Medicare Diabetes Prevention Program (MDPP)

Getting Started with MDPP Billing and Claims

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Objectives

The purpose of the webinar is to provide basic MDPP billing and claims information.

There are 3 objectives for today's webinar:

1. **Provide an overview of the basics of MDPP billing and claims and how to get started.**
2. **Explain the differences between Original/Fee-for-Service (FFS) (Part B) coverage and Medicare Advantage (Part C) coverage claims.**
3. **Describe the role of the Medicare Administrative Contractor (MAC) and show you how to find your MAC.**

Note: Full crosswalk guidance can be found at: https://innovation.cms.gov/Files/x/mdpp-crosswalk-guidance.pdf

Agenda

The agenda for today's presentation is outlined below.

Poll Questions	**X**
MDPP Overview	**X**
Section: Part B Medicare FFS Claims	**X**
Section: Part C Medicare Advantage Billing	**X**
Section: The Role of the MACs	X
Section: Submitting FFS Claims	**X**
Section: Payments and Remittance Advice	**X**
Section: Tips and Guidance	**X**
MDPP Resources	**X**
Appendix	**X**

Note: Full crosswalk guidance can be found at: https://innovation.cms.gov/Files/x/mdpp-crosswalk-guidance.pdf

Poll Question 1

Where do I submit my Medicare Part B Fee-For-Service (FFS) claims?

A. The Medicare Plan the beneficiary is covered by.
B. The Centers for Medicare and Medicaid Services (CMS) claims office.
C. The MAC in my jurisdiction.
D. A, B, and C above are all pathways to submit FFS claims.

Poll Question 2

When should I contact the MAC in my jurisdiction?

A. When I have a technical question about where to add a data element to a claim.
B. When a claim I submitted has been denied or returned.
C. When I am setting up my Medicare claims software.
D. All of the above.

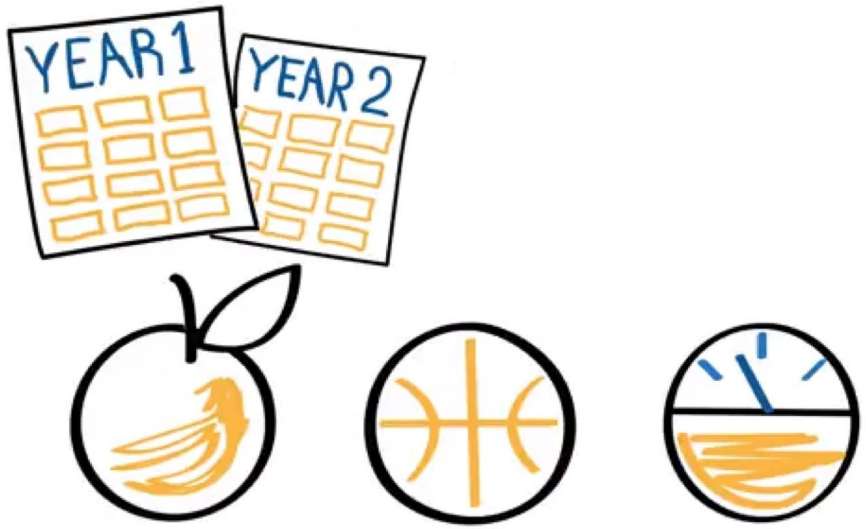
Poll Question 3

What data elements must I include on my valid Part B FFS claim submission form?

A. Demo Code “82,” Rendering NPI (Provider National Provider Identifier), and Billing Provider NPI
B. Demo Code “82,” Session Recorded Weight, Billing Provider NPI
C. Session Recorded Weight, Organization NPI, Demo Code “82”
D. Session Recorded Weight, Minutes of Recorded Activity, Rendering Provider NPI

MDPP Overview

A group-based intervention targeting at-risk Medicare beneficiaries, using a CDC-approved National Diabetes Prevention Program curriculum.



DIET

PHYSICAL ACTIVITY

WEIGHT LOSS

Up to 2 years of interactive sessions delivered to groups of eligible beneficiaries

As a **Medicare preventive service**, there are no out-of-pocket costs.

Coaches facilitate MDPP sessions on behalf of MDPP suppliers

MDPP suppliers' primary goal is to help Medicare beneficiaries achieve at least 5% weight loss

Medicare Diabetes Prevention Program (MDPP) Journey

Today's webinar will review step 5 of the MDPP journey and focus on claims submission

1 Apply for CDC recognition

Apply to the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP).

1. Submit an application online to become a CDC-recognized organization.
2. Offer the program for 12 months.
3. Submit evaluation data to CDC every 6 months.

2 Prepare to enroll as an MDPP supplier

Learn about MDPP enrollment requirements as you work towards CDC recognition.

- Visit the MDPP website at http://go.cms.gov/mdpp and review enrollment materials such as the Enrollment Fact Sheet[1] and the Enrollment Checklist[2].
- Organizations should obtain a separate NPI to be used for MDPP enrollment in order to reduce claim rejections and denials that may occur if multiple enrollments are associated with a single NPI.

3 Achieve CDC preliminary or full recognition

Organizations must obtain CDC preliminary or full DPRP recognition before enrolling as an MDPP supplier.

