

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11751	Date: December 15, 2022
	Change Request 12987

SUBJECT: Updating Calendar Year (CY) 2023 Medicare Diabetes Prevention Program (MDPP) Payment Rates

I. SUMMARY OF CHANGES: This Change Request (CR) contains instructions to A/B MACs (Part B) and the Railroad Specialty MAC to update the MDPP Expanded Model payment rates for CY 2023. CMS has calculated the MDPP payment rates for CY 2023 and included them in an attachment to this CR.

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11751	Date: December 15, 2022	Change Request: 12987
-------------	--------------------	-------------------------	-----------------------

SUBJECT: Updating Calendar Year (CY) 2023 Medicare Diabetes Prevention Program (MDPP) Payment Rates

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

A. Background: The MDPP Expanded Model is an expansion of the Centers for Medicare & Medicaid Services (CMS') Diabetes Prevention Program (DPP) model test, which was tested from 2012-2015 under the authority of section 1115A(b) of the Social Security Act (the Act). The Secretary of Health and Human Services expanded the DPP model test in duration and scope under the authority of section 1115A(c) of the Act. Following certification of the DPP model test by the Chief Actuary in March 2016, the Center for Medicare and Medicaid Innovation (CMMI) expanded the model nationwide through the CY 2017 and 2018 Medicare Physician Fee Schedule (PFS) final rules. MDPP suppliers began enrolling in Medicare on January 1, 2018 and could begin furnishing MDPP services and billing Medicare for MDPP services on April 1, 2018. The MDPP Expanded Model is intended to prevent Medicare beneficiaries with an indication of prediabetes from developing diabetes. Prevention of diabetes among this high-risk group of Medicare beneficiaries is expected to result in significant cost savings to the Medicare program as certified by the Office of the Actuary.

B. Policy: In the CY 2018 Physician Fee Schedule final rule, CMS stated, "the [MDPP] performance payments and bridge payment will be adjusted each calendar year by the percent change in the Consumer Price Index for All Urban Consumers (CPI-U) (U.S. city average) for the 12-month period ending June 30th of the year preceding the update year. The percent change update will be calculated based on the level of precision of the index as published by the Bureau of Labor Statistics and applied based on one decimal place of precision. The annual MDPP services payment update will be published by CMS transmittal."

This means that the MDPP payment rates will be adjusted each calendar year based on the CPI-U. Payment rates will be in effect each year from January 1st through December 31st. CMS intends to calculate the payment rates for each calendar year and instruct the A/B Medicare Administrative Contractors (MACs) (Part B) and the Railroad Specialty MAC to manually update the MDPP payment rates each year through a non-systems instructional Change Request (CR).

This CR contains instructions to A/B MACs (Part B) and the Railroad Specialty MAC to update the MDPP Expanded Model payment rates for CY 2023. CMS has calculated the MDPP payment rates for CY 2023 and included them in an attachment to this CR.

The A/B MACs (Part B) and the Railroad Specialty MAC should contact Mollie Howerton (mollie.howerton@cms.hhs.gov) with any questions.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12987.1	The A/B MACs (Part B) and the Railroad Specialty MAC shall manually update the CY 2023 payment rates for the 15 valid MDPP Healthcare Common Procedure Coding System (HCPCS) G-codes based on the payment rates found in the attached document. These rates must be in effect for dates of service January 1, 2023 through December 31, 2023.		X								RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
12987.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.		X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
--------------------------	--

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Mollie Howerton, 410-786-5395 or mollie.howerton@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1