

Medicare Diabetes Prevention Program (MDPP)

2024 Medicare FFS Billing and Payment Fact Sheet

Calendar Year (CY) 2024 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 2024 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, 2024. For guidance on MDPP-related claims with dates of service on or before December 31, 2023, please see this [2020 Billing and Claims Cheat 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 MAC depends on the supplier's site location. For more information on how to identify your MAC, please visit the [Who are the MACs website](#) and search for the Part A/B MAC that serves your geographic area. Each MAC processes claims for certain states. If an MDPP supplier offers MDPP services in multiple states, the MDPP supplier may work with more than one MAC.

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 you are already enrolled in Medicare as a different provider type, you must also enroll as an MDPP supplier to bill for MDPP services.
- 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 payment when beneficiaries achieve certain performance 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 DPRP organizational code).
- Distance learning sessions must be delivered by trained Lifestyle Coaches via live, synchronous delivery in a virtual classroom.

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 is paid based on the 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 is paid based on the 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 (\$25) : MDPP beneficiary attended a core session in-person, group, for 60 minutes	
	G9887 (\$25) : MDPP beneficiary attended a core session via distance learning, for 60 minutes	
Performance Payments	G9880 (\$145) : MDPP beneficiary achieved 5 percent weight loss from baseline weight (billable once)	
	G9881 (\$25) : 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
Other Payments	G9890 (\$25) : Bridge payment: A one-time payment for the first MDPP core session or core maintenance session furnished by a new MDPP supplier when an MDPP beneficiary switches suppliers during months 1–12	

Healthcare Common Procedure Coding System (HCPCS) G-codes are **bolded** next to each payment description

Key Points to Remember

- 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 filing claims for attendance payments after every 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.

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>).
- Submit a claim for a bridge payment (G9890) for the first session furnished to the transferring beneficiary as well as a claim for that session (G9886 or G9887). This is only allowed if your organization did not furnish the first core session to that beneficiary. More than one supplier may submit a claim for the bridge payment for the same beneficiary once.



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 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 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](#)
- [Sessions Journey Map](#)

Payment

- [PFS 2024 MDPP Changes Factsheet](#)
- [CMS Transmittals website](#)
- [MDPP Medicare Advantage Fact Sheet](#)

MDPP

- [MDPP Website](#)
- [Enrollment Preparation Guide](#)