

Medicare Diabetes Prevention Program (MDPP): A Business Case for Prospective Suppliers



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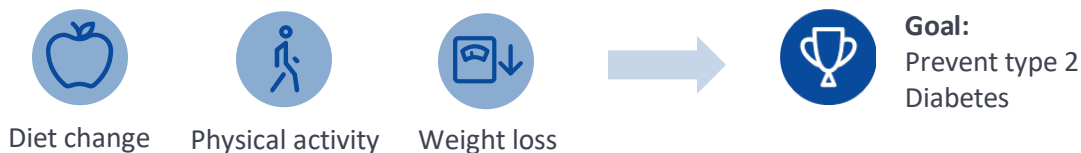
Medicare Diabetes Prevention Program (MDPP)

A Business Case for Prospective Suppliers

What Is MDPP and Why Participate as a Supplier?

The [Medicare Diabetes Prevention Program \(MDPP\)](#) is a group-based preventive service offered to Medicare beneficiaries at risk of developing type 2 diabetes. MDPP is delivered by suppliers, which are organizations that are enrolled in Medicare and bill for MDPP services provided to eligible beneficiaries (“MDPP Participants”).¹

The primary goal of MDPP is to prevent the onset of type 2 diabetes by helping Medicare beneficiaries achieve and maintain at least 5% weight loss. This program encourages behavioral change through In-person, Distance-Learning, or Online sessions that provide practical training in long-term dietary change, increased physical activity, and strategies for weight loss. MDPP uses a National Diabetes Prevention Program (National DPP) curriculum approved by the Centers for Disease Control and Prevention (CDC).²



THE PROBLEM

- 1 in 2 adults aged 65 and older have prediabetes.ⁱ
- 1 in 3 adults aged 65 and older have diabetes, with prevalence expected to increase to 21% of the adult population.ⁱⁱ
- Diabetes causes individuals to spend 2.6 times more on healthcare per year.ⁱⁱⁱ
- 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.^{iv}
- Adults with diabetes have twice the hospitalizations and emergency department visits and take a larger number of prescription medications relative to adults without diabetes.^v

“Six months after I started [MDPP], I took a blood test and... I dropped 80 points in six months on my cholesterol and my A1c dropped back to normal.”

—MDPP Participant^{ix}

AN EVIDENCE-BASED SOLUTION COVERED BY MEDICARE

MDPP builds on the success of CDC’s National DPP. Backed by over 20 years of evidence, research shows that:

- National DPP can decrease the risk of type 2 diabetes in individuals with prediabetes by 58%.^{vi}
- Among individuals with prediabetes aged 60 and older, National DPP can decrease the risk of type 2 diabetes by 71%.^{vii}
- An initiative that provided National DPP to Medicare beneficiaries in YMCAs led to beneficiary weight loss and savings for Medicare.^{viii}

“I lost 52 pounds...and I [typically] didn’t lose weight...But then I really started to think about the program...I think now this is something I really need to do. It just kind of clicked after a while, the things we had talked about in the program.”

—MDPP Participant^{ix}

¹ Please note that the term “supplier” in the context of MDPP does not refer to durable medical equipment (DME) suppliers.

² Please see the section called “[What Are the Key Differences between MDPP and National DPP?](#)” for more information on how MDPP differs from National DPP.



Additional Info

Distance Learning is defined as an MDPP session that is delivered by trained coaches by remote classroom. The coach provides live delivery of the session in one location and participants call or video-conference from another location.

Online delivery is defined as sessions delivered 100% through the internet in an asynchronous (non-live) classroom where participants experience the content in their own time without a live Coach teaching the content.

Sessions must be furnished in a manner consistent with the [CDC DPRP Standards](#).

Medicare covers participation in MDPP for eligible beneficiaries, and pays suppliers to deliver MDPP services. Prior to January 1st, 2026, MDPP was a once-per-lifetime benefit. From January 1st, 2026 through December 31st, 2029, the once-per-lifetime limit on the number of times an individual may enroll in MDPP has been removed.³ MDPP consists of 16 weekly core sessions furnished over 6 months, followed by 6 months of monthly core maintenance sessions to help beneficiaries maintain healthy behaviors. Services can be delivered In-person, via Distance Learning, or via Online delivery. Please note that suppliers must ensure that beneficiaries are eligible for MDPP and follow all [CDC DPRP Standards](#) for all delivery modalities.

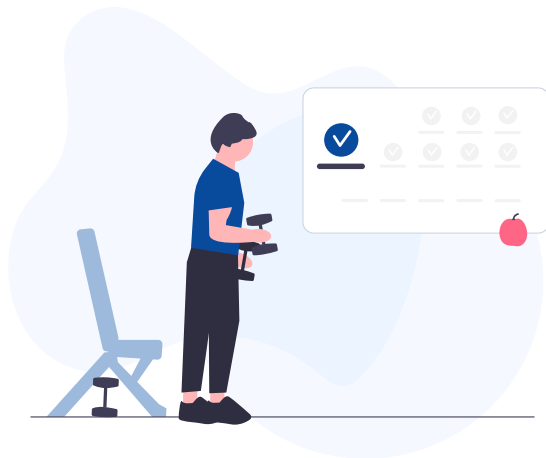
Suppliers receive payments for beneficiary attendance and may also receive additional performance payments when beneficiaries achieve and maintain weight loss. There are no out-of-pocket costs for MDPP for beneficiaries enrolled in Fee-for-Service (FFS, also known as Part B or Original) Medicare. For beneficiaries enrolled in Medicare Advantage (MA), there is no cost-sharing for MDPP services delivered

in-network. MA plans are also required to cover MDPP services delivered out-of-network without beneficiary cost-sharing if MDPP services cannot be provided in-network because there is no in-network MDPP supplier.



Beneficiaries Have Shared Positive Experiences with MDPP^{ix}

Beneficiaries who have participated in MDPP have reported that the program was simple to follow and approachable, being satisfied with it, and that they would recommend MDPP to a friend. Beneficiaries felt that the group-based nature of MDPP supported a sense of community, and that having a weekly structured program helped to foster accountability.



