



Medicare Diabetes Prevention Program Expanded Model



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What's Changed?

We made significant updates to the language, order, and formatting of this product to better meet provider needs and improve understanding. Specific changes include:

- Updated MDPP set of services period (page 5)
- Added extended flexibilities for virtual sessions (page 5)
- Added new coverage for A1c blood test during diabetes screening (page 5)
- Added full-plus CDC recognition (pages 6, 11)
- Eliminated the Medicare enrollment application fee for MDPP suppliers (page 7)
- Added new 2024 HCPCS codes and payment rates (page 8)
- Added new MDPP payment structure (page 9)
- Added extended flexibilities for weight measurements (page 10)

Substantive content changes are in dark red.

CMS established the [Medicare Diabetes Prevention Program \(MDPP\) expanded model](#) as part of the [CY 2017](#) and [CY 2018](#) Medicare Physician Fee Schedule (PFS) final rules, and the [CY 2022](#) and [CY 2024](#) final rules further modernized the program. CMS and CDC have distinct but complementary roles in running this program.


Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the [CMS Office of Minority Health](#):

- [Health Equity Technical Assistance Program](#)
- [Disparities Impact Statement](#)

[Diabetes Prevention Programs: Equity Tailored Resources](#) has more information.

Diabetes Prevalence

Half of adults age 65 or older have prediabetes, the condition that may lead to type 2 diabetes,

but only **1 in 7** know it 



1 in 4 adults over 65 currently have diabetes, and that's expected to double by 2050



2.3x People with diabetes spend 2.3 times more money on health care each year than those without the disease

\$104 billion Medicare spends an estimated \$104 billion each year on patients over 65 with diabetes



Adults with diabetes have more emergency department visits, are hospitalized more often, and take more prescription drugs

Overview

The [MDPP expanded model](#) is a structured behavior change intervention that aims to prevent type 2 diabetes in Medicare patients with an indication of prediabetes.

We pay Medicare-enrolled MDPP suppliers to offer a CDC-approved, group-based, classroom-style curriculum that teaches **long-term dietary change, increased physical activity, and behavior change strategies for weight control and diabetes risk**. Coaches (like trained community health professionals) provide these services on behalf of MDPP suppliers.

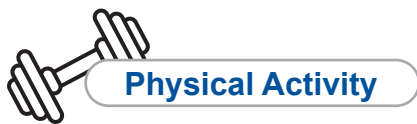


Figure 1. MDPP Focus

MDPP has been shown to reduce the diabetes incidence by 71% in people age 60 or older. The primary goal of the MDPP expanded model is to help patients achieve at least 5% weight loss, which is associated with reducing type 2 diabetes in people at high risk for it.

MDPP Services

A patient's MDPP set of services period may last up to 1 year and include 22 sessions.



MDPP sessions are about 1 hour and follow a [CDC-approved curriculum](#). You can develop your own curriculum if it includes all CDC-required elements and CDC approves it.

During the [extended flexibilities period \(2024–2027\)](#), suppliers may provide MDPP sessions in person or virtually (if they maintain CDC in-person recognition). They may offer make-up sessions for patients who miss a regularly scheduled session.

Patient Eligibility

Patients don't need a referral to get MDPP services and can get them if they meet all these criteria:

- Are enrolled in Medicare Part B (or a Medicare Advantage (Part C) Plan)
- Have a body mass index (BMI) of at least 25 (23 if the patient self-identifies as Asian) on the date of their first session
- Meet 1 of these 3 blood test requirements within 12 months before attending their first session:
 - A hemoglobin A1c test with a value from 5.7%–6.4%
 - Normal A1c = below 5.7%
 - Prediabetes A1c = 5.7%–6.4%
 - Diabetes A1c = 6.5% or above
 - A fasting plasma glucose test of 110–125 mg/dL
 - A 2-hour plasma glucose test (oral glucose tolerance test) of 140–199 mg/dL
- Have no previous diabetes diagnosis before the date of their first session (except gestational diabetes)
- Doesn't have ESRD
- Hasn't previously received MDPP services



Starting in 2024, we cover an A1c blood test when a patient gets a [diabetes screening](#).

