Medicare Diabetes Prevention Program (MDPP)

Billing and Payment Fact Sheet*

Medicare pays organizations and providers that are enrolled as MDPP suppliers for furnishing MDPP services to eligible beneficiaries using a performance-based payment structure that incentivizes positive health outcomes for beneficiaries. This means that MDPP services are billed differently than traditional fee-for service (FFS) Medicare services. This fact sheet explains the process for suppliers to bill for MDPP services and includes tips on how to prepare and where to get help along the way.

1. Identify your MAC
2. Understand Payment/Billing
3. Submit your Claims
4. Payment/ Next Steps

1. Identify your Medicare Administrative Contractor (MAC)

What are MACs?

MACs are contractors that, among other things, process Medicare enrollment applications and claims for FFS Medicare providers and suppliers. Activities performed by MACs include:

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

You should contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.

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.

2. Understand the Payment/Billing Structure

What CMS Pays for:

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). This differs from billing for traditional FFS Medicare services.

MDPP Payment and Billing Quick Facts

- Organizations must be separately enrolled in Medicare as an MDPP supplier to bill for MDPP services. If you are already enrolled in Medicare as a different provider type, you must also enroll as an MDPP supplier to bill for MDPP services.
- MDPP suppliers must submit a claim for either attendance at the first core session or a bridge payment before you submit claims for any other MDPP services.
- You can only submit each MDPP HCPCS code once per eligible beneficiary, except for the non-payable code (i.e.. for reporting core sessions 5-8).
- During a core maintenance session interval, MDPP suppliers can submit a claim if the beneficiary attends two sessions and has 5% weight loss or attends two sessions and does not have 5% weight loss; but the supplier may not submit claims for both.
- MDPP suppliers can submit a claim for when a beneficiary first loses 5% of weight from baseline only during months 0-12 of the MDPP services period. MDPP suppliers can submit a claim for when a beneficiary first loses 9% of weight from baseline in months 0-24 of the MDPP services period.

* This fact sheet applies to MDPP suppliers furnishing services to beneficiaries with FFS Medicare, also known as Original Medicare. MDPP suppliers can use the MDPP Medicare Advantage Fact Sheet or contact the beneficiary's Medicare Advantage plan for information on Medicare Advantage payment & billing.

Payment Quick Reference Guide

The Quick Reference Guide only applies to services furnished to beneficiaries receiving Fee-for-Service (FFS) Medicare coverage. For more information on Payment Structure, visit https://innovation.cms.gov/resources/mdpp-billing-claims-overview.html

MDPP Includes Three Different Session Types:

Core Sessions

- Beneficiaries must attend one core session to initiate MDPP services
- A supplier can be paid based on the beneficiary's attendance, regardless of the beneficiary's weight loss

Core Maintenance Sessions

- Payments are made in two 3-month intervals
- A supplier is paid if a beneficiary meets attendance goals
- A supplier is paid more if the beneficiary also meets the 5% weight loss goal during the interval

Ongoing Maintenance Sessions

- Payments are made in four 3-month intervals
- A supplier is only paid if the beneficiary attends two ongoing maintenance sessions and meets the 5% weight loss goal during the interval

Maximum possible payment per eligible beneficiary: $702

	CORE SESSIONS	CORE MAINTENANCE SESSIONS		ONGOING MAINTENANCE SESSION			
	(3 SESSIONS) Months 0-6	INTERVAL 1 (3 SESSIONS) Months 7-12	INTERVAL 2 (3 SESSIONS)	INTERVAL 1 (3 SESSIONS) Months 13-24	INTERVAL 2 (3 SESSIONS)	INTERVAL 3 (3 SESSIONS)	INTERVAL 4 (3 SESSIONS)
Attendance only	Attend 1 session total: **$26 (G9873)** Attend 4 sessions total: **$52 (G9874)** Attend 9 sessions total: **$94 (G9875)**	Attend 2 sessions (without at least 5% WL): **$15 (G9876)**	Attend 2 sessions(without at least 5% WL): **$15 (G9877)**	*5% WL and attendance must be achieved to receive payment during ongoing maintenance sessions*			
Attendance and Weight Loss (WL)	*5% WL is not required to receive payment*	Attend 2 sessions (with at least 5% WL): **$63 (G9878)**	Attend 2 sessions (with at least 5% WL): **$63 (G9879)**	Attend 2 sessions (with at least 5% WL): **$52 (G9882)**	Attend 2 sessions (with at least 5% WL): **$52 (G9883)**	Attend 2 sessions (with at least 5% WL): **$53 (G9884)**	Attend 2 sessions (with at least 5% WL): **$53 (G9885)**
Additional Codes	5% WL achieved: **$168 (G9880)**						
	9% WL achieved: **$26 (G9881)**						
	Bridge payment: **$27 (G9890)**						
	Report attendance at sessions that are not associated with a performance goal. Non-payable codes should be listed on the same claim as the payable code with which they are associated **: $0 (G9891)**						