A VALUABLE OPPORTUNITY FOR ORGANIZATIONS

By becoming an MDPP supplier, your organization can help improve health in your community and expand access to quality care, while receiving payment from Medicare.

Improve Health. MDPP can reduce the risk of type 2 diabetes among Medicare beneficiaries by providing them the tools they need to make lifestyle changes.

Expand Access to Quality Care. MDPP can help reach medically underserved or high-need areas through Distance Learning or Online delivery to improve health care access.

Receive Payment and Help Reduce Healthcare Costs. MDPP covers up to 1 year of interactive sessions delivered to eligible

beneficiaries. Suppliers may also receive performance payments for weight loss achievement and maintenance (see the section called "[How Does an MDPP Supplier Bill for MDPP Services?](#)"). Moreover, MDPP can help prevent the onset of diabetes and reduce healthcare costs in your community.

³ As part of [HR 7148](#), the once-per-lifetime limit for MDPP has been lifted from January 1st, 2026 through December 31st, 2029.

Is My Organization Ready to Be an MDPP Supplier?

You can access tools developed by CDC and the National Association of Chronic Disease Directors (NACDD)⁴ to understand whether or not your organization is ready to become an MDPP supplier.

[CDC's Diabetes Prevention Recognition Program \(DPRP\) Capacity Assessment](#)

CDC/NACDD's capacity assessment tool helps organizations identify areas to strengthen prior to applying for CDC recognition, to ensure they are able to deliver the National DPP lifestyle change program with quality and fidelity to [CDC DPRP Standards](#) and sustain the program long term.

[CDC/NACDD's MDPP Supplier Capacity Assessment Tool](#)

CDC/NACDD's MDPP Supplier capacity assessment tool helps identify gaps in a CDC-recognized organization's capacity to become a successful MDPP supplier. It also suggests resources to review to determine capacity. This tool was developed based on information obtained from experienced MDPP suppliers.

Did You Know?

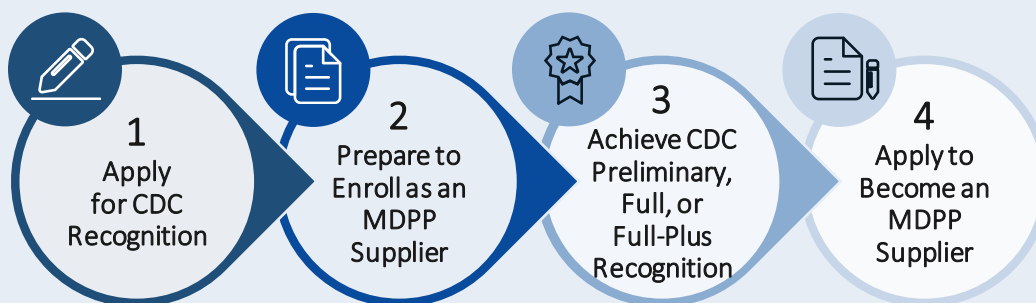
CDC sets standards for organizations that wish to offer a lifestyle change program. Organizations gain CDC recognition by showing that they can meet CDC DPRP Standards and effectively deliver a proven diabetes prevention lifestyle change program.

Here's a Tip!

Your organization can also get involved in MDPP by spreading the word about MDPP, referring community members to MDPP suppliers, and/or increasing awareness of the program.

How Does My Organization Become an MDPP Supplier?

There are four main steps to becoming an MDPP supplier:



⁴ The [National Association of Chronic Disease Directors](#) (NACDD) is funded by CDC to support training and technical assistance for MDPP suppliers. NACDD maintains the [National DPP Coverage Toolkit](#), which houses a suite of resources related to MDPP.

1. Apply for CDC Recognition



- Use the findings of the capacity assessment to secure organizational support for implementing a National DPP lifestyle change program.
- [Recruit coaches](#) to lead program sessions and ensure they are trained based on [CDC DPRP Standards](#). Coaches must meet [MDPP coach eligibility requirements](#).⁵ Note that there are costs associated with training new coaches. Check with CDC National DPP and training entities to learn more about costs and opportunities for coach training scholarships.
- Submit an [application](#) online to become a CDC-recognized organization for delivery of National DPP.
- Offer the National DPP for 12 months and submit evaluation data to CDC every 6 months.



Additional Info

Coaches can include licensed professionals (e.g., RDN, RN) and non-licensed health professionals (e.g., community health workers and lay people).

2. Prepare to Enroll as an MDPP Supplier



- Obtain a new [National Provider Identifier \(NPI\)](#) for MDPP and locate or obtain the Tax Identification Number (TIN) for your organization.
- Identify your [taxonomy code](#) if applying for a new NPI.
- Ensure coaches obtain an individual NPI. If a coach already has an NPI, they can use this for MDPP.
- Maintain at least one CDC DPRP organization code.
- Review the [MDPP enrollment requirements](#) while working toward CDC recognition.
- Learn about [Medicare Administrative Contractors \(MACs\)](#) and [identify your MAC](#). Please note that your MAC depends on your MDPP administrative location.⁶ If you have MDPP administrative locations in multiple states, you may need to work with multiple MACs.
- Create an [Identity and Access \(I&A\)](#) account.
- Learn how to submit enrollment information through the Provider Enrollment, Chain, and Ownership System ([PECOS](#)).

3. Achieve CDC Preliminary, Full, or Full-Plus Recognition



Organizations must achieve CDC preliminary, full, or full-plus DPRP recognition before enrolling as an MDPP supplier. Preliminary recognition requires an organization to submit 12 months of data from a National DPP cohort. Full recognition requires an organization to deliver the year-long National DPP program in accordance with [CDC DPRP Standards](#). Visit [CDC's Customer Support Center](#) for information on CDC recognition.

Special Opportunity for Fast-Track DPRP Recognition for DSMES Delivery Organizations

ADA-recognized and ADCES-accredited DSMES delivery organizations can be fast-tracked by DPRP to preliminary recognition, skipping the 12-month pending recognition stage. For more information about this opportunity, please see [CDC's National DPP Customer Service Center article on fast-tracking opportunities](#).

⁵ "Lifestyle Coaches" is a term used by CDC and "coaches" is a term used by the Centers for Medicare & Medicaid Services (CMS), both referring to staff members who lead diabetes prevention program sessions.