- CDC preliminary or full DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers.
- Visit the CDC's Customer Support Center at https://nationaldppcsc.cdc.gov/s/ for information on CDC recognition.

4 Apply to become an MDPP supplier

Choose one of the options to enroll as an MDPP supplier after gaining CDC recognition:

- Enroll online using the https://pecos.cms.hhs.gov/pecos/login.do.**
- Submit a paper CMS-20134 form.

**Recommended

5 Provide MDPP services and submit claims

MDPP suppliers can bill Medicare for delivering MDPP services.

MDPP Services:

- Include up to 2 years of sessions dependent on beneficiary weight loss and attendance.
- Follow a performance-based payment structure of up to $689 per eligible beneficiary.

MDPP Claims:

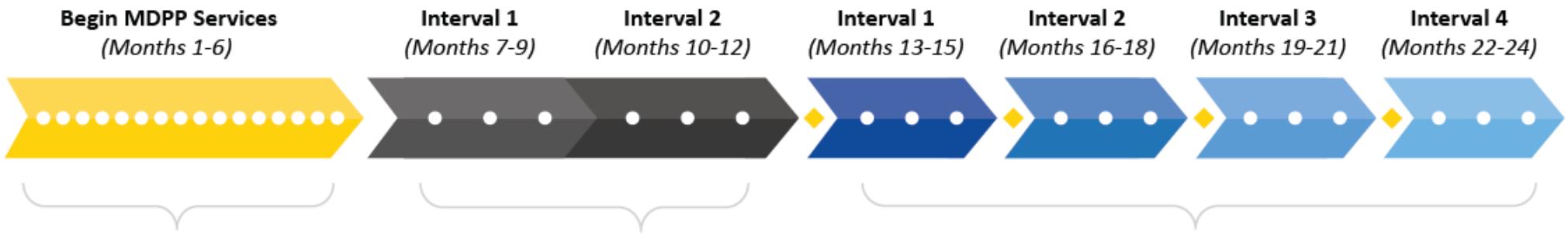
- Are only received when submitted ~~through Medicare Administrative Contractors (~~MACs~~)~~.

[1] https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf; [2] https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf

MDPP Session Timeline and Sequencing

This MDPP journey map is intended to help MDPP suppliers understand the different session types, session sequencing, and important information to keep in mind when furnishing sessions

MDPP Session Timeline and Sequencing



Core Sessions

- 6-month period of sessions
- Suppliers must offer at least 16 sessions, no more than once per week

Core Maintenance Sessions

- 6-month period of sessions, split into two 3-month intervals
- Suppliers must offer a minimum of 6 sessions, with at least one core maintenance session per month

Ongoing Maintenance Sessions

- 12-month period of sessions, split into four 3-month intervals
- Suppliers must offer at least 1 session per month to eligible beneficiaries, i.e. those that have met the 5% weight loss goal
- Beneficiaries must attend 2 sessions (at least 1 in-person) and maintain 5% weight loss during each interval to proceed to the next interval

○ *Represents 1 MDPP session*

◆ *Represents when performance goals (i.e., attendance and weight loss) must be met for the beneficiary to be eligible to continue receiving services*

Beneficiary Eligibility

Medicare beneficiaries eligible for MDPP must not have a history of End Stage Renal Disease (ESRD) or diabetes (with the exception of gestational diabetes). In general, beneficiaries are only eligible for MDPP services once per lifetime.

CORE SESSIONS	CORE MAINTENANCE SESSIONS		ONGOING MAINTENANCE SESSION			
(16 Sessions)	Interval 1 (3 Sessions)	Interval 2 (3 Sessions)	Interval 1 (3 Sessions)	Interval 2 (3 Sessions)	Interval 3 (3 Sessions)	Interval 4 (3 Sessions)

Eligibility for Core and Core Maintenance Sessions

- All eligible beneficiaries can participate in core and core maintenance sessions in the first 12 months.

Eligibility for Ongoing Maintenance Sessions

- Interval 1: Beneficiaries must have attended at least one core maintenance session during months 10-12 and achieved or maintained 5% weight loss to proceed to interval 1.
- Intervals 2-4: Beneficiaries must have attended at least two sessions in the previous interval and maintained 5% weight loss in interval 1 to go on to the next interval.

To start the MDPP set of services, beneficiaries must have:

- Medicare Part B coverage through Original Medicare (Fee-for-Service) or a Medicare Advantage (MA) plan
- Results from one of three blood tests conducted within one year before the first core session:
  - Hemoglobin A1c 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, 23 if self-identified as Asian

Beneficiary Eligibility (Cont.)

MDPP suppliers should verify beneficiary eligibility prior to the beneficiary attending the first core session.

