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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 11162 | Date: December 14, 2021 |
| | Change Request 12398 |

Transmittal 11132, dated November 19, 2021, is being rescinded and replaced by Transmittal 11162, dated, December 14, 2021 to revise the MDPP Payment Rates attachment document. All other information remains the same.

SUBJECT: Medicare Diabetes Prevention Program (MDPP) Service Period Change from 2 Years to 1 Year

I. SUMMARY OF CHANGES: This change request (CR) changes the Medicare Diabetes Prevention Program (MDPP) Service Period from 2 Years to 1 Year for those MDPP beneficiaries who started their first core service on or after January 1, 2022.

This CR contains instructions to A/B MACs (Part B) and the Railroad Specialty MAC to update the MDPP Expanded Model payment rates for CY 2022. CMS has calculated the MDPP payment rates for CY 2022 and included them in an attachment to this CR. Payment rates will be in effect each year from January 1st through December 31st.

EFFECTIVE DATE: January 1, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| N/A | N/A |

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

| | | | |
|-------------|--------------------|-------------------------|-----------------------|
| Pub. 100-20 | Transmittal: 11162 | Date: December 14, 2021 | Change Request: 12398 |
|-------------|--------------------|-------------------------|-----------------------|

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SUBJECT: Medicare Diabetes Prevention Program (MDPP) Service Period Change from 2 Years to 1 Year

EFFECTIVE DATE: January 1, 2022

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IMPLEMENTATION DATE: January 3, 2022

I. GENERAL INFORMATION

A. Background: The Medicare Diabetes Prevention Program (MDPP) expanded model is an expansion of the Center for Medicare and Medicaid Innovation's (CMMI's) Diabetes Prevention Program (DPP) model test, which was tested from 2012-2015 under the authority of section 1115A(b) of the Social Security Act (the Act). The Secretary of Health and Human Services expanded the DPP model test in duration and scope under the authority of section 1115A(c) of the Act. For further information on the DPP model test and the associated National DPP administered by the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) refers readers to the following Web sites:

- <https://Innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/>
- <http://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html>

Rulemaking: Following certification of the DPP model test by the Chief Actuary in March 2016, CMMI initiated development of DPP expansion. The Calendar Year (CY) 2017 Medicare Physician Fee Schedule (PFS) final rule, published November 15, 2016, established the expansion of the CMMI DPP model test (i.e., the MDPP expanded model) and finalized aspects of the expansion that would enable DPP organizations to prepare for enrollment, including finalizing the framework for expansion, details of how the MDPP benefit is structured, beneficiary eligibility criteria, MDPP supplier eligibility criteria and select supplier enrollment policies. The CY 2018 PFS final rule, published November 15, 2017, finalized the MDPP payment policy and Healthcare Common Procedure Coding System (HCPCS) codes, MDPP supplier standards, and beneficiary engagement incentives, and made changes to the MDPP start date, MDPP set of services, and beneficiary eligibility criteria. As finalized in the CY 2018 PFS, eligible organizations seeking to furnish MDPP services began enrolling in Medicare as MDPP suppliers on January 1, 2018 and began furnishing MDPP services on April 1, 2018.

For the CY 2022 PFS, CMS finalized to amend our regulation at § 410.79(b), (c), and (e) to shorten the Medicare Diabetes Prevention Program (MDPP) services period to 1 year by removing the ongoing maintenance phase (months 13-24) of the MDPP set of services. In addition, CMS finalized to amend § 414.84 (b) and (c) to update the amount of the performance payments for the core sessions and core maintenance sessions, and remove the ongoing maintenance phase for those beneficiaries who started their first core session on or after January 1, 2022. See CMS-1751-P, published on November 19, 2021, for the finalized changes:

- <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>

This CR contains instructions to A/B MACs (Part B) and the Railroad Specialty MAC to update the MDPP Expanded Model payment rates for CY 2022. CMS has calculated the MDPP payment rates for CY 2022 and included them in an attachment to this CR. Payment rates will be in effect each year from January 1st through December 31st.

Model Objective: The MDPP model expansion is intended to prevent Medicare beneficiaries with an indication of prediabetes from developing diabetes. Prevention of diabetes among this high-risk group of Medicare beneficiaries is expected to result in significant cost savings to the Medicare program as certified by the Office of the Actuary.

B. Policy: Due to the rapid timelines for developing and implementing the MDPP expanded model, the CMS shared systems needed to be built to accommodate billing for MDPP services for a launch date of April 1, 2018 as rulewriting to expand the model was occurring concurrently. To achieve this goal as best as possible, CMS finalized the MDPP service period to two years (24 months) in the CY 2018 PFS final rule (CR 10779).

