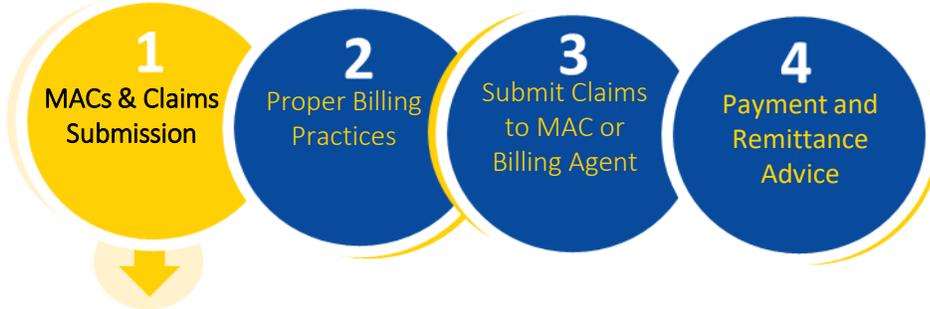


Medicare Diabetes Prevention Program (MDPP)

Billing and Claims 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 tells MDPP suppliers how to bill for MDPP services. It includes tips to prepare for billing and where to get help along the way.



Step 1: Medicare Administrative Contractors (MACs) & Claims Submission

What are MACs?

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

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

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.

Get a billing agent or claims submission software

Many providers and suppliers use a billing agent to manage billing and claims 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](#).

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 get a submitter ID from the MAC(s). MACs offer [PC-Ace Pro 32](#) claims submission software or may recommend different software.

Helpful Resources:

- [What is a MAC?](#)
- [Who are the MACs?](#)
- Learn about the [A/B MAC Jurisdictions](#)
- [MAC Contact Information](#)

* This fact sheet applies to MDPP suppliers furnishing services to beneficiaries with Medicare FFS, 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.

Tips for Step 1



Contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.



If you are a Medicare enrolled provider and also have a separate MDPP supplier enrollment, continue to submit claims the way you always have, except you must submit claims with MDPP services on a separate claim from other Medicare services.



Tips for Step 2



Verify beneficiaries' eligibility for MDPP services before billing Medicare. Refer to the [Beneficiary Eligibility Fact Sheet](#) for more information.



Review the annual payment updates on the [CMS Transmittals website](#).



Submit claims as soon as possible. If a beneficiary changes MDPP suppliers and two suppliers submit a claim for furnishing the same service to a beneficiary, the supplier that submits the claim first will be paid. Payments are not based on the date of service.

Step 2: Proper Billing Practices

The [Quick Reference Guide to Payment and Billing](#) gives information on MDPP Healthcare Common Procedure Coding System (HCPCS) G-codes and payment amounts.

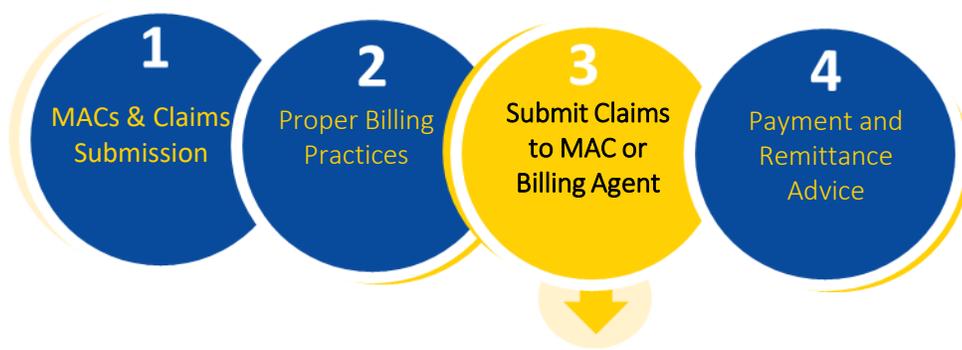
MDPP Billing Practices

- 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 cannot bill Medicare for non-MDPP services. If you are enrolled as an MDPP supplier and another Medicare provider type, you must submit MDPP services and non-MDPP services on separate claim forms; you cannot combine MDPP services and other Medicare services on the same claim.
- 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 bridge payment and a non-payable code (e.g. for reporting core sessions 5-8).
- 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 can include multiple MDPP HCPCS codes on a claim for a single beneficiary.
- 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 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 when a beneficiary first loses 9% of weight from baseline in months 0-24 of the MDPP services period.