⁶ An administrative location is the physical location associated with an organization's operations (e.g., billing).

4. Apply to Become an MDPP Supplier



[PECOS](#) is recommended for a faster MDPP supplier enrollment process. Paper enrollment is available through the [CMS-20134 enrollment application](#).

Please refer to the [Enrollment Checklist](#) to gather the necessary information and enroll as an MDPP supplier. If you are a DSMES organization interested in fast-tracking and enrolling to become a MDPP supplier, see the [DSMES Enrollment Checklist](#).

The application to enroll as an MDPP supplier requires the following:

- Demonstrate MDPP preliminary, full, or full-plus CDC recognition
- Provide MDPP location and contact information (for administrative and community settings)
- Gather documentation on any final Adverse Legal Actions (ALAs) against your organization (if applicable)
- Report coach information (including NPI)
- Report information on ownership interest, any partnership interest, and/or managing control (if applicable)
- Identify a contact person
- Provide additional supporting documentation (if applicable)

Note

Changes in ownership, coach roster, and ALA history must be made to your application within 30 days of the change. All other changes must be made within 90 days of the indicated change. These changes must be made even after the application has been processed and approved. Instructions for how to make these changes will be provided upon receipt of the application by the MAC.

For more on how to become an MDPP supplier, including how MDPP can be offered across states via Distance Learning or Online delivery, see the [MDPP FAQs](#).

How Can My Organization Partner with Others to Promote MDPP or Supply MDPP Services?

Joining Community Care Hubs (CCHs) or National DPP Umbrella Hub Arrangements (UHAs) is a way to partner with other organizations to supply MDPP services. These partnerships can reduce your organization's administrative burden and centralize the operational infrastructure necessary to contract with healthcare organizations, maintain payment operations, manage referrals, and ensure programmatic compliance.

Administration for Community Living (ACL) CCH National Learning Community (NLC)

The [CCH NLC](#) is a partnered community formed by ACL to provide opportunities for community-based organizations (CBOs) to collaborate with like-minded peers, participate in knowledge-sharing activities, and receive technical assistance. The CCH NLC provides opportunities for MDPP promotion and discussion of best practices for potential MDPP suppliers. Please refer to the [NLC 2025 Charter](#) for more information on requirements for membership and further details on benefits, and the ACL [Announcements](#) webpage for NLC general updates and opportunities for future membership.

 **Here's a Tip!**

Your local State Health Department may be able to help you get connected to an in-state network of suppliers or provide you with helpful resources.

CDC National DPP UHAs

A [UHA partnership](#) allows CBOs to deliver MDPP services while partnering with other organizations, such as healthcare systems, to collectively operate as one MDPP supplier. CBOs participating in a UHA benefit from sharing DPRP status, streamlining administrative, billing, reimbursement, and health plan contracting services, with the opportunity for greater scalability. To learn more about CDC-recognized National DPP UHAs, please visit the CDC/NACDD [National DPP Coverage Toolkit suite of UHA pages](#).

Partnering for MDPP Delivery and Billing

MDPP suppliers can partner with community sites for delivery of MDPP services. MDPP suppliers may list one or more administrative locations located within the same state on the same MDPP supplier enrollment application; however, they must submit an enrollment application for each state in which they have an administrative location. MDPP suppliers may bill out of their administrative location(s) for a community setting approved on their MDPP enrollment application. A community setting is a location where the MDPP supplier furnishes MDPP services outside of their administrative locations, is open to the public, and is not primarily associated with the supplier (e.g., church basements or multipurpose rooms in recreation centers). Community settings for an MDPP supplier may cross state lines as long as they do not cross MAC jurisdictions.

How Can My Organization Recruit Beneficiaries to Participate in MDPP?

Recruiting Beneficiaries through Referrals

- Referrals from physicians are a beneficiary recruitment tool that many MDPP suppliers have leveraged successfully. MDPP does not require a physician referral, but it does require a blood test in the eligible range (see the [MDPP Beneficiary Eligibility Fact Sheet](#)).
- Through partnerships and data use agreements (DUAs) with health care providers, your organization can utilize a provider's [Electronic Health Record \(EHR\)](#) system for participant identification and referrals to MDPP.
- [Health care professionals and authorities](#) can promote MDPP, directing their patients to your program.
- Participants with knowledge and positive experiences with MDPP can refer friends or family members to your organization's MDPP program.



Did You Know?

The primary referral source for all beneficiaries in MDPP is a healthcare provider (41.2%). Additionally, beneficiaries shared that they were motivated to join MDPP due to health reasons, most prominently after meeting with their healthcare provider and learning they were showing signs of prediabetes.^{ix}



Success Story: Digital Referrals with Providence St. Joseph Health in Oregon

Providence St. Joseph Health in Oregon (Providence) leveraged a CDC 1705 grant and collaborated with Xealth to launch a digital outreach strategy in 2021 that automates outreach to individuals who are eligible for National DPP. Potential participants, who are identified using Providence's EHR, are sent emails informing them about their prediabetes risk and inviting them to participate in National DPP. When potential participants click on the "I'm interested" button, a staff member follows up to ensure their eligibility and enrolls them in the program as appropriate. Providence noted that the digital outreach strategy has been its most effective marketing method. Providence found that participants who enroll through the digital care outreach method have a higher level of readiness to participate. Retention rates have remained high since 2021, with 85% still actively attending classes at 6 months and 77% at 12 months.

Does your organization have an MDPP success story to share? Please share it via the [MDPP Supplier Support Center](#).

Recruiting Beneficiaries via Partnerships

- Your organization can collaborate with [Area Agencies on Aging \(AAAs\)](#), which can facilitate the involvement of their members in MDPP.
- [Senior living facilities](#) present an opportunity for promotion among residents. For instance, partnerships with senior centers can involve presentations during health fairs, where your organization can share information on prediabetes, conduct screenings, interact with potential participants, and address inquiries.
- Your State Health Department can connect you with potential referral organizations and/or be aware of marketing campaigns for the program.
- For additional ideas on partnerships, review "[Partnership Development to Increase MDPP Referrals and Marketing](#)."