Verify Eligibility

There are four options available to verify coverage for a beneficiary with Original Medicare (Fee-for-Service):

1. The Medicare Administrative Contractor (MAC) Online Provider Portal: https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf
2. MAC phone verification
3. HIPPA Eligibility Transaction System (HETS): https://www.cms.gov/hetshelp/
4. Billing Agency, clearinghouse, or software vendor

Document Beneficiary Information

For the first core session suppliers must document basic beneficiary information for each MDPP beneficiary in attendance, including:

- Beneficiary's Name
- Medicare Beneficiary Identifier (MBI)
- Age

Beneficiary Self-Reporting

Beneficiaries can self-report Asian ethnicity, history of type 1 or type 2 diabetes (other than gestational), and development of ESRD

Section 1: Part B Fee-For-Service (FFS) Medicare Claims

General FFS Medicare Claims Submission

The following resources provide general information on the CMS Fee-for-Service (FFS) claims submission process that is applicable to the MDPP claims submission process

Medicare Learning Network (MLN) Booklet – Medicare Billing: Form CMS-1500 and the 837 Professional
(at https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf)

Provides information on the Medicare claims forms and other helpful resources

MLN Calls and Webcasts
(at https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html)

Provides access to previous calls and webinars hosted by CMS. Use key words to search helpful resources

Medicare Claims Processing Manual

The Medicare Claims Processing Manual is found on the Internet (at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html) (publication 100-04). This publication includes instructions on claims submission, including:

- **Chapter 1: General billing requirements**. Other chapters offer claims submission information specific to a health care professional or supplier type.
- **Chapter 24: Electronic filing requirements**, including the Electronic Data Interchange (EDI) enrollment form that must be completed prior to submitting Electronic Claims or other EDI transactions to Medicare.

MDPP FFS Payment Structure

MDPP suppliers use HCPCS G-Codes when submitting claims to Medicare for payment. The HCPCS G-code tells Medicare which MDPP service was furnished.

	CORE SESSIONS	CORE MAINTENANCE SESSIONS		ONGOING MAINTENANCE SESSION			
	(3 SESSIONS)	INTERVAL 1 (3 SESSIONS)	INTERVAL 2 (3 SESSIONS)	INTERVAL 1 (3 SESSIONS)	INTERVAL 2 (3 SESSIONS)	INTERVAL 3 (3 SESSIONS)	INTERVAL 4 (3 SESSIONS)
Attendance only	**G9873:** Billable after 1 session attended **G9874:** Billable after 4 sessions attended **G9875:** Billable after 9 sessions attended	**G9876:** Billable after 2 sessions attended without at least 5% WL	**G9879:** Billable after 2 sessions attended without at least 5% WL	*5% WL and attendance must be achieved by the last day of each interval during the ongoing maintenance sessions for the beneficiary to maintain eligibility*			
Attendance and Weight Loss (WL)	*5% WL is not required to receive payment*	**G9878:** Billable after 2 sessions attended (**with** at least 5% WL)	**G9878:** Billable after 2 sessions attended (**with** at least 5% WL)	**G9882:** Billable after 2 sessions attended **with** at least 5% WL	**G9883:** Billable after 2 sessions attended **with** at least 5% WL	**G9884:** Billable after 2 sessions attended **with** at least 5% WL	**G9885:** Billable after 2 sessions attended **with** at least 5% WL
Additional Codes	**G9880:** 5% WL achieved (only months 1-12)						
	G9881: 9% WL achieved (months 1-24)						
	G9890: Bridge payment						
	G9891: Use **only** to report attendance at sessions that are not associated with a performance goal. Non-payable codes should be included on the same claim form as the payable code with which they are associated.						

- Medicare pays MDPP suppliers for furnishing the MDPP set of services to eligible beneficiaries using a performance-based payment structure (i.e., attendance and weight loss).
- MDPP suppliers or their billing agents can **submit claims directly to their MAC**. Suppliers must **use the 837P to transmit claims electronically**, or the CMS-1500 (paper version).
- MDPP suppliers should **submit claims when a performance goal is met** (i.e., attendance, weight loss).

This is the **Billing and Payment Quick Reference Guide** (https://innovation.cms.gov/Files/x/mdpp-billingpayment-refguide.pdf)

Calendar Year 2019 payment rates are here: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10970.pdf

Breaking it Down: Core Sessions (Months 1-6)

Below is an example of how you may consider bundling claims for the MDPP core sessions

Core Session 1

- G9873
- Submit claim to MAC to "register" beneficiary after 1st core session

Core Sessions 2-4

- Session 2 (G9891)
- Session 3 (G9891)
- **Session 4 (G9874)**

Core Sessions 5-9

- Session 5 (G9891)
- Session 6 (G9891)
- Session 7 (G9891)
- Session 8 (G9891)
- **Session 9 (G9875)**

Core Sessions 10-16

- Session 10 (G9891)
- Session 11 (G9891)
- Session 12 (G9891)
- Session 13 (G9891)
- Session 14 (G9891)
- Session 15 (G9891)
- Session 16 (G9891)

End Section 1
Part B FFS Medicare Claims
Any Questions?