MDPP has experienced challenges recruiting suppliers to participate in the expanded model, which has limited beneficiary access to the preventive services offered under the expanded model. Existing and prospective suppliers have reported that the length of the set of MDPP services and the payment timing and amounts have made implementation and operation of MDPP burdensome and has hindered participation. Currently, MDPP suppliers are required to offer up to 2 years of MDPP services to eligible MDPP beneficiaries. For the CY22 PFS, CMS finalized to shorten the MDPP services period, as defined in § 410.79(b), to 1 year by removing the ongoing maintenance sessions phase (months 13-24) of the MDPP set of services **for those MDPP beneficiaries who started their first core service on or after January 1, 2022**. This change makes the MDPP timeframe consistent with the National and the DPP model test. This policy change requires changes to the shared systems and claims processing that were instructed in CR 10779 to reflect the new length of the MDPP service period.

This CR instructs the shared systems maintainers to make necessary changes to the shared systems, and instructs the MACs to make necessary claims processing changes to reflect this policy change.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number | Requirement | Responsibility | | | | | | | | | |
|---------|---|----------------|---|-------------|--------------------------------|---------------------------|-------------|-------------|-------------|-------|----------|
| | | A/B MAC | | | D M E M A C | Shared-System Maintainers | | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | |
| 12398.1 | Contractors shall make the necessary systems changes to modify the MDPP service period from 2 years to 1 year. <ul style="list-style-type: none"> 1 year MDPP service period applies to beneficiaries whose Date of Service (DOS) for first core session occurs on or after January 1, | | X | | | | | | | X | RRB-SMAC |

| Number | Requirement | Responsibility | | | | | | | | | |
|---------|---|----------------|---|-------------|----------------------------|---------------------------|-------------|-------------|-------------|-------|--|
| | | A/B MAC | | | D M E M A C | Shared-System Maintainers | | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | |
| | <p>2022.</p> <ul style="list-style-type: none"> 2 year MDPP service period applies to beneficiaries whose Date of Service (DOS) for first core session occurs on or before December 31, 2021. | | | | | | | | | | |
| 12398.2 | CWF shall modify edit 518B to ensure HCPCS G9882 to G9885 to no longer be allowed during the second period when the Initial Service Date on or after January 1, 2022. | | | | | | | | | X | |
| 12398.3 | The A/B MACs (Part B) and the Railroad Specialty MAC shall manually update the CY 2022 payment rates for the 15 valid MDPP Healthcare Common Procedure Coding System (HCPCS) G-codes based on the payment rates found in the attached document. These rates must be in effect for dates of service January 1, 2022 through December 31, 2022. | | X | | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | | |
|---------|--|----------------|---|-------------|----------------------------|------------------|--|
| | | A/B MAC | | | D M E M A C | C E D I | |
| | | A | B | H H H | | | |
| 12398.4 | <p>CR as Provider Education: Contractors shall post this entire instruction, or a direct link to this instruction, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the entire instruction must be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p> | | X | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
|--------------------------|--|

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Mollie Howerton, 4107865395 or mollie.howerton1@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Medicare Diabetes Prevention Program (MDPP) Expanded Model

HCPCS G-Codes CY 2022

| Payment Description | | Final CY22 |
|-------------------------|---|---------------|
| HCPCS G-Code | Core Sessions (Months 1-6) | |
| G9873 | Attend 1 Core Session | \$35 |
| G9874 | Attend 4 Core Sessions | \$105 |
| G9875 | Attend 9 Core Sessions | \$175 |
| | Core Maintenance (CM) Sessions (Months 7-12) | |
| G9876 | Attend 2 Core Maintenance Sessions (No 5% WL) in CM Interval 1 (Months 7-9) | \$70 |
| G9877 | Attend 2 Core Maintenance Sessions (No 5% WL) in CM Interval 2 (Months 10-12) | \$70 |
| G9878 | Attend 2 Core Maintenance Sessions (5% WL) in CM Interval 1 (Months 7-9) | \$93 |
| G9879 | Attend 2 Core Maintenance Sessions (5% WL) in CM Interval 2 (Months 10-12) | \$93 |
| G9880 | 5% WL Achieved from baseline weight | \$169 |
| G9881 | 9% WL Achieved from baseline weight | \$35 |
| G9890 | Bridge Payment | \$35 |
| G9891 | Non-payable session code (This code is for reporting purposes only). | \$0 |
| | Ongoing Maintenance Sessions (Months 13-24)** | |
| G9882 | Attend 2 Ongoing Maintenance (OM) Sessions in OM Interval 1 (Months 13-15) | \$52 |
| G9883 | Attend 2 Ongoing Maintenance Sessions in OM Interval 2 (Months 16-18) | \$52 |
| G9884 | Attend 2 Ongoing Maintenance Sessions in OM Interval 3 (Months 19-21) | \$53 |
| G9885 | Attend 2 Ongoing Maintenance Sessions in OM Interval 4 (Months 22-24) | \$53 |

****In the CY 2022 PFS, CMS removed the Ongoing Maintenance Sessions** for those beneficiaries who started MDPP set of services on or after January 1, 2022. MDPP beneficiaries who were participating in the MDPP set of services on or before December 31, 2021 may continue with the ongoing maintenance phase if they maintain 5 percent weight loss and attendance requirements.