MDPP Beneficiary Eligibility Requirements

Beneficiaries must have:

- Medicare Part B coverage through Original Medicare (FFS) or an MA plan
- Results from one of three blood tests conducted within 1 year before the first core session:
 - Hemoglobin A1c (HbA1c) test with a value of 5.7-6.4%
 - Fasting plasma glucose test with a value of 110-125 mg/dL
 - Oral glucose tolerance test with a value of 140-199 mg/dL
- A body mass index (BMI) of at least 25, or 23 if self-identified as Asian

Beneficiaries must NOT have:

- A history of type 1 or type 2 diabetes, with the exception of gestational diabetes
- End-stage renal disease (ESRD)



Did You Know?

As part of Medicare Preventive Services, [Medicare covers the Fasting Plasma Glucose test and Oral Glucose Tolerance test](#). As of January 1, 2024, the HbA1c test is also covered as part of the diabetes screening benefit.

How Does a Supplier Deliver MDPP Services?

MDPP Session Timeline

- MDPP services are delivered over a 12-month period, during which beneficiaries work with coaches to achieve at least 5% weight loss.
- Core sessions are delivered during Months 1-6.
 - During Months 1-6, suppliers offer 16 core sessions, no more than once per week.
- Core Maintenance sessions are delivered during Months 7-12.
 - During Months 7-12, suppliers offer six sessions, with each core maintenance session 1 month apart.
- All beneficiaries who start the program are eligible for the entire 12-month period of services.
- Medicare covers up to 22 MDPP sessions per eligible beneficiary per service period, but suppliers may offer and beneficiaries may attend more than 22 sessions, via National DPP.

“The group of people that I was with, we opened up more and started sharing different ideas and things that went well and things that didn't. And it was an overall positive experience that kept me going because we were checking in weekly.”
—MDPP Participant^x

Months 1-6: Core Sessions

Up to 16 weekly sessions

Months 7-12: Core Maintenance Sessions

Up to 6 monthly sessions



MDPP Sessions

- Each session is approximately 1 hour in length.
- Sessions may be offered In-person, via Distance Learning, through a combination of In-Person and Distance Learning, or via Online delivery.
 - **New in 2026!** CMS has introduced a new Online delivery modality through December 31st, 2029. Suppliers cannot mix Online delivery with other delivery types for the same beneficiary. A beneficiary must complete the program entirely asynchronously, that is through Online sessions, **OR** entirely synchronously, that is through In-person and/or Distance Learning sessions. Claims that improperly mix Online delivery with other delivery types for a beneficiary will result in denials.
- Beneficiaries can enroll with any supplier offering MDPP sessions via Distance Learning or Online, regardless of where beneficiaries and suppliers are located. **MDPP suppliers may offer sessions via these service modalities to beneficiaries residing across state lines.**
- Suppliers can include non-Medicare participants in group sessions, but only eligible Medicare beneficiaries are covered by Medicare. Suppliers should seek legal counsel regarding seeking payment for services provided to non-Medicare participants (see the [CY 2026 MDPP Medicare FFS Billing and Payment Fact Sheet](#)).

Additional Info

Suppliers have the option to offer MDPP services In-person, via Distance Learning, through a combination of In-person and Distance Learning, or via Online delivery.

- All sessions follow a [CDC-approved curriculum](#), available in English and Spanish.
 - Sessions can also be delivered in other languages, but organizations must adhere strictly to the content in the approved curriculum and are responsible for ensuring the accuracy and cultural appropriateness of the translation. Visit the [CDC/NACDD National DPP Coverage Toolkit](#) for curriculum translations.
- Weight measurements can be taken either In-person at a session, or via an acceptable virtual alternative method. The options for obtaining beneficiary weight measurements for baseline weight and performance-based weight loss achievement goals include:
 1. **In-Person Measurement:** Beneficiary weight is obtained in person by an MDPP supplier during an MDPP session.
 2. **Digital Scale with Wireless Transmission:** Weight is automatically transmitted from a beneficiary’s digital scale that sends measurements securely via wireless or cellular technology directly to the MDPP supplier.
 3. **Live Video Weigh-In:** The beneficiary weighs themselves during a live, synchronous video session (such as video chatting or video conferencing) where the MDPP Coach observes the beneficiary weighing themselves in real-time and views the weight displayed on the digital scale.
 4. **One Date-Stamped Photo:** The beneficiary submits one date-stamped photo to the MDPP supplier that shows the beneficiary's weight on the digital scale and shows the beneficiary visible. The photo must be date-stamped and associated with the billable MDPP session date.
 5. **Two Date-Stamped Photos:** The beneficiary submits two date-stamped photos to the MDPP supplier where one photo shows the beneficiary's weight on the digital scale and the second photo shows the beneficiary. Both photos must be date-stamped and associated with the billable MDPP session date.
 6. **Video Recording:** The beneficiary submits one video recording to the MDPP supplier that shows the beneficiary visible on the scale, the weight clearly displayed on the digital scale, and the date associated with the billable MDPP session.
 7. **Medical Record (New in 2026!):** Beneficiary weight measurement collected as part of a medical record can be submitted if the weight is dated within five (5) days of the scheduled MDPP session.
- Make-up sessions can be offered (In-person, via Distance Learning, or via Online delivery) to any beneficiary who misses a regularly-scheduled session.
 - Make-up sessions can be held on the same day as a regular session. To prevent claim rejections for duplicate services, suppliers need to append Current Procedural Terminology (CPT) Modifier 76 (“repeat services by same physician”) to any claim for G9886, G9887, G9871 to identify a same day make-up session.
 - Suppliers may offer a maximum of one make-up session per week.⁷
 - Suppliers may not offer more than four virtual (i.e., Online) make-up sessions within the core services period (i.e., the 12-month MDPP service period), of which no more than two virtual (i.e., Online) make-up sessions are core maintenance sessions.

⁷ For more information on the regulations governing MDPP make-up sessions please see [42 CFR 410.79\(d\)](#).