Section 2: Part C Medicare Advantage Billing

General Medicare Advantage (MA) Claims Submission

The following resources provide general information on Medicare Advantage Organizations (MA) that are applicable to the MDPP claims submission process

Learn more about How MA Plans Work (at https://www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/medicare-advantage-plans/how-do-medicare-advantage-plans-work)

Provides information on the rules and cost of Medicare Advantage Plans

MDPP MA Fact Sheet
(at https://innovation.cms.gov/files/fact-sheet/mdpp-ma-fs.pdf)

Provides an introduction to MA and outlines information that MDPP suppliers should know when furnishing services to MA enrollees

Medicare Diabetes Prevention Program (MDPP) Final Rule Medicare Advantage Extract

The MDPP Final Rule ~~Medicare Advantage~~ MA Extract can be found *(at: https://innovation.cms.gov/files/fact-sheet/mdpp-ma-fs.pdf)*

Provides additional details and explanations for the MA and MDPP requirements

MA Plan Billing and Payment

Contact the appropriate MA plan with questions related to MA billing and payment

MDPP Coverage and MA:

MA plans must ensure that all Medicare-covered, including MDPP, services are available and accessible under the MA plan. MA plans need to either contract with MDPP suppliers to provide MDPP services to their enrollees as an in-network service, provide coverage for an out-of- network service, or the MA plan may enroll in Medicare as an MDPP supplier itself.

Payment for Services:

MDPP suppliers request payment from the MAO, not Medicare, by submitting encounter data or a claim for payment to the appropriate MA plan.

In-Network Suppliers v. Out-of-Network Suppliers

The amount that the MDPP supplier is entitled to for MDPP services depends on whether or not the MDPP supplier is a contracted, in-network supplier or an uncontracted, out-of-network supplier.

MA In-Network v. Out-of-Network

Your organization will either contract with an MA plan or coordinate out-of-network coverage and payment for providing MDPP services to MA enrollees

A contracted, in-network supplier:

- The amount the supplier is entitled is dependent on the MDPP supplier's contract with the MAO.
- MDPP services furnished must be provided without cost-sharing.

An uncontracted, out-of-network supplier:

- The supplier is entitled to the amount that would have been paid under the Original Medicare Fee-for-Service in 42 CFR §414.84 for MDPP, less any cost-sharing required to be paid by the MA enrollee.
- The MDPP supplier must accept this amount as payment in full for the MDPP services provided.
- Providers and suppliers may require enrollees to pay cost-sharing for MDPP services furnished out-of-network; however, MA plans are still required to cover MDPP services without cost-sharing if MDPP services cannot be provided in-network because there is no in-network provider.

Furnishing MDPP services to MA enrollees

Below are some best practices to consider when furnishing MDPP services to MA enrollees

Identify Medicare Advantage Enrollees	**Identify In-Network/Out-of-Network Status**	Determine Enrollee Eligibility	In-Network Status	Out-of-Network Status
Confirm which type of coverage each beneficiary has before furnishing services. Review all medical insurance cards from a Medicare beneficiary. If the beneficiary is enrolled in an MA plan, the beneficiary will have an insurance card from that MAO.	If the MDPP supplier has contracted with the enrollee's MA plan to furnish MDPP services, the enrollee is in-network *(skip to step 5).* If the MDPP supplier has not contracted with the enrollee's MA plan to furnish MDPP services, the enrollee is out-of-network *(continue to step 3).* Confirm that the enrollee has current coverage through the MA Plan.	Confirm that the enrollee has current coverage through the MA Plan. Determine if the MA Plan or Original Medicare/FFS has covered MDPP services for the enrollee before. **Out-of-Network Only:** Confirm with the MA plan that out-of-network coverage is permitted and authorized for the enrollee and if the enrollee will be subject to any cost-sharing.	Use the procedure prescribed by the MA plan contained in the contractual agreement between the MAO and the MDPP supplier.	Notify enrollee that they may be responsible for cost sharing. Confirm that they are aware of the liability for payment. Bill the enrollee for cost-sharing payment if applicable. Submit a request for payment to the MA plan using the procedure and payment amount determined when the MA plan was contacted prior to furnishing services.

Identifying MA Enrollees and Checking Eligibility

Confirm Medicare coverage type and check program eligibility before providing MDPP services

Medicare Fee-for-Service

Beneficiaries who receive their Medicare Part B coverage through **Original Fee-for-Service (FFS) Medicare will have a "red, white, and blue" Medicare card**.

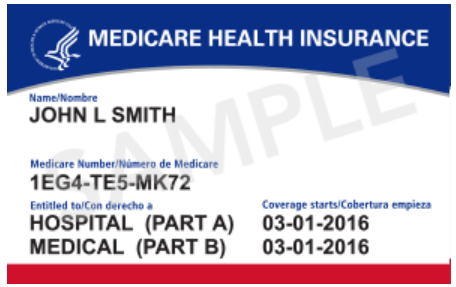
FFS

MA

Medicare Advantage

Beneficiaries who are enrolled in (and receive their Medicare Part B coverage through) **a Medicare Advantage plan** (Part C) will have an insurance card from that MAO.

