

Medicare Diabetes Prevention Program (MDPP) Billing and Payment Guide

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 guide 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.



**Understand
Payment/
Billing**



**Submit
your Claims**



**Payment/
Next Steps**

1. 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 0–12 of the MDPP services period when they enroll on or after January 1, 2022, or in months 0–24 of the MDPP service period if they enrolled on or before December 31, 2021.

*This guide 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.



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Payment Quick Reference Guide

The Quick Reference Guide only applies to services furnished to beneficiaries receiving FFS Medicare coverage.

MDPP Includes Three Different Session Types:

Please note, ongoing maintenance sessions are included below; however, only beneficiaries who started MDPP set of services on or before December 31, 2021 may participate with ongoing maintenance sessions.

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 enrolled on or after January 1, 2022: **\$705**

	CORE SESSIONS	CORE MAINTENANCE SESSIONS	
	Months 0–6	Interval 1 (Months 7–9)	Interval 2 (Months 10–12)
Attendance Only	Attend 1 session total: \$35 (G9873) Attend 4 sessions total: \$105 (G9874) Attend 9 sessions total: \$175 (G9875)	Attend 2 sessions (without at least 5% WL): \$70 (G9876)	Attend 2 sessions (without at least 5% WL): \$70 (G9877)
Attendance and Weight Loss (WL)	5% WL is not required to receive payment	Attend 2 sessions (with at least 5% WL): \$93 (G9878)	Attend 2 sessions (with at least 5% WL): \$93 (G9879)
Additional Codes	5% WL achieved: \$169 (G9880) 9% WL achieved: \$35 (G9881) Bridge payment: \$35 (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

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 the non-payable session code 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).
- CMS removed the Ongoing Maintenance Sessions for those beneficiaries who started MDPP on or after January 1, 2022. MDPP beneficiaries who were participating in MDPP on or before December 31, 2021 may participate in Ongoing Maintenance Sessions (4 intervals over months 13–24) if they maintain 5% WL and attendance requirements (2 sessions per interval). For provider reimbursement information, see page 4.

If a Beneficiary Changes MDPP Suppliers:

- Identify where the beneficiary is in their 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.
- The new supplier may bill a bridge payment (G9890) for the first MDPP session of the transferring beneficiary. This is only allowed if your organization did not furnish the first core session to that beneficiary.
- More than one supplier may claim the bridge payment for the same beneficiary.



2. Submit your Claims

MDPP suppliers are responsible for submitting all claims to CGS. 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 CGS directly. The MDPP supplier must install claims software and obtain a submitter ID from CGS. Organizations may obtain PC-ACE Pro 32 claims submission software or other recommended software from CGS.

Note: For additional information visit the PC-ACE Pro 32 website at <https://cgsmedicare.com/partb/edi/pro32>.

Part B claims may be submitted for FREE using myCGS. For additional information review the Claims section of the myCGS User Manual at https://www.cgsmedicare.com/mycgs/mycgs_user_manual_claims.html#claims_main.



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 Beneficiary Identifier**
- **HCPSC 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 CGS 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 HCPSC code (e.g., G9891VM)
- **Supplier/organization NPI billing provider (specialty D1)**



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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 the myCGS Web Portal at <https://www.cgsmedicare.com/mycgs/index.html>. You may also refer to the Eligibility section on the myCGS User Manual for help with navigation at https://www.cgsmedicare.com/mycgs/mycgs_user_manual_eligibility.html#eligibility_main.

HCPCS G-Codes Guide

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

HCPCS G-Code	Description	VM Allowed*	Payment
CORE SESSIONS			
G9873	MDPP beneficiary attended the first MDPP core session.	No	\$35
G9874	MDPP beneficiary attended a total of 4 MDPP core sessions.	Yes	\$105
G9875	MDPP beneficiary attended a total of 9 MDPP core sessions.	Yes	\$175
CORE MAINTENANCE SESSIONS			
G9876	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 7-9 without 5% WL.	Yes	\$70
G9877	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 10-12 without 5% WL.	Yes	\$70
G9878	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 7-9 with 5% WL.	Yes	\$93
G9879	MDPP beneficiary attended 2 MDPP core maintenance sessions in months 10-12 with 5% WL.	Yes	\$93
ONGOING MAINTENANCE SESSIONS**			
G9882	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 13-15 with 5% WL.	Yes	\$52
G9883	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 16-18 with 5% WL.	Yes	\$52
G9884	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 19-21 with 5% WL.	Yes	\$53
G9885	MDPP beneficiary attended 2 MDPP ongoing maintenance sessions in months 22-24 with 5% WL.	Yes	\$53
ADDITIONAL CODES			
G9880	MDPP beneficiary achieved at least 5% WL from their baseline weight in months 1-12. This is a one-time payment available when a beneficiary first achieves at least 5% WL from baseline as measured by an in-person weight measurement at a core session or core maintenance session.	No	\$169
G9881	MDPP beneficiary achieved at least 9% WL from their baseline weight in months 1-24. This is a one-time payment available when a beneficiary first achieves at least 9% WL from baseline as measured by an in-person weight measurement at a core session or core maintenance session.	No	\$35
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 their first core session from a different MDPP supplier. A supplier may only receive one bridge payment per MDPP beneficiary.	Yes	\$35
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).	No	\$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.

**Only applicable for beneficiaries who enrolled on or before December 31, 2021.



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).

3. 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 CGS.
- 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 CGS 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 CGS, review the documentation sent from CGS and contact CGS for claims-specific questions.

If CGS rejects a claim as unable to be processed...

The MDPP supplier or the supplier's billing agent must fix the problem that caused the claim to be unprocessable and submit a new claim.

If CGS 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 the CGS website for more information on how to appeal a denied claim.

Helpful Resources

CGS:

[CGS Website¹](#)

Claims Submission:

[myCGS Part B Claims Submission²](#)

[MDPP Eligibility Verification³](#)

[837P and CMS-1500 Forms Information⁴](#)

[837P and Form CMS-1500 Web-Based Training⁵](#)

[Medicare Claims Processing Manual⁶](#)

[Electronic Health Care Claims⁷](#)

Payment:

[Calendar Year 2022](#)

[Payment Rates⁸](#)

[CMS Transmittals Website⁹](#)

[MDPP Medicare Advantage Fact Sheet¹⁰](#)

MDPP:

[MDPP Website¹¹](#)

¹ <https://www.cgsmedicare.com>

² https://www.cgsmedicare.com/mycgs/mycgs_user_manual_claims.html#claims_main

³ <https://innovation.cms.gov/Files/x/mdpp-verify-medicare-coverage.pdf>

⁴ <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837P-CMS-1500.pdf>

⁵ <https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN4462429-MLN-WBT-1500/1500/index.html>

⁶ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>

⁷ <https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html>

⁸ <https://innovation.cms.gov/media/document/mdpp-payment-rates-cy22>

⁹ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html>

¹⁰ <https://innovation.cms.gov/Files/fact-sheet/mdpp-ma-fs.pdf>

¹¹ <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>



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