Success Story: Distance Learning with the National Kidney Foundation of Michigan (NKFM)

The National Kidney Foundation of Michigan (NKFM) transitioned to Distance Learning during the COVID-19 Public Health Emergency. This transition expanded outreach among Blacks/African Americans, and the program resulted in notable improvements in health outcomes including participant weight loss, self-reported decreased A1c levels, and lower blood pressure. The NKFM attributes the increase among Black/African American participants to community and health system partners recruiting participants, and a focus on program delivery to communities of color. This focus included diverse customized messaging, culturally diverse coaches, and long-established community partnerships. Preliminary findings suggest that the distance-learning modality is as successful as the regular in-person approach, engaging participants while meeting program goals. These findings underscore the potential of Distance Learning to establish a sense of community for individuals facing mobility challenges in their local environments. Visit the [NKFM website](#) for more information.

“We were inspired to offer a Distance Learning version of the MDPP by our wonderful participants who have been positively impacted by the program. It’s been great to see the difference participants have been making from the comfort of their home.”

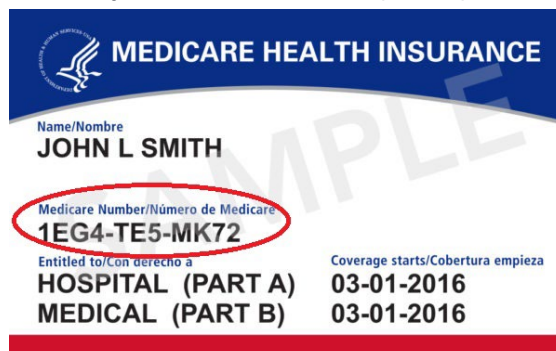
Does your organization have an MDPP success story to share? Please share it via the [MDPP Supplier Support Center](#).

Activities Before the First Core Session, During a Session, and After a Session

Before the first core session:

- Determine [beneficiary eligibility](#) status for Medicare FFS beneficiaries.
 - Refer to [Medicare Beneficiary Identifier \(MBI\)](#) on the beneficiary’s Medicare card (see figure below). Note that a Medicare Advantage (Part C) card will look different than this example. You will want to be clear whether a beneficiary has Part B or Part C coverage.
 - Refer to the MACs’ secure [MBI look-up tool](#).

Example of a Medicare FFS (Part B) Card



- Determine [beneficiary eligibility](#) status for Medicare Advantage (MA) beneficiaries.
 - Refer to the beneficiary’s enrollment card distributed by their MA organization.
- Disclose required information about the set of MDPP services to each beneficiary (e.g., eligibility requirements, minimum coverage requirements, program length, and weight-loss goals).

During a session:

- Follow MDPP recordkeeping requirements for each session (see the section called “[Are There Participant Data Reporting Requirements?](#)”).
- Collect session-level data consistent with [CDC DPRP Standards](#) (see section IV).
- Document any beneficiary engagement incentives (BEIs) provided to beneficiaries (if applicable). See the [MDPP FAQs](#) for more on the rules for offering BEIs.

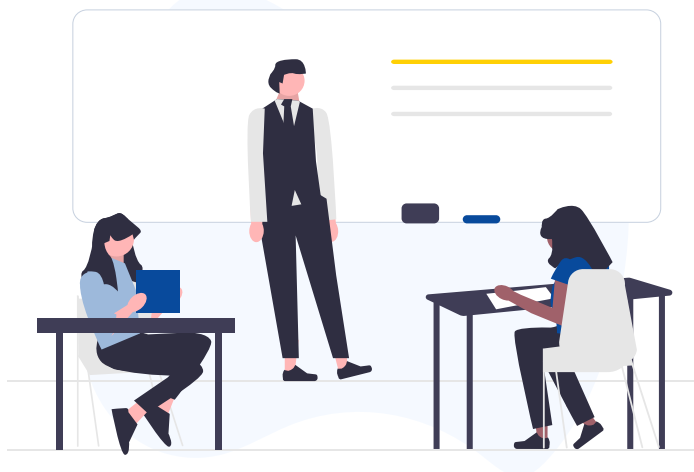
MDPP Beneficiary Engagement Incentive (BEI)

An MDPP supplier may choose to furnish an item or service as an in-kind beneficiary engagement incentive to an MDPP beneficiary only during the beneficiary’s MDPP service period. The item or service must be a preventive care item or service that advances a clinical goal for an MDPP beneficiary by engaging him or her in better managing his or her own health, and that is reasonably connected to the CDC-approved National DPP curriculum. Common BEIs include digital scales, measuring cups, and gym memberships.

For more information on the regulations governing BEIs in MDPP please see [42 CFR 424.210](#).

After a session:

- Submit claims to MACs for FFS beneficiaries when a beneficiary attends a session or achieves a performance goal (weight loss of 5%, 9%, or maintenance of 5% weight loss).
- Submit encounter data for MA beneficiaries to the relevant MA plan(s) for payment.
- Maintain CMS/CDC beneficiary identifiers [crosswalk file](#) for quarterly submission to CMS.



For more information on MDPP service delivery and beneficiary eligibility, see the [MDPP FAQs](#).

How Does an MDPP Supplier Bill for MDPP Services?

MDPP Billing and Payment Structure Overview

Medicare payments compensate MDPP suppliers for:

- Furnishing MDPP services (FFS payments for session attendance)
- Diabetes risk reduction based on whether participants achieve weight loss and/or maintenance milestones (performance payments)

A detailed summary of each of these two types of payments and the relevant G-codes is provided in the table below.

	CORE SESSIONS	CORE MAINTENANCE SESSIONS
	MONTHS 1-6 (MAX 16 SESSIONS)	MONTHS 7-12 (MAX 6 SESSIONS)
Fee-For-Service Payments	G9886 (\$27): MDPP beneficiary attended a session through In-person delivery for 60 minutes	
	G9887 (\$27): MDPP beneficiary attended a session through Distance Learning for 60 minutes	
	G9871 (\$18): MDPP beneficiary attended a session through Online delivery for 60 minutes	
Performance Payments	G9880 (\$153): MDPP beneficiary achieved 5% weight loss from baseline weight	
	G9881 (\$27): MDPP beneficiary achieved 9% weight loss from baseline weight	
	G9888 (\$8): MDPP beneficiary maintained 5% weight loss from baseline weight in Months 7-12	

Notes: The G-codes presented in this table are based on the Calendar Year 2026 Physician Fee Schedule (PFS), and are relevant for claims with dates of service starting January 1, 2026. To identify a same day make-up session, suppliers need to append CPT Modifier 76 (“repeat services by same physician”) to any claim for G9886, G9887, or G9871 to prevent claim rejections for duplicate services.