FFS Card Example:

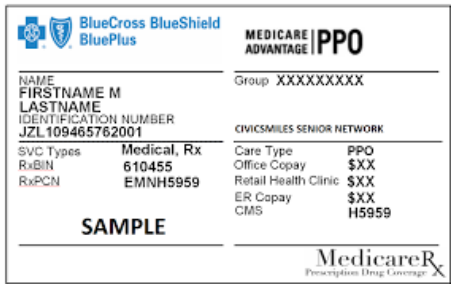


Determine if the MA Plan or Original Medicare/FFS has previously covered MDPP services for the enrollee:

Medicare FFS: MDPP eligibility can be checked here https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp

Medicare Advantage: Check with the enrollee's MA plan. For Out-of-Network plans, confirm with the MA plan that out-of-network coverage is permitted and authorized!

MA Card Example:



End Section 2
Part C Medicare Advantage Billing
Any Questions?

Section 3: The Role of Medicare Administrative Contractors (MACs)

Medicare Administrative Contractors (MACs)

Your MAC should be your first point of contact for any questions related to Fee-for-Service payment and billing

What are MACs?

MACs are contractors that, among other things, process Medicare enrollment applications and claims for Medicare FFS providers and suppliers. Visit https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html for more information.

What do MACs do?

- Review and process enrollment applications
- Process Medicare FFS claims
- Respond to inquiries
- Provide information on billing and coverage requirements
- Provide outreach and education

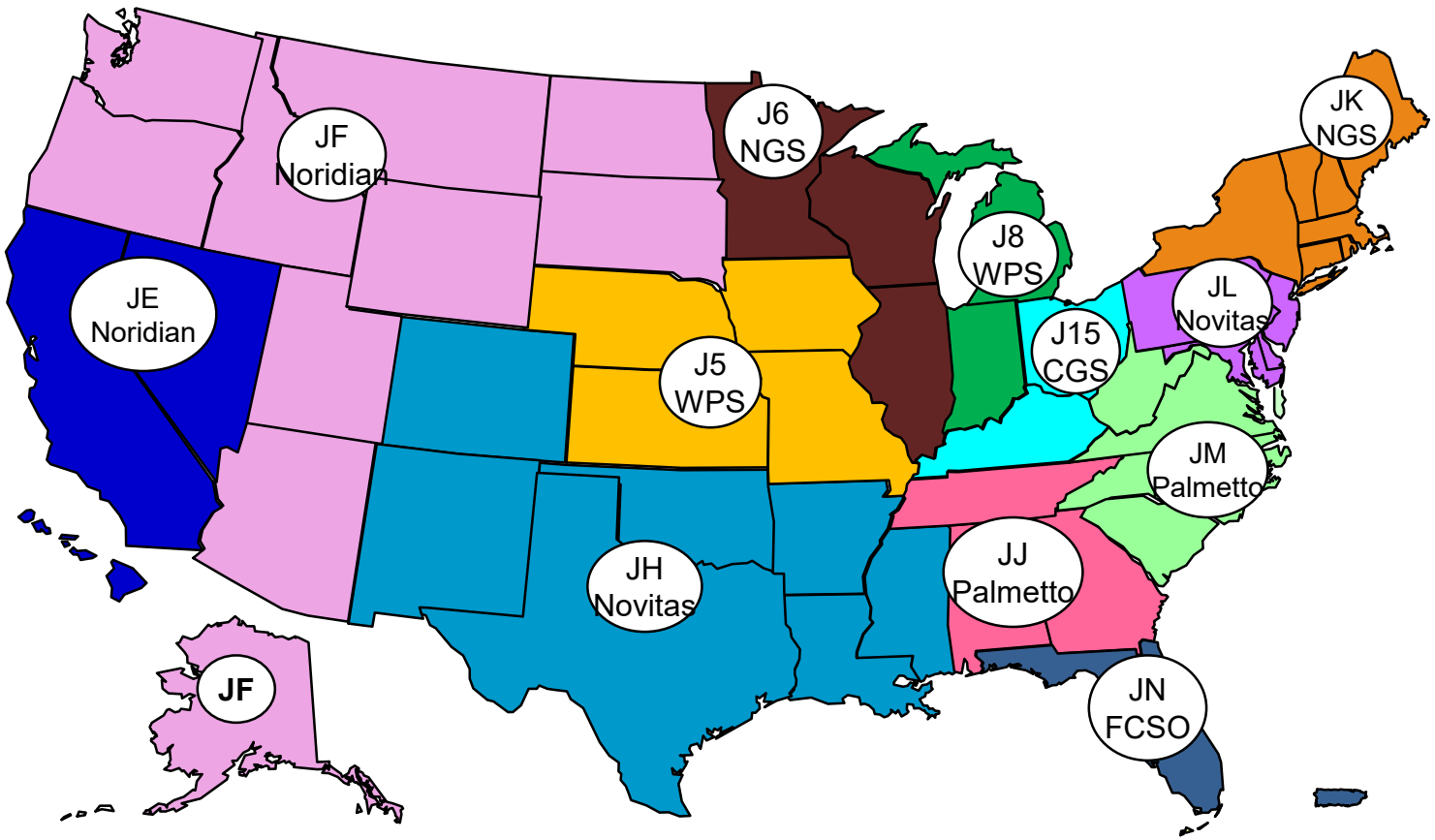
How many MACs will MDPP suppliers work with?

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.

