

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12410</b>	<b>Date: December 13, 2023</b>
	<b>Change Request 13484</b>

**SUBJECT: Updating Calendar Year (CY) 2024 Medicare Diabetes Prevention Program (MDPP) Payment Rates**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to instruct A/B MACs (Part B) and the Railroad Specialty MAC on the updated MDPP Expanded Model payment rates for CY 2024 from the CY2024 PFS that was published November 16, 2023.

**EFFECTIVE DATE: January 1, 2024**

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

**IMPLEMENTATION DATE: January 2, 2024**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 12410	Date: December 13, 2023	Change Request: 13484
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## 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).

In the CY 2024 PFS that was published 11/16/2023, CMS updated the MDPP payment structure to shift the performance-based attendance payments to a fee-for-service structure while retaining the diabetes risk reduction performance payments (e.g., 5% and 9% weight loss). To reflect this change, we finalized the creation of three new G-codes, 1) Behavioral Counseling for Diabetes prevention, in-person, group (G9886) ; 2) Behavioral Counseling for Diabetes prevention, distance learning (G9887); and 3) Maintenance of 5% weight loss from baseline in months 7-12 (G9888), and calculated the MDPP payment rates for 2024 to reflect these changes.

This CR contains instructions to A/B MACs (Part B) and the Railroad Specialty MAC on the updated MDPP Expanded Model payment rates.

## 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		
13484.1	The A/B MACs (Part B) and the Railroad Specialty MAC shall manually update the CY 2024 payment rates for the 6 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, 2024 through December 31, 2024.		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			
13484.2	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.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**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**

# Medicare Diabetes Prevention Program (MDPP) Expanded Model

HCPCS G-Codes CY 2024

Payment Description		CY 2024
<b>HCPCS G-Code</b>	<b>Service Payments for Attendance</b>	<b>Payment Rate</b>
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$25
G9887	Behavioral counseling for diabetes prevention, distance learning, group, 60 minutes	\$25
	<b>Performance Payments</b>	
G9880	5% WL Achieved from baseline weight	\$145
G9881	9% WL Achieved from baseline weight	\$25
G9888	Maintenance 5% WL from baseline weight in months 7-12	\$8
	<b>Bridge Payments</b>	
G9890	Bridge Payment	\$25

\*\*Medicare pays up to 22 visits billed with codes G9886 and G9887, combined, in a 12-month period:

- Months 1-6: one in-person/distance learning visit every week (up to 16)
- Months 7-12: one in-person/distance learning visit every month (up to 6)
- Months 7-12, once participant achieves 5% WL, supplier may submit Maintenance of 5% WL claim with attendance claim (G9888 + G9886/G9887). Medicare will pay for Maintenance 5% WL up to 6 times in months 7-12.

**MDPP Expanded Model HCPCS G-Codes CY 2024**

<b>HCPCS G-Code</b>	<b>Long Descriptor</b>	<b>CY 2024 Payment Amount</b>
G9886	An <i>in-person</i> Medicare Diabetes Prevention Program (MDPP) core or core maintenance session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core or core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions. Up to 22 sessions (alone or in combination with G9887) are allowed in a 12- month timeframe.	<b>\$25</b>
G9887	A Medicare Diabetes Prevention Program (MDPP) core or core maintenance session was attended via <i>distance learning</i> by an MDPP beneficiary under the MDPP Expanded Model (EM). A core or core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions. Up to 22 sessions (alone or in combination with G9886) are allowed in a 12- month timeframe.	<b>\$25</b>
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by a weight measurement at a core session or core maintenance session.	<b>\$145</b>
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-12 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by a weight measurement at a core session or core maintenance session.	<b>\$25</b>
G9888	The MDPP beneficiary maintained at least 5% weight loss (WL) from their baseline weight, as measured by at least one weight measurement at a core maintenance session in months 7-12. The claim for 5% weight loss from baseline (G9880) must be submitted prior to the claim for maintenance of 5% weight loss from baseline in months 7-12. G9888 is allowed alone or in combination with G9886/G9887 as long G9888 has the same date of service as G9886/G9887, and the beneficiary has maintained 5% WL from baseline at the core maintenance session. G9888 may be billed up to 6 times in months 7-12.	<b>\$8</b>
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session or core maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-12 of the MDPP Expanded Model who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. G9890 is allowed alone or in combination with G9886/G9887. A supplier may only receive one bridge payment per MDPP beneficiary.	<b>\$25</b>