Medicare FFS Claims Submission Guidelines

- Before submitting a claim for an MDPP session, suppliers must have recorded the session type (e.g., core or core maintenance), whether the session was a regularly-scheduled one or a make-up session, the service modality for each beneficiary (e.g., In-person, Distance Learning, or Online delivery), the NPI of the coach furnishing the session, the place of service, the curriculum topic, and each beneficiary’s weight on the date of service. Please note that not all the information listed above needs to be submitted with the claim (e.g., beneficiary weight records must be kept per MDPP record requirements, but beneficiary weights are not submitted on the claim form).⁸
- MDPP coaches must be added to the supplier’s enrollment application roster in PECOS with an appropriate association start date that **predates** any date of service on which they appear on a claim. Claims will be rejected or denied if the coach’s information and association start date do not predate the dates of service being billed.
- **Submit all claims for MDPP services to your MAC, regardless of where the beneficiary is located.**
- Submit a claim no more than 12 months after the date of service. Claims should be submitted as soon as possible to allow time for resolving any issues that may arise. To receive payment, the date of service on a claim should be after your organization’s MDPP application approval date. Please note that the application approval date may be backdated.
- Bill Medicare for a maximum of 22 sessions: up to 16 weekly sessions in Months 1-6, and up to six monthly sessions in Months 7-12.
- G9880 (achieved 5% weight loss) must occur prior to G9888 (maintained 5% weight loss) and cannot be used with the same date of service.
- The date of service for G9888 (maintained 5% weight loss) must be within the last 6 months of the MDPP service period.

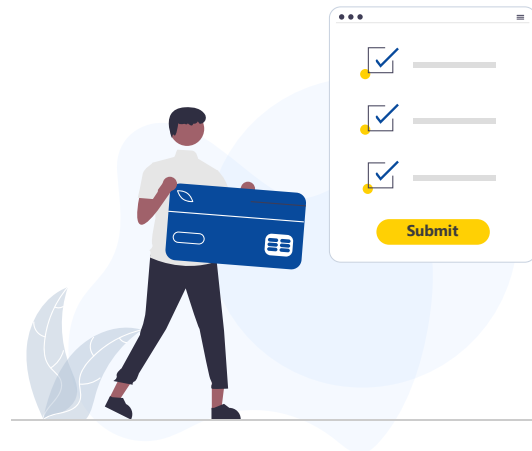
⁸ Records and other requirements for MDPP suppliers can be found at [§ 424.205](#).

- To indicate a make-up session that was held on the same day as a regularly scheduled MDPP session, suppliers must append CPT Modifier 76 to any claims for G9886, G9887, or G9871 to avoid claim rejections for duplicate services.

Submitting a Claim

Information to Include:

- Demo code: **82**
- Billing provider NPI (the supplier’s NPI)
- Rendering provider NPI (the coach’s NPI)
- Date of service for each MDPP session
- Beneficiary first name, last name, and MBI
- Healthcare Common Procedure Coding System (HCPCS) G-code for each MDPP service
- Place of Service (POS) code



The claims submission process is the same for MDPP sessions delivered In-person, Distance Learning, and Online. Please note that MDPP suppliers should use “Other” (99) as their POS code for sessions delivered via Distance Learning and Online.

For more on how to bill and submit claims for MDPP, see the [MDPP FAQs](#), the [CY 2026 MDPP Medicare FFS Billing and Payment Fact Sheet](#), and the [MDPP Claims Submission using PC-ACE video tutorial](#).⁹

Self-Submit Claims: You must install claims software and obtain a submitter ID from MAC(s) to submit claims directly to your MAC. Your organization may obtain [PC-ACE Pro 32 claims submission software](#) or other recommended software from your MAC.

Using a Vendor/Third-Party Billing Agent: You may use a third-party billing agent to manage billing and payment processes on your behalf. If you use a billing agent, then the billing agent’s information must be listed on the MDPP enrollment application.

Note

If you received a denied or returned claim from your MAC, you should review documentation and contact your MAC with specific questions. You can file an appeal if you think a claim was denied incorrectly.

Receiving Payments

MDPP suppliers will be paid no sooner than 13 days after filing electronically (payment on the 14th day or after) or no sooner than 28 days after filing using paper (payment on the 29th day or after). MDPP suppliers must complete an Electronic Funds Transfer (EFT) authorization form as a part of the initial MDPP enrollment and will receive payments via EFT.

⁹ There are special billing considerations for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs). If RHCs and FQHCs have existing Medicare enrollment, they must re-enroll in Medicare as an MDPP supplier. RHCs and FQHCs must also ensure that there is no co-mingling of MDPP services with RHC or FQHC services on claims submissions, and any costs related to furnishing MDPP services must be reported as non-reimbursable costs on the RHC or FQHC cost report.

MDPP Medicare Advantage Payment and Billing

If your organization would like to provide services to [beneficiaries enrolled in Medicare Advantage \(MA\)](#), you should reach out to MA plans directly for guidance on requesting payment for MDPP services provided to eligible enrollees. MA plans may offer supplemental benefits, such as extended length of coverage for MDPP services.