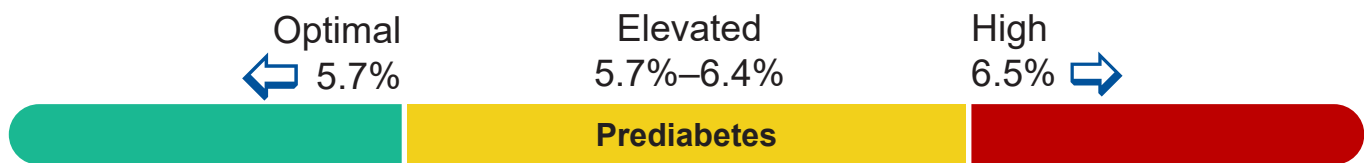


Figure 2. A1c Test Values

Patients who meet these criteria can participate in MDPP sessions for up to 1 year, regardless of attendance or weight loss. They can get the full set of MDPP services only once in their lifetime.

Patients can switch MDPP suppliers at any time during their MDPP set of services. Once a patient attends their first session, the MDPP set of services period begins, and they meet the once-per-lifetime limit.

MDPP is a [Medicare preventive service](#), and there's no patient cost sharing.

MDPP suppliers should [check eligibility](#) to see if the patient qualifies for MDPP services before their first session. They can also check if a patient's previous supplier billed MDPP sessions, the supplier's NPI, and the dates of service.

If a patient develops diabetes during an MDPP services period, they can continue participating in the MDPP set of services.

MDPP Suppliers

Hospitals, community organizations, churches, clinics, and other kinds of organizations can become MDPP suppliers. Only organizations, not individuals, can become MDPP suppliers.

MDPP suppliers must have an NPI. See the Medicare Enrollment section below for information on getting an NPI.

CDC Recognition

Before enrolling in Medicare as an MDPP supplier, organizations must first meet [recognition status requirements](#), then apply with the CDC [Diabetes Prevention Recognition Program](#) (DPRP). Organizations must meet the DPRP's most current [standards and operating procedures](#), which are updated every 3 years.

To enroll in Medicare, you must get preliminary, full, or **full-plus** recognition. Organizations must submit evaluation data to CDC every 6 months, regardless of recognition status. To check an organization's recognition status, visit CDC's [Registry of All Recognized Organizations](#).

Medicare Enrollment

Learn about the Medicare enrollment process by reviewing the [Medicare Provider Enrollment](#) educational tool and the [checklist for a provider or supplier organization using PECOS](#). Be sure to include:

- Coach names, SSNs, NPIs, and start dates
- Recognition status, with effective and expiration dates (this includes that they've achieved preliminary, full, or **full-plus** in-person modality recognition)
- Organizational code

Enroll in Medicare as an MDPP supplier by applying via [PECOS](#) or the [paper application](#).

Organizations who want to provide MDPP services must enroll as an MDPP supplier, even if they're already enrolled in Medicare as another type of provider.

Your [Medicare Administrative Contractor](#) (MAC) will process your enrollment application within 90 days and will notify you if it needs [fingerprints](#) or any additional documents.

There's no provider enrollment application fee for all organizations enrolling in Medicare as MDPP suppliers.

Supplier Standards

In their Medicare enrollment application, an MDPP supplier must certify that they meet and will continue to meet the [supplier standards](#), including:

- Maintaining at least 1 administrative location to meet in-person recognition to deliver MDPP services through distance learning requirements
- Maintaining a primary business phone number that's available to the public
- Reporting changes of ownership, coach rosters, and any final adverse legal actions within 30 calendar days and reporting all other changes within 90 calendar days

Want to get involved in MDPP services, but don't have all the necessary resources? Consider partnering with an existing MDPP supplier to be their community location, or with an organization that can track data, reporting, or billing for MDPP services.



Coaches

Trained coaches conduct MDPP sessions and must meet all [eligibility requirements](#) and get [training](#) consistent with CDC's requirements. Coaches, including both clinical and non-clinical professionals, can be MDPP supplier employees, contractors, or volunteers.

We screen each person on the coach roster included with the supplier's Medicare enrollment application. MDPP suppliers may conduct background checks on coaches before and after enrolling in Medicare.

Coaches must have an NPI but can't bill Medicare directly. Instead, they're listed on claims as the rendering provider.

Coding & Billing

In [CY 2024](#), we adopted these HCPCS codes for billing MDPP expanded model services:

HCPCS Codes and Billing Descriptors

Code	Descriptor	2024 PFS Payment
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$25
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	\$25
G9880	5 percent WL Achieved from baseline weight	\$145
G9881	9 percent WL Achieved from baseline weight	\$25
G9888*	Maintenance 5 percent WL from baseline in months 7-12	\$8
G9890	Bridge Payment	\$25
Subtotal maximum attendance-based payment		\$550
Total possible maximum payment		\$768

*Submit a claim for G9880 before submitting a claim for G9888.

