

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12770	Date: August 7, 2024
	Change Request 13712

NOTE: This Transmittal is no longer sensitive and is being re-communicated January 15, 2025. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Updating Calendar Year (CY) 2025 Medicare Diabetes Prevention Program (MDPP) Inflation Payment Rates

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct A/B MACs (Part B) and the Railroad Specialty MAC on the updated MDPP Expanded Model payment rates for CY 2025 from the CY2025 Physician Fee Schedule (PFS) that will be published by November 2024.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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: 12770	Date: August 7, 2024	Change Request: 13712
-------------	--------------------	----------------------	-----------------------

NOTE: This Transmittal is no longer sensitive and is being re-communicated January 15, 2025. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Updating Calendar Year (CY) 2025 Medicare Diabetes Prevention Program (MDPP) Inflation Payment Rates

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct A/B MACs (Part B) and the Railroad Specialty MAC on the updated MDPP Expanded Model payment rates for CY 2025 from the CY2025 Physician Fee Schedule (PFS) that will be published by November 2024.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to instruct A/B MACs (Part B) and the Railroad Specialty MAC on the updated MDPP Expanded Model payment rates for CY 2025 from the CY2025 Physician Fee Schedule (PFS) that will be published by November 2024. The MDPP Expanded Model is an expansion of the Centers for Medicare & Medicaid Services (CMS') 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. Following certification of the DPP model test by the Chief Actuary in March 2016, the Center for Medicare and Medicaid Innovation (CMMI) expanded the model nationwide through the CY 2017 and 2018 Medicare Physician Fee Schedule (PFS) final rules. MDPP suppliers began enrolling in Medicare on January 1, 2018 and could begin furnishing MDPP services and billing Medicare for MDPP services on April 1, 2018. The MDPP Expanded Model 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: In the CY 2018 Physician Fee Schedule final rule, CMS stated, "the [MDPP] performance payments and bridge payment will be adjusted each calendar year by the percent change in the Consumer Price Index for All Urban Consumers (CPI-U) (U.S. city average) for the 12-month period ending June 30th of the year preceding the update year. The percent change update will be calculated based on the level of precision of the index as published by the Bureau of Labor Statistics and applied based on one decimal place of precision. The annual MDPP services payment update will be published by CMS transmittal."

This means that the MDPP payment rates will be adjusted each calendar year based on the CPI-U. Payment rates will be in effect each year from January 1st through December 31st. CMS intends to calculate the payment rates for each calendar year and instruct the A/B Medicare Administrative Contractors (MACs) (Part B) and the Railroad Specialty MAC to manually update the MDPP payment rates each year through a non-systems instructional Change Request (CR).

The proposed CY 2025 PFS final rule for MDPP includes a proposal to remove the MDPP bridge payment (G9890) from the 2025 fee schedule because this payment is no longer necessary in the FFS payment

structure. MACs have been instructed to deny claim lines for G9890 for dates of service on or after January 1, 2025, per a prior change request communication. Therefore, the MDPP bridge payment rate will not be updated for January 2025.

However, CMS is instructing the the A/B MACs (Part B) and the Railroad Specialty MAC through this new CR for January 2025 to update the MDPP Expanded Model payment rates.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13712.1	The A/B MACs (Part B) and the Railroad Specialty MAC shall manually update the CY 2025 payment rates for the 5 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, 2025 through December 31, 2025.		X							RRB-SMAC

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B

V. 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

VI. CONTACTS

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

VII. 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 CY 2025 Payment Rates

HCPCS G-Code	Payment Description	CY 2025
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$26
G9887	Behavioral counseling for diabetes prevention, distance learning, group, 60 minutes	\$26
G9880	5% WL Achieved from baseline weight	\$149
G9881	9% WL Achieved from baseline weight	\$26
G9888	Maintenance 5% WL from baseline weight in months 7-12	\$8
G9890	Bridge Payment **	N/A

Note: Medicare pays up to 22 visits billed with codes G9886 and G9887, combined, in a 12-month period:

- Months 1-6: one in-person/distance learning visit every week (up to 16)
- Months 7-12: one in-person/distance learning visit every month (up to 6)
- Months 7-12, once participant achieves 5% WL, supplier may submit Maintenance of 5% WL claim with attendance claim (G9888 + G9886/G9887). Medicare will pay for Maintenance 5% WL up to 6 times in months 7-12.

****In the CY 2025 PFS, CMS removed the Bridge Payments.**