As an MDPP supplier, your organization may be either in-network or out-of-network with MA plans:

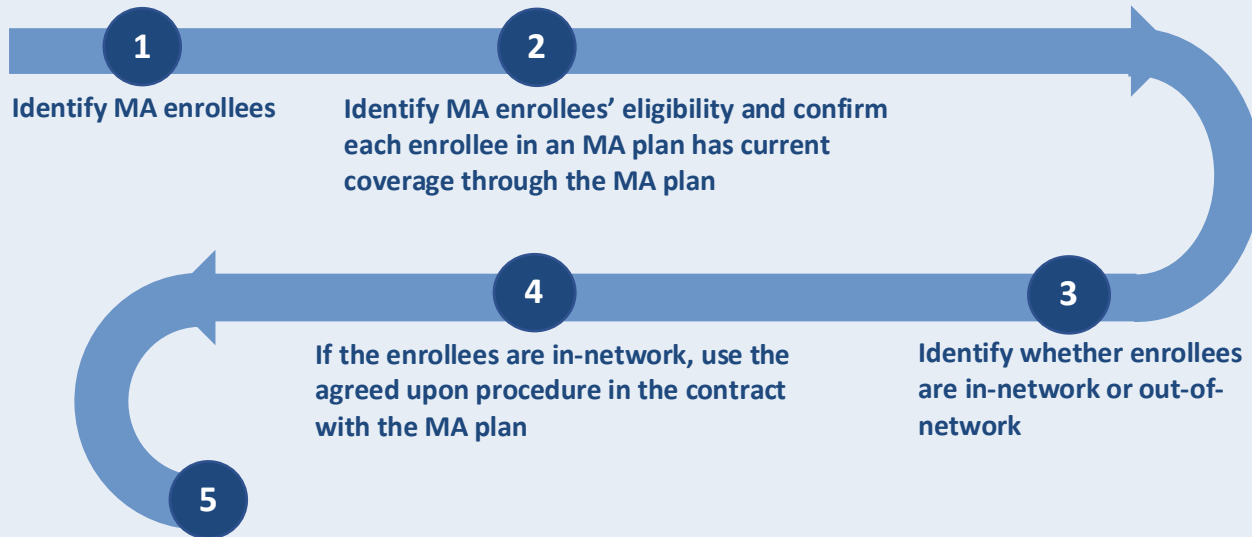
For In-Network Suppliers

- MDPP supplier contracts with an MA plan
- MDPP supplier is paid based on its contract with an MA plan
- MDPP services are provided without beneficiary cost-sharing

For Out-of-Network Suppliers

- MDPP supplier coordinates out-of-network coverage
- MDPP supplier is entitled to the amount FFS provides, less any cost-sharing required to be paid by the beneficiary under the terms of the beneficiary's plan
- MDPP services can be provided with beneficiary cost-sharing, but must be provided without beneficiary cost-sharing if the MA plan has no in-network MDPP Suppliers

Steps for Billing MA for MDPP



If the enrollees are out-of-network

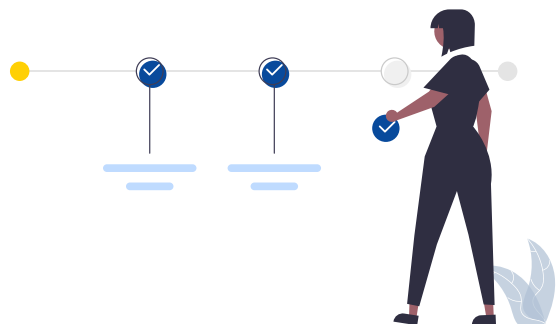
- a. Contact the MA plan to confirm eligibility and determine the payment amount and payment procedure;
- b. Notify the enrollee that they may be responsible for all or part of the cost of MDPP services;
- c. Confirm with the enrollee that the enrollee is aware of the liability for payment prior to furnishing services;
- d. Confirm if the enrollee still elects to receive out-of-network MDPP services from the MDPP supplier. This may reduce the chance that the enrollee ultimately switches suppliers;
- e. Bill the enrollee for cost-sharing payment if applicable; and
- f. Submit a request for payment to the MA plan using the procedure and payment amount determined when the MA plan was contacted.

Are There Participant Data Reporting Requirements?

CDC DPRP Evaluation Data Submission

CDC-recognized organizations (with pending, preliminary, full, or full-plus recognition) must submit session-level participant data to CDC to maintain recognition.

- Organizations are required to submit data every 6 months, beginning 6 months after the organization's effective date.
- Data submissions are made through the [DPRP Data Submission Portal](#).
- Full details on data submission guidance and requirements are provided in the [CDC DPRP Standards](#).



CMS Crosswalk File Submission

MDPP suppliers are required to maintain a crosswalk file, which lists MDPP crosswalk data, including beneficiary identifiers used for the CDC DPRP performance data submissions and the corresponding Medicare identifiers for each beneficiary who receives MDPP services. This requirement is essential for the evaluation of the MDPP expanded model.

- Once an MDPP supplier has furnished services for six months, the MDPP supplier must submit a crosswalk file at each quarterly due date: January 15, April 15, July 15, and October 15.
- Data submissions are made through [a secure File Transfer Protocol \(FTP\) website](#) (registration is needed to access the FTP website).
- Additional information on how to download the crosswalk file template, enter data, and submit the file is available on the FTP website.

For more information about the crosswalk file submission, see the [MDPP Crosswalk Guidance](#).







Are There Record-Keeping Requirements?

Suppliers offering MDPP sessions must retain all books, contracts, weight records, and related documents for 10 years. The retention period starts from the last day the beneficiary received MDPP services or the date of completion of any audit, evaluation, inspection, or investigation – whichever is later.¹⁰

¹⁰ Record keeping requirements for MDPP suppliers can be found at [§ 424.205](#).

What Are the Key Differences between MDPP and National DPP?