MAC Map and Contact Information

Each MAC covers a specific jurisdiction - contact the MAC in your jurisdiction for FFS billing and payment support

The 12 A/B MAC Jurisdictions, December 2020



Find your MAC Provider Portal by state here:
https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf

Find your MAC's contact information here:
https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html

Working with MACs is key to billing success:
We strongly encourage you to visit your MAC's website and contact your MAC soon after your Medicare enrollment is approved to ensure proper set up your claim submission systems and procedure.

Medicare Administrative Contractors (MACs) Provider Portals

Use the links to find your MAC portal, MAC contact information, and MDPP supplier support resources

MAC	Jurisdiction/ Claim Type	Processes Claims for the following states:	Provider Portal URL
Wisconsin Physicians Service Insurance Corporation (WPS)	J5 A/B	Iowa, Kansas, Missouri, Nebraska	https://www.wpsgha.com/wps/portal/mac/site/login/
National Government Services, Inc. (NGS)	J6 A/B	Illinois, Minnesota, Wisconsin	https://connex.ngsmedicare.com
Wisconsin Physicians Service Insurance Corporation (WPS)	J8 A/B	Indiana, Michigan	https://www.wpsgha.com/wps/portal/mac/site/login/
CGS Administrators, LLC	J15 A/B	Kentucky, Ohio	https://www.cgsmedicare.com/myCGS/Index.html
Noridian Healthcare Solutions, LLC	JE A/B	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	https://med.noridianmedicare.com/
Noridian Healthcare Solutions, LLC	JF A/B	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	https://med.noridianmedicare.com/
Novitas Solutions, Inc.	JH A/B	Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi	http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH/Novitasphere
Palmetto GBA, LLC	JJ A/B	Alabama, Georgia, Tennessee	https://palmettogba.com/eservices
National Government Services, Inc. (NGS)	JK A/B	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	https://connex.ngsmedicare.com
Novitas Solutions, Inc.	JL A/B	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)	http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL/Novitasphere
Palmetto GBA, LLC	JM A/B	North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)	https://palmettogba.com/eservices
First Coast Service Options, Inc.	JN A/B	Florida, Puerto Rico, U.S. Virgin Islands	https://medicare.fcso.com/Landing/256747.asp
Palmetto GBA, LLC	RRB***	All States	https://palmettogba.com/eservices

End Section 3
The Role of MACs
Any Questions?

Section 4: Submitting FFS Claims

Billing Agent vs. Self Submission

You may obtain a vendor/third party billing agent or submit claims yourself using the claims submission software

Use a Vendor/Third Party Billing Agent:

Many providers and suppliers use a 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** (at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf).

OR

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 (at http://www.edissweb.com/cgp/software/pcace.html) or other recommended software from their MACs.

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

Information for Claims Submission

You will need the following information to complete the 857P (electronic) or CMS-1500 (paper) claims forms

- **Beneficiary information**
- **ICD-10 diagnosis code**
- **Demo code "82"**
- **MDPP service details (i.e., dates of service, location)**
- **HCPCS G-codes**
- **Rendering provider information (i.e., Coach NPI)**
- **Billing provider information (i.e., MDPP supplier NPI)**

*837P can be found at https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf)

It is recommended to use the 837P (electronic) form

- 98% of Medicare FFS providers/suppliers submit their claims electronically for a faster processing time.
- You must get an exception to file using paper claims (at https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCAWaiver.html)
- The interface of the electronic claims form may differ depending on your MAC. The data on the claims form will be consistent.
- MDPP suppliers should submit claims as soon as possible. Suppliers can file claims up to 12 months from the date of service.

Key Code Blocks

The following provides information required to submit an MDPP claim form

Required Supplier Information Data Element	Form CMS-1500 (Paper)	837P Electronic Form
Demo Code: "82" (Only "82" – No other narrative)	Item 19	Loop 2300 segment REF01 (P4) and segment REF02 (82)
ICD-10 Diagnosis Code(s)	Item 21	Loop 2300 segment HI02-1 to HI12-1 with the ICD-10 diagnosis code
Date of service for each MDPP session	Item 24A	Loop 2400 segment DTP03 (472)
2-digit place of service code where the MDPP service was furnished, for example: 11 = Office, 19 or 22 = Outpatient Facility 99 = Other (if the place of service was furnished in a community setting or as a virtual make-up session)	Item 24B	Loop 2300 segment CLM05-1
HCPCS code/G-Code for each MDPP service, including the non-payable codes when appropriate	Item 24D	Loop 2400 segment SV101-2
Rendering Provider: Coaches' NPI for each session	Item 24J	Loop 2310B segment NM109
Supplier/organization billing provider name, address, city, state, zip, and telephone	Item 33	Loop 2010AA or 2010AB segments NM103-NM105, N301, N401—N403, PER04
Supplier/organization NPI billing provider (specialty D1)	Item 33a	Loop 2010AA segment NM109

End Section 4

Submitting FFS Claims

Any Questions?

Section 5: Payments and Remittance Advice

Successful Payment

If an electronic claim is submitted successfully, MDPP suppliers may be paid at least 2 weeks after submission

When can suppliers expect to be paid? 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).