*HCPCS G-codes and their payment amounts are **bolded** next to each payment description*

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

Key Points to Remember

- HCPCS G-codes are used when submitting claims to bill Medicare for payment. MDPP HCPCS G-codes may be used only one time per eligible beneficiary (except for G9891).
- The initial session (G9873) or bridge payment (G9890) claim must be submitted before any other claims will be paid.
- MDPP suppliers should submit claims when a performance goal is met. (i.e., attendance, weight loss).
- If a beneficiary switches suppliers, the new supplier may receive a bridge payment (G9890) for the first MDPP session furnished to that beneficiary. More than one supplier may claim the bridge payment for the same beneficiary.

If a Beneficiary Changes MDPP Suppliers:

- Identify where the beneficiary is in his or her service timeline and get the beneficiary's MDPP records from the previous MDPP supplier to verify data (e.g. session attendance, baseline weight) before submitting any claims for performance payments.
- Bill a bridge payment for the first session of the transferring beneficiary. This is only allowed if your organization did not furnish the first core session to that beneficiary.

3. Submit your Claims

MDPP suppliers are responsible for submitting all claims to their MAC or billing agent. You must use the 837P to transmit health care claims electronically (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837P-CMS-1500.pdf), or the CMS-1500 (the paper version of the 837P). 98% of Medicare FFS providers/suppliers submit their claims electronically for a faster processing time.

How to Submit Claims

File claims as soon as possible by self-submitting or utilizing a vendor/third party billing agent. MDPP suppliers, like all other FFS Medicare providers, can file claims up to 12 months from the date of service. Your claim will be denied if you file it 12 months or later after the date of service.

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 or other recommended software from their MACs.

Note: *There is a $25 annual fee for the PC-AC Pro 32 software. Please contact your MAC for additional information on claims 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 (https://pecos.cms.hhs.gov/pecos/login.do#headingLv1f).

Include the following information on each claim form:

- **Demo Code 82**
- **Rendering Provider/Coach NPI**
- **ICD-10 diagnosis code**: MDPP claims, like all other types of claims, must include an International Classification of Disease, 10th Revision (ICD-10) diagnosis code. MDPP suppliers can get the appropriate ICD-10 diagnosis code from a referral. However, MDPP does not require a referral, so the MDPP supplier can use the most appropriate ICD-10 code for a given beneficiary that captures the nature of the encounter (e.g., Z71.89 Other specified counseling)
- **Date of service for each MDPP session**
- **Beneficiary first name, last name, and Medicare identifier** (e.g., Health Insurance Claim Number or Medicare Beneficiary Identifier)
- **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)
- **HCPCS code/G-Code for each MDPP service**, including the non-payable codes when appropriate (e.g., report non-payable codes for core sessions 2 and 3 on the same claim that you are billing for core session 4 attendance)
- **MDPP supplier organizational NPI**: 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. Any currently enrolled MDPP supplier that elects to obtain a separate NPI to be used for its MDPP enrollment can update its current enrollment with the new NPI in PECOS. In the event that an organization is unable to obtain a separate NPI or continues to encounter issues related to claims submission and processing after updating its enrollment with the new NPI, please contact your MAC for assistance.
- **Place of Service (POS) code** to indicate where the MDPP service was furnished, e.g. "Office" (11), "Outpatient Facility Code" (19 or 22), or "Other" (99) if the service was furnished in a community setting or as a virtual make-up session. If the session was a virtual make-up session, include the modifier "VM" at the end of the HCPCS code (e.g., G9891VM)
- **Supplier/organization NPI billing provider (specialty D1)**

Addressing Mixed Cohorts

MDPP suppliers may have mixed cohorts, and may serve both Medicare beneficiaries and participants who are not Medicare beneficiaries. Eligible MDPP beneficiaries are not required to pay anything out-of-pocket for MDPP services. MDPP suppliers must accept Medicare's payment for MDPP services as payment in full and cannot bill or collect any amount from the beneficiary.

- MDPP suppliers should submit claims only for eligible MDPP beneficiaries. Medicare only covers MDPP services for eligible Medicare beneficiaries.
- To verify a MDPP Beneficiary's Medicare Coverage, visit: https://innovation.cms.gov/Files/x/mdpp-verify-medicare-coverage.pdf

HCPCS G-Codes Guide

The HCPCS G-Codes Guide is a supplement to the Payment Quick Reference Guide.