Submit claims with this information:

- Patient information and MBI
- ICD-10 diagnosis code
- Demo code 82
- MDPP service details (dates of service and location codes)
- HCPCS code
- Coach's NPI
- MDPP supplier's NPI

When submitting claims for MDPP services, don't include codes for other non-MDPP services.

If you're an MDPP supplier, you can submit claims yourself or through a third-party billing agent. List all codes associated with a performance payment on the same claim and submit claims when a patient meets a performance goal. If you have claims submission or billing questions, find your [MAC's website](#).

Crosswalk File

MDPP suppliers must maintain and submit an [MDPP crosswalk file](#) that lists patient identifiers used for claims with those used for CDC performance data submissions for each patient getting MDPP services from the supplier. Submit this crosswalk file 6 months after you start providing MDPP services and then quarterly thereafter.

Payment

Medicare-enrolled MDPP suppliers must accept the Medicare-allowed amount as payment in full for their services, regardless of the MDPP supplier's participation status in the Medicare Program.

In [CY 2024](#), CMS updated the MDPP payment structure from a performance-based attendance and weight-loss structure to a hybrid structure that pays for attendance on a Fee-for-Service basis and diabetes risk reduction (weight loss) on a performance basis:

- **Attendance payments:** We make Fee-for-Service payments to an MDPP supplier if a patient attends a session. We pay for up to 22 sessions billed with codes G9886 and G9887, combined, in a 12-month period.
- **Performance payments:** We'll make 1 or more types of performance payments to an MDPP supplier after the patient:
 - Achieves the required 5% weight loss
 - Maintains the 5% weight loss goal during a maintenance session in months 7–12
 - Achieves 9% weight loss



Medicare Advantage

Medicare Advantage (MA) Plans must offer MDPP as a preventive service and may offer supplemental MDPP benefits (for example, extended coverage length). They must contract with Medicare-enrolled MDPP suppliers to provide MDPP services to their enrollees and cover out-of-network services, or the MA Plan itself may enroll in Medicare as an MDPP supplier.

Check with the MA Plan for information on eligibility, coverage, and payment. Each plan can have different patient out-of-pocket costs and specific rules for getting and billing for services. You must follow the plan's terms and conditions for payment.

Documentation Requirements

Organizations must comply with [documentation requirements](#) to maintain MDPP Medicare enrollment.

At the first MDPP session, suppliers must record:

- MDPP supplier name, CDC DPRP number, and NPI
- Patient information, including, but not limited to, patient name, MBI, and age
- Evidence each patient meets eligibility requirements

At each additional MDPP session, suppliers must record:

- Session type (regularly scheduled or make-up)
- Coach's NPI
- Session date and place
- Curriculum topic
- Each patient's weight (including date it was recorded)

During the [extended flexibilities period](#) (2024–2027), suppliers may collect MDPP patients' weight measurements through virtual technology or patient self-reporting (if suppliers maintain CDC in-person recognition).



CMS & CDC Roles

CMS and CDC share responsibility for the MDPP, and each plays an important role in its success.



CMS implemented and evaluates the MDPP expanded model. In this role, we:



Define the MDPP set of services and the Medicare-covered MDPP services period



Provide resources to support successful supplier enrollment and claims submissions



Review and process Medicare enrollment applications of organizations with CDC preliminary, full, or **full-plus** recognition



Provide resources to verify certain elements of patient eligibility for MDPP



Process claims submitted by MDPP suppliers for payment



Monitor MDPP suppliers' compliance with Medicare requirements, including the MDPP supplier standards



CDC oversees and ensures the quality of MDPP. In this role, they:



Develop and maintain the CDC DPRP standards



Evaluate organizations for achievement and maintenance of recognition status



Maintain a national registry of recognized organizations



Provide resources to support organizations in achieving and maintaining CDC recognition



Review and approve alternative curriculum submitted by organizations seeking recognition



Update curriculum as needed based on current evidence

Resources

- [Medicare Diabetes Self-Management Training](#)
- [MDPP Frequently Asked Questions](#)
- [MDPP Supplier Support Center](#)
- [National Diabetes Prevention Program Customer Service Center](#)
- [Notice of Waiver of Certain Fraud and Abuse Laws in Connection with the Medicare Diabetes Prevention Program Expanded Model](#)

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