What happens after a claim is submitted? 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

Returned or Denied Claim

If there is an issue with the information included on a claim or with a beneficiary's eligibility, the MAC may either deny or return the claim

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.

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 (at https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html).

End Section 5

Payments and Remittance Advice

Any Questions?

Section 6: Tips and Guidance

MDPP NPI Guidance

Suppliers must include a Rendering Provider NPI and a Billing Provider National Provider Identifiers (NPI) on all claims

MDPP Claims Submission Forms Require Two (2) NPIs:

1. **Rendering Provider/Coach NPI**
   - This is the MDPP coach's NPI and must be included as the "Rendering Provider" on the claim.
   - Coaches may use a taxonomy type that fits their natural designation based on any certifications or licensures they may have (e.g. "Nurse"). Coaches may choose "Health Educator" in cases where no other health care provider taxonomy is applicable.
   - All MDPP coaches providing MDPP services **must** have a valid NPI and be included on the MDPP suppliers PECOS application within 30 days of when the MDPP coach first furnishes MDPP services.
2. **Billing Provider/Supplier/Organization NPI**
   - This is the MDPP supplier/organization's NPI and must be included as the "Billing Provider" on the claim.
   - Organizations should obtain a separate NPI to be used for MDPP enrollment in order to reduce claim rejections and denials that may occur if multiple enrollments are associated with a single NPI

- **Where can you obtain an NPI?** You can obtain an NPI online at any time through the National Plan and Provider Enumeration System (NPPES – at https://nppes.cms.hhs.gov/#/) or by filling out a paper application.

Addressing Mixed Cohorts

Medicare only covers MDPP services for eligible Medicare beneficiaries

MDPP suppliers may serve Medicare beneficiaries plus others who are not Medicare beneficiaries in the same cohort or class.

MDPP cohorts may include:

- Medicare beneficiaries eligible to receive MDPP set of services;
- Ineligible Medicare beneficiaries; and
- Non-Medicare beneficiaries.

Submitting claims for mixed cohorts:

- MDPP suppliers should submit claims only for eligible MDPP beneficiaries. Medicare only covers MDPP services for eligible Medicare beneficiaries.
- Check the **Beneficiary Eligibility Fact Sheet** (at http://go.cms.gov/mdpp) for eligibility criteria.

Unique MDPP FFS Billing Requirements

Remember that the MAC is the first point of contact for billing and claims questions

Keep in mind that MDPP has some unique billing requirements. *Failure to submit claims properly will result in claim* denial:

- MDPP suppliers must be separately enrolled in Medicare as an MDPP supplier to bill for MDPP services.
- MDPP suppliers cannot bill Medicare for non-MDPP services, **even if your organization has more than one service under a single NPI**.
- Except for the bridge payment and non-payable code, **MDPP HCPCS G-code may only be submitted once per eligible beneficiary**.
- MDPP claims may include multiple MDPP HCPCS G-codes on a claim for a single beneficiary, but **claims submitted to Medicare may not contain non-MDPP HCPCS and MDPP HCPCS codes on the same claim form**.
- A claim for either attendance at the first core session or a bridge payment must be successfully submitted before submitting claims for any other MDPP services.
- ***Please NOTE:*** You may not, under any circumstances, charge eligible Fee-for-Service beneficiaries for MDPP services.
  - ✓ As a Medicare covered service, Medicare will cover MDPP services for an eligible beneficiary if their primary insurer denies coverage for MDPP services.

Checklist for Submitting Successful Claims

Use the Billing and Claims Fact Sheet (at http://go.cms.gov/mdpp) when submitting claims for MDPP

***Before* submitting an MDPP claim to Medicare, check the following list:**

- ❑ Did I include **Demo Code "82"** in the correct place on the claim form? **Only enter the number "82."** This is the number 1 reason for denied claims! Contact your MAC is you need guidance on where to enter to this data.

- ❑ Are all of the MDPP coaches who delivered MDPP services for the claim(s) included on the Coach Roster in our organization's PECOS application? **Remember:** Every MDPP coach delivering MDPP services for your organization **MUST** be added to your Coach Roster within 30 days of furnishing MDPP services.

- ❑ Does my claim form ONLY include claims for MDPP services using the appropriate MDPP HCPC G-Code? **Remember:** You many not include non-MDPP claims and MDPP claims on the same claim form.

- ❑ Are all of the Administrative Locations and Community Settings associated the MDPP claim(s) included on our organization's PECOS application?

- ❑ Are the dates of service for the claim(s) within 365 days of the date of submission? Your claim will be denied if you file it 12 months or later after the date of service. Submit your claims as soon as a goal has been reached!

Tips for Submitting Successful Claims

Use the Billing and Claims Fact Sheet (at http://go.cms.gov/mdpp) when submitting claims for MDPP

- **Multiple Medicare enrollments:** It is highly encouraged to obtain a separate organizational NPI for MDPP to avoid this.
- **Using claims submission software:** There are no requirements for the type of claims submission software MDPP suppliers use for billing. Your organization can submit claims to its MAC directly, but you **must install claims software and obtain a submitter ID from the MAC(s)**. *Please contact your MAC for additional information on claims software.*
- **Submit claims in order:** You must successfully submit a claim for either attendance at the first core session or a bridge payment **before** submitting claims for any other MDPP services. Make sure you submit your goal achievement claims in order, for example: Submit the 5% weight loss achieved claim prior to submitting the 9% weight loss achieved claim.
- **Keep your PECOS application up-to-date:** Ensure that your PECOS application is accurate.
  - All MDPP coaches must be on your organizations Coach Roster in PECOS.
  - All Administrative Locations and Community Settings must be included on your PECOS application.
  - Update your authorizing officials and delegating officials as needed. The MAC can only talk to those individuals listed on your PECOS application.
- **Contact your MAC:** Your MAC is the best resource for billing and claims assistance! **Remember:** The MAC is your first point of contact.

Knowledge Check 1

The Coach NPI must be updated in PECOS within 30 days of providing MDPP services and also:

A. Included as the Rendering Provider on all MDPP claims in Loop 2310B segment NM109.

B. Included as the Billing Provider on all MDPP claims in Loop 2010AA segment NM109.

C. What's a Coach NPI?

Knowledge Check 2

During intake of a new beneficiary, I can find out if they are eligible for MDPP and covered by Medicare Part B (FFS) or Part C (MA) by:

A. Checking the medical insurance card presented by the beneficiary.
B. Contacting my MAC to check HETS to verify eligibility.
C. Contacting the beneficiaries MA plan.
D. All of the above.

End Section 6
Tips and Guidance
Any Questions?

MDPP Resources

MDPP Resources

Below is a list of helpful resources to help you through the billing and payment process

Resource	Description
MDPP Resources	
MDPP Website http://go.cms.gov/mdpp	Access all the latest materials, webinars, and information about MDPP
Billing and Claims Fact Sheet https://innovation.cms.gov/Files/fact-sheet/mdpp-billingclaims-fs.pdf	Steps MDPP suppliers should take to bill for MDPP services and includes tips to prepare for billing and where to get help along the way
MDPP Sessions Journey Map https://innovation.cms.gov/Files/x/mdpp-journeymap.pdf	Understand the different session types, session sequencing, and information to keep in mind when furnishing services
Update to Calendar Year 2021 Payment Rates https://www.cms.gov/files/document/mm12030.pdf	Provides information on the updated Calendar Year (CY) 2021 payment rates for MDPP
MDPP Supplier Support Center https://cmsorg.force.com/mdpp	Ask questions of the MDPP model team

Suppliers ONLY! Email mdpp@cms.hhs.gov to be added to the supplier listserv and receive the most up to date information!

MDPP Resources (cont.)

Below is a list of helpful resources to help you through the billing and payment process

Resource	Description
General Medicare Billing	
Medicare Billing: 837P and CMS-1500 Forms https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837P-CMS-1500.pdf	Information on the electronic and paper claim forms
Medicare Administrative Contractors	
MAC Contact Information https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html	Contact information for all of the MACs
"Who are the MACs" site https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html	Additional information on the MAC jurisdictions
"What is a MAC" site https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html	Additional information on MACs and what they do

Suppliers ONLY! Email mdpp@cms.hhs.gov to be added to the supplier listserv and receive the most up to date information!

Appendix

Commonly Used Terms and Key Concepts

Below is a list of acronyms and terms important for understanding the billing and payment process

Term	Description
MDPP supplier	An organization enrolled both in Medicare and the MDPP expanded model, and that can therefore bill for MDPP services provided to eligible beneficiaries
MDPP beneficiary	Eligible Part B Medicare beneficiary participating in MDPP services
Bridge payment	A one-time payment made to an MDPP supplier for a beneficiary that has switched to that MDPP supplier during their services period
Medicare Administrative Contractor (MAC)	Contractors that, among other things, process Medicare enrollment applications and claims for Medicare fee-for-service (FFS) providers and suppliers
National Provider Identifier (NPI)	A unique 10-digit identification number issued to health care providers and organizations
Provider Transaction Access Number (PTAN)	A Medicare-only number issued to providers by MACs upon enrollment to Medicare
Rendering provider	In the case of MDPP, the NPI of the coach furnishing services to the MDPP beneficiary
Billing provider	In the case of MDPP, the NPI of the MDPP supplier furnishing services to the MDPP beneficiary
Remittance advice	Final claim adjudication and payment information

Commonly Used Terms and Key Concepts (cont.)

Below is a list of acronyms and terms frequently used throughout this presentation

Term	Description
Demo Code “82”	Code used on the Medicare claim form to identify MDPP services (Place “82” in Block 19 or Loop 2300 segment REF01 (P4) and segment REF02 (82))
Healthcare Common Procedure Coding System (HCPCS) G-Codes	Billing codes used when submitting claims to bill Medicare for payment
Form CMS-1500	Standard paper claim form that health care professionals and suppliers use to bill MACs when a paper claim is allowed
837 Professional (837P) (electronic form)	Standard format used by health care professionals and suppliers to transmit health care claims electronically
International Classification of Disease, 10th division (ICD-10) diagnosis code	Used to code diagnostic information on the Medicare claim form (Place code in Block 21 or Loop 2300 segment HI02-1 to HI12-1)