If a beneficiary changes MDPP suppliers

- Identify where the beneficiary is in his or her service timeline. 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 for the transferring beneficiary. This is only allowed if your organization did not furnish the first core session to that beneficiary. MDPP suppliers can only bill one bridge payment per beneficiary.





Tips for Step 3

Step 3: Submit Claims to MAC or Billing Agent

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, or the CMS-1500 (the paper version of the 837P). Learn about these forms here: [Medicare Billing: 837P and Form CMS-1500](#)

Include the following information on each claim form:

- Demo code 82 in block 19 of the CMS-1500 or its electronic equivalent to identify MDPP services
- HCPCS codes associated with the MDPP service, including the [non-payable codes](#), if 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)
- Date of service for each session
- MDPP Coach’s National Provider Identifier (NPI) in the “Rendering Provider Identifier” section in block 24J of the CMS-1500 or its electronic equivalent for each session
- MDPP supplier organizational NPI as the “Billing Provider” in block 33 of the CMS-1500 or its electronic equivalent
- Beneficiary first name, last name, and Medicare identifier (e.g., Health Insurance Claim Number or Medicare Beneficiary Identifier)
- 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)
- The 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)

Helpful Resources:

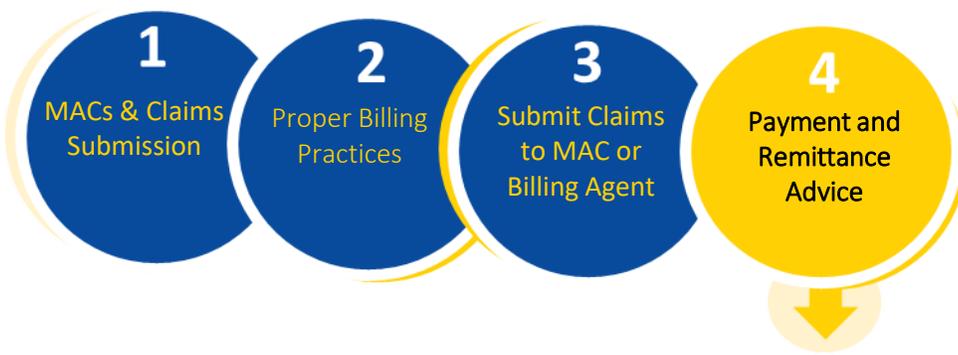
- [Medicare Basics: Parts A and B Claims Overview Video](#)
- [837P and Form CMS-1500 Web-Based Training](#) (note: requires login to the Medicare Learning Network, [more resources](#) available as well)
- [Medicare Claims Processing Manual](#)
- [Electronic Health Care Claims](#)



98% of Medicare FFS providers/suppliers submit their claims electronically for a faster processing time. You must [get an exception](#) to file using paper claims.



File claims as soon as possible. MDPP suppliers, like all other Medicare FFS 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.



Tips for Step 4

Step 4: Payment and Remittance Advice

MDPP suppliers will get payments via [Electronic Funds Transfer](#) (EFT). MDPP suppliers must complete an EFT form as a part of the initial MDPP enrollment.

Payment

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).

After the MAC processes the claim, MDPP suppliers or the supplier’s billing agent will get either an [Electronic Remit Advice](#) (ERA) 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

If there is an issue with the information included on a claim or with a beneficiary’s eligibility, the MAC may either:

- **Deny the 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.
- **Reject the claim as unable to be processed:** the MDPP supplier or the supplier’s billing agent must submit a new claim.



Read the [Claim Status Request and Response](#).



Medicare gives free software, [Medicare Remit Easy Print \(MREP\)](#), to read the ERA. You can view, print, and export special reports to Excel and other applications.

Need More Information?



Visit: <http://go.cms.gov/mdpp>



Email: mdpp@cms.hhs.gov



Contact your MAC