDPP Website
- MDPP Enrollment Preparation Guide
- MDPP Business Case
- MDPP Sessions Journey Map