MDPP vs National DPP*

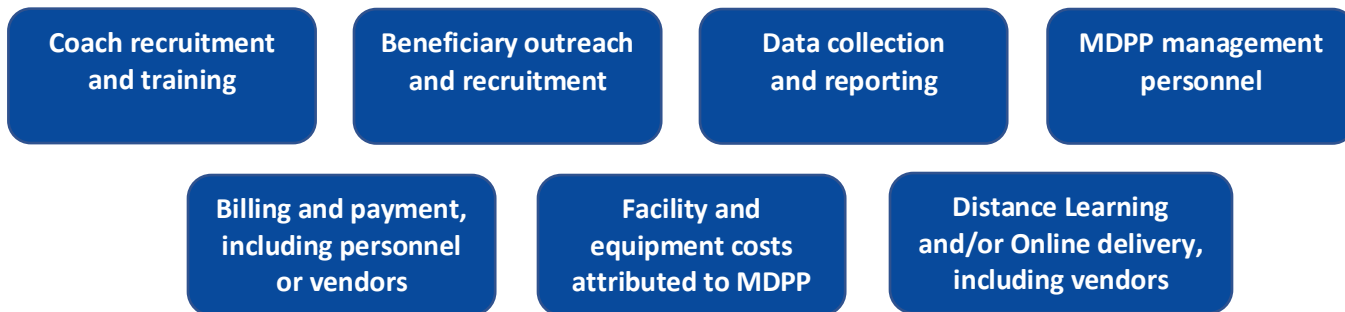
 <p>Beneficiaries must be enrolled in Medicare Part B or Medicare Advantage (Part C)</p>	 <p>Participants (18 years or older) do not need to be enrolled in Medicare</p>
 <p>As part of the requirement for a pre-diabetes diagnosis, beneficiaries can demonstrate a Fasting Plasma Glucose test result of 110-125 mg/dL</p>	 <p>As part of the requirement for a pre-diabetes diagnosis, beneficiaries can demonstrate a Fasting Plasma Glucose test result of 100-125 mg/dL</p>
 <p>The Prediabetes Risk Test cannot qualify a beneficiary for eligibility</p>	 <p>Participants may be eligible with a high-risk result (score of 5 or higher) on the Prediabetes Risk Test</p>
 <p>A previous diagnosis of gestational diabetes does not disqualify a beneficiary from MDPP</p>	 <p>A previous diagnosis of gestational diabetes can be submitted to demonstrate participant eligibility</p>
 <p>There is a total of 22 paid sessions per service period</p>	 <p>There is a minimum of 22 sessions per service period</p>
 <p>In addition to submitting evaluation data to CDC every 6 months, MDPP suppliers must also submit a crosswalk at every quarterly deadline beginning 6 months after the organization begins furnishing MDPP services</p>	 <p>Suppliers must submit evaluation data to CDC every 6 months beginning 6 months after the organization's CDC effective date</p>

*The complete CDC DPRP Standards can be found here: <https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures>.

What Are the Expected Costs and Revenue of Delivering MDPP?

What Is the Expected Cost of Implementing MDPP?

MDPP suppliers should expect to invest time and resources in the following startup costs:



What Is the Expected Revenue for Delivering MDPP Services?

NACDD developed the [MDPP Revenue Projection tool](#) for suppliers to understand their potential participant pool in a specific geographic area. Users can input information such as recruitment sources and strategy, MA plan reimbursement arrangements, and expected claim denial rates to estimate how much revenue their program can generate if they enroll a given number of beneficiaries.

Example Calculation

For a hypothetical supplier in Washington County, Louisiana, this tool estimates that, out of the 10,683 Medicare beneficiaries living in Washington County, there are 5,127 Medicare beneficiaries living with prediabetes. After applying assumptions on session attendance and weight loss achievement rates based on data from CDC, the tool estimates an average revenue of \$470.93 per participating beneficiary. The table below provides annual revenue calculations for different cohort sizes. For example, if a supplier offers a new program to 10 beneficiaries every month, the annual cohort size will be 120 beneficiaries, and the estimated annual revenue will be \$56,512.

Estimated MDPP Cohort Size	Estimated Revenue
30 eligible beneficiaries	\$14,128
60 eligible beneficiaries	\$28,256
90 eligible beneficiaries	\$42,384
120 eligible beneficiaries	\$56,512
150 eligible beneficiaries	\$70,640



Additional Funding Opportunities

Current MDPP suppliers have obtained additional funding for the implementation of MDPP via grants from [CDC Cooperative Agreement investments](#) and state-based grants. Prospective suppliers should contact CDC and their state health departments for more information.

Additional Information



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

MDPP Overview

[MDPP Model Webpage](#)

[MDPP Expanded Model Factsheet](#)

[MDPP FAQs](#)

MDPP Revenue and Assessment Tools

[MDPP Revenue Projection Tool](#)

[MDPP Capacity Assessment Tool](#)

[DPRP Capacity Assessment](#)

MDPP Application and Enrollment

[DSMES Enrollment Checklist](#)

[PECOS Application](#)

[CMS-20134 Paper Enrollment Form](#)

[MDPP Enrollment Preparation Guide](#)

MDPP Services and Standards

[MDPP Journey Map](#)

[MDPP Beneficiary Eligibility Fact Sheet](#)

[How to Verify a MDPP Beneficiary's Medicare Coverage](#)

[MDPP Coach Eligibility Fact Sheet](#)

MDPP Billing and Payment

[Identify your MAC](#)

[PFS 2025 MDPP Changes Fact Sheet](#)

[PFS 2026 MDPP Changes Fact Sheet](#)

[A/B MAC Jurisdiction Map](#)

[Find your MACs' Contact Information](#)

[MDPP Medicare FFS Billing and Payment Fact Sheet CY 2026](#)

[MDPP Medicare Advantage Fact Sheet](#)

[MDPP Medicare Advantage Appeals Process](#)

[MDPP Billing and Claims Cheat Sheet CY2026](#)

[MDPP HCPCS Payment G-Codes CY2026](#)

[MDPP Claims Submission using PC-ACE Video Tutorial](#)

MDPP Crosswalk Information

[FTP Registration Link](#)

[Crosswalk File FAQs](#)

[MDPP Crosswalk Flowchart](#)

[MDPP Recordkeeping Guidance](#)

References

ⁱ <https://www.cdc.gov/diabetes/php/data-research>.

ⁱⁱ <https://stacks.cdc.gov/view/cdc/3584>.

ⁱⁱⁱ <https://diabetes.org/newsroom/press-releases/new-american-diabetes-association-report-finds-annual-costs-diabetes-be>.

^{iv} See reference iii.

^v <https://diabetes.org/about-diabetes/statistics/about-diabetes>.

^{vi} <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp>.

^{vii} See reference vi.

^{viii} <https://downloads.cms.gov/files/cmml/hcia-communityrppm-thirdannualrpt.pdf>.

^{ix} RTI International. Evaluation of the Medicare Diabetes Prevention Program (MDPP) Special Study #5: Beneficiary Experience. Prepared for the Centers for Medicare & Medicaid Services. September 2023.