MDPP HCPCS G-Codes

HCPCS G-Code	Description	VM Allowed*	Payment
Core Sessions			
G9873	MDPP beneficiary attended the first MDPP core session.	No	$26
G9874	MDPP beneficiary attended a total of 4 MDPP core sessions.	Yes	$52
G9875	MDPP beneficiary attended a total of 9 MDPP core sessions.	Yes	$94
Core Maintenance Sessions			
G9876	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 7-9.	Yes	$15
G9877	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 10-12.	Yes	$15
G9878	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 7-9, and the 5% weight loss from his/her baseline weight. Use G9878 *or* G9876 achieved	Yes	$63
G9879	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 10-12, and achieved the 5% weight loss from his/her baseline weight. Use G9879 *or* G9877.	Yes	$63
Ongoing Maintenance Sessions			
G9882	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 13-15, and achieved the 5% weight loss from his/her baseline weight during the interval.	Yes	$52
G9883	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 16-18, and achieved the 5% weight loss from his/her baseline weight during the interval.	Yes	$52
G9884	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 19-21, and achieved the 5% weight loss from his/her baseline weight during the interval.	Yes	$53
G9885	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 22-24, and achieved the 5% weight loss from his/her baseline weight during the interval.	Yes	$53
Additional Codes			
G9880	MDPP beneficiary achieved at least 5% weight loss from his/her baseline weight in months 1–12. This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.	No	$168
G9881	MDPP beneficiary achieved at least 9% weight loss from his/her baseline weight in months 1–24. This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session.	No	$26
G9890	**Bridge Payment:** A one-time payment for the first MDPP core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1–24. This occurs when a beneficiary has previously received his/her first core session from a different MDPP supplier. A supplier may only receive one bridge payment per MDPP beneficiary.	Yes	$27
G9891	MDPP session reported as a line item on a claim for MDPP services. This is a non-payable code for reporting services of sessions furnished to MDPP beneficiaries (i.e. core sessions 2-3, 5-8, 10-16, and maintenance sessions before achievement of a performance goal)	Yes	$0

**This column indicates whether a claim may be reported with virtual make-up session modifier (VM). The beneficiary must be weighed during an in-person session.*

Key Points to Remember

- The Virtual Modifier, "VM", should be appended to the end of any G-code that is associated with a session that was furnished as a virtual make-up session (e.g., G9891VM).
- Use the non-payable G-code (G9891) to report attendance at sessions that are not associated with a performance goal. These codes should be listed on the same claim as the payable code with which they are associated (e.g. report G9891 for sessions 2 and 3 if you are reporting G9874 for session 4 attendance).
- Each HCPCS G-code should be listed with the corresponding session date of service and rendering coach National Provider Identifier (NPI).

4. Receive Payment and Next Steps

How will suppliers receive payments?

- MDPP suppliers will get payments via Electronic Funds Transfer (EFT) - https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html.
- MDPP suppliers must complete an EFT form as a part of the initial MDPP enrollment. For changes to your EFT account, please contact your MAC .
- 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).

Post-Claims Submission

- 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

Issues with Payment

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 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.

Helpful Resources

MACS:

- What is a MAC?[1]
- Find my MAC's contact information[2]
- Who are the MACs?[3]
- A/B MAC Jurisdictions [4]

Claims Submission:

- MDPP Eligibility Verification[5]
- 837P and CMS -1500 Forms Information[6]
- 837P and Form CMS-1500 Web-Based Training[7] *(note: requires login to the Medicare Learning Network)*
- Medicare Claims Processing Manual[8]
- Electronic Health Care Claims[9]
- Sessions Journey Map[10]

Payment:

- Calendar Year 2019 Payment Rates[11]
- Billing and Payment Webinar[12]
- CMS Transmittals website[13]
- MDPP Medicare Advantage Fact Sheet[14]

MDPP:

- MDPP Website[15]
- Enrollment Preparation Guide[16]

[1] https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html#WhatIsAMac
[2] https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html
[3] https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html#MapsandLists
[4] https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/AB-Jurisdiction-Map-Jun-2019.pdf
[5] https://innovation.cms.gov/Files/x/mdpp-verify-medicare-coverage.pdf
[6] https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837P-CMS-1500.pdf
[7] https://learner.mlnlms.com/Default.aspx
[8] https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascendin
[9] https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html
[10] https://innovation.cms.gov/Files/x/mdpp-journeymap.pdf
[11] https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10970.pdf
[12] https://innovation.cms.gov/resources/mdpp-billing-claims-overview.html
[13] https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html
[14] https://innovation.cms.gov/Files/fact-sheet/mdpp-ma-fs.pdf
[15] https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
[16] https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf