

Fact Sheet: Proposed Policies for the Medicare Diabetes Prevention Program Expanded Model (MDPP) for the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS)

The MDPP expanded model was implemented through the rulemaking process in two phases in the CY 2017 PFS final rule¹ and in the CY 2018 PFS final rule². Through the CY 2024 proposed rule,³ we are proposing to amend the MDPP expanded model to revise certain MDPP policies adopted through previous rulemaking. If finalized, this proposed rule would allow all MDPP suppliers to continue to offer the set of MDPPs services virtually using distance learning delivery through December 31, 2027. CMS seeks comment on these proposals.⁴

Extending the Public Health Emergency Flexibilities through 2027

We are proposing to extend some of the flexibilities allowed under the COVID-19 Public Health Emergency for a period of 4 years until December 31, 2027, including:

- *Alternatives to the requirement for in-person weight measurement (§410.79(e)(3)(iii)).* Section 410.79(e)(3)(iii) permits an MDPP supplier to obtain weight measurements for MDPP beneficiaries for the baseline weight and any weight loss-based performance achievement goals in the following manner: (1) via digital technology, such as scales that transmit weights securely via wireless or cellular transmission; or (2) via self-reported weight measurements from the at-home digital scale of the MDPP beneficiary. The MDPP beneficiary may self-report their weight by submitting to the MDPP supplier a date-stamped photo or video recording of the beneficiary's weight, with the beneficiary visible in their home. The photo or video must clearly document the weight of the MDPP beneficiary as it appears on the digital scale on the date associated with the billable MDPP session. This flexibility allows suppliers to bill for participants achieving weight loss performance goals.
- *Elimination of the maximum number of virtual services (§ 410.79(e)(3)(iv)):* The virtual session limits described in § 410.79 (d)(2), and (d)(3)(i) and (ii) do not apply, and MDPP suppliers may provide all MDPP sessions virtually as long as the virtual services are furnished in a manner that is consistent with the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) standards⁵ for distance learning sessions, follow the CDC-approved National DPP curriculum requirements, and the supplier has an in-person DPRP organizational code.

¹ CY 2017 PFS final rule: <https://www.govinfo.gov/content/pkg/FR-2016-11-15/pdf/2016-26668.pdf>

² CY 2018 PFS final rule: <https://www.govinfo.gov/content/pkg/FR-2017-11-15/pdf/2017-23953.pdf>

³ CY 2024 PFS proposed rule: <https://www.federalregister.gov/public-inspection/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

⁴ Comments can be submitted at <https://www.regulations.gov/>. If commenting, refer to file code CMS-1784-P.

⁵Centers for Disease Control and Prevention, *Diabetes Prevention Recognition Program Standards and Operating Procedures*, 5/1/2021. <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

Updating Fee Schedule for MDPP Services

We are proposing to amend the expanded model regulations to allow for fee-for-service payments for beneficiary attendance during the core services period while retaining the performance-based payments for diabetes risk reduction (weight loss).

- *Performance payments.* CMS makes one or more types of performance payments to an MDPP supplier after 1) the MDPP beneficiary achieves the required 5 percent weight loss, 2) the beneficiary maintains the 5 percent weight loss goal during a core maintenance session in months 7-12, or 3) the MDPP beneficiary achieves 9 percent weight loss. Each type of performance payment is made only if the beneficiary achieves the applicable performance goal.
- *Attendance payments.* We are proposing to make payments to an MDPP supplier if an MDPP beneficiary attends a core session or core maintenance session. CMS proposes to allow up to 22 sessions (alone or in combination with other codes, not to exceed 22 sessions in a 12- month timeframe).

Proposed Changes to MDPP Payment Structure to include Attendance-Based Service Payments and Diabetes Risk Reduction Performance Payments

HCPCS G-Code	Payment Description*	CY 2024
GXXX0	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$25
GXXX1	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	\$25
G9880	5 percent weight loss (WL) Achieved from baseline weight	\$145
GXXX2**	Maintenance 5 percent WL from baseline in months 7-12	\$8
G9881	9 percent WL Achieved from baseline weight	\$25
G9890	Bridge Payment	\$25
	Subtotal Maximum Attendance-Based Payment	\$550
	Total Maximum Payment	\$768

**Medicare pays up to 22 sessions billed with codes GXXX1 and GXXX0, combined, in a 12-month period:*

Months 1-6: 1 in-person or distance learning session every week (max 16 sessions)

Months 7-12: 1 in-person or distance learning session every month (max 6 sessions)

*** Suppliers must submit claim for 5 percent weight loss (GXXX2) prior to submitting claims for the maintenance 5 percent weight loss (WL) from baseline in months 7-12.*

Retiring Ongoing Maintenance Services

We propose to remove reference to, and requirements of, the Ongoing Maintenance phase with the exception of § 424.205 newly designated (d)(14), which we are retaining for historical recordkeeping and crosswalk purposes. In the CY 2022 PFS, we removed eligibility for the Ongoing Maintenance Sessions for those beneficiaries who started the Set of MDPP services on or after January 1, 2022. Given that the 2-year MDPP services period for those beneficiaries who started MDPP on or before December 31, 2022 will end on or before December 30, 2024, eligibility for ongoing maintenance services will end December 31, 2023 for all beneficiaries.