Medicare Diabetes Prevention Program (MDPP) Supplier Support
MDPP Billing and Payment Webinar

Amanda Rhee, JD
MDPP Expanded Model Lead
CMS Innovation Center

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Agenda

**The following provides an overview of today's webinar**

MDPP Overview

MDPP is a behavior change intervention expanded from CDC's National Diabetes Prevention Program (National DPP)

The program helps prevent the onset of type 2 diabetes among eligible at-risk Medicare beneficiaries. Medicare pays organizations, called MDPP suppliers, to provide group-based services to eligible Medicare beneficiaries.

- Up to 2 years of sessions delivered to groups of eligible beneficiaries

- As a Medicare preventive service, there are no out-of-pocket costs

> *MDPP suppliers' primary goal is to help Medicare beneficiaries achieve at least 5% weight loss*
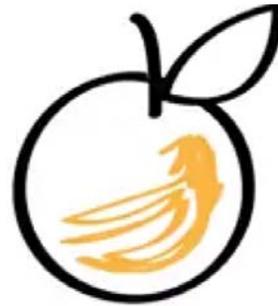
DIET   PHYSICAL ACTIVITY   WEIGHT LOSS

Coaches furnish MDPP services on behalf of MDPP suppliers

Note: MDPP Billing and payment resources referenced during this presentation can be found at http://go.cms.gov/mdpp.

Objectives

The primary objectives for today's presentation are outlined below

- Provide an overview of the MDPP billing and payment process and mitigate potential confusion about the process

- Explain how to navigate the MDPP billing and payment process

- Review the key terms and entities involved in the billing and payment process

- Explain the MDPP payment structure and how it applies to billing

- Describe how to successfully submit claims to Medicare for MDPP services

- Provide resources for where to go and who to contact with questions/concerns

Medicare Diabetes Prevention Program (MDPP) Journey

Today's webinar will review step 5 of the MDPP journey and focus on claims submission

1 Apply for CDC Recognition

- Submit an **application** online to become a CDC Diabetes Prevention Recognition Program (DPRP) recognized organization
- Offer the program for **12 months**
- Submit **evaluation data** to **CDC every 6 months**
- Visit the **CDC's Customer Service Center** at https://nationaldppcsc.cdc.gov/s/ for information on CDC recognition.

2 Prepare to Enroll as an MDPP Supplier

- **Visit the MDPP website** http://go.cms.gov/mdpp
- Review MDPP materials, including the **Enrollment Fact Sheet** and **Enrollment Checklist**
- **Obtain a separate National Provider Identifier (NPI)** for MDPP supplier enrollment to avoid potential billing and **payment** processing issues

3 Achieve CDC Preliminary or Full Recognition

- Must be achieved <u>before</u> enrolling as an MDPP supplier
- CDC preliminary or full DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers
- Continue to submit evaluation data to CDC every 6 months to maintain CDC recognition

4 Apply to become an MDPP Supplier

Options for enrolling in MDPP include:

- **Online enrollment**, using the Provider Enrollment Chain and Operating System (PECOS)*at https://pecos.cms.hhs.gov/pecos/login.do#headingLv1, **or**
- **Submit a paper CMS-20134 form**

Online enrollment Recommended

5 Provide MDPP Set of Services & Submit Claims

MDPP Set of Services:
- Include **up to 2 years of sessions** dependent on beneficiary weight loss and attendance
- Follow a **performance-based payment** structure to receive up to **$689** per **eligible beneficiary**

MDPP Claims:
- Are only received when submitted through Medicare Administrative Contractors **(MACs)**

MDPP Billing and Payment Quiz (Pre-test)

The MDPP Billing and Payment Quiz includes questions to assess participants' level of self-efficacy in submitting claims for MDPP services

1. **What Demo Code must be present on the claim when I submit it to my MAC?**
   a. Demo Code 82
   b. Demo Code 68
   c. Demo Code 24
   d. No Demo Code needs to be present on the claim

2. **Who do I contact first if I have a billing and payment question or problem?**
   a. CMS
   b. The MAC
   c. The MDPP mailbox/portal
   d. The referring provider

3. **Which event starts the MDPP service period?**
   a. The date the of the first Core Maintenance Session
   b. The date the beneficiary first achieves a 5% weight loss
   c. The date of the first Core Session
   d. The date the beneficiary first receives a pre-diabetes diagnosis

Billing and Payment Process

Commonly Used Terms and Key Concepts

Below is a list of acronyms and terms important for understanding the billing and payment process

Term	Description
MDPP supplier	An organization enrolled both in Medicare and the MDPP expanded model, and that can therefore bill for MDPP services provided to eligible beneficiaries
MDPP beneficiary	Eligible Part B Medicare beneficiary participating in MDPP services
Bridge payment	A one-time payment made to an MDPP supplier for a beneficiary that has switched to that MDPP supplier during their services period
Medicare Administrative Contractor (MAC)	Contractors that, among other things, process Medicare enrollment applications and claims for Medicare fee-for-service (FFS) providers and suppliers
National Provider Identifier (NPI)	A unique 10-digit identification number issued to health care providers and organizations
Provider Transaction Access Number (PTAN)	A Medicare-only number issued to providers by MACs upon enrollment to Medicare
Rendering provider	In the case of MDPP, the NPI of the coach furnishing services to the MDPP beneficiary
Billing provider	In the case of MDPP, the NPI of the MDPP supplier furnishing services to the MDPP beneficiary
Remittance advice	Final claim adjudication and payment information

Commonly Used Terms and Key Concepts (cont.)

Below is a list of acronyms and terms frequently used throughout this presentation

Term	Description
Demo Code "82"	Code used on the Medicare claim form to identify MDPP services (Place code in Block 19 or Loop 2300 segment REF01 (P4) and segment REF02 (82))
Healthcare Common Procedure Coding System (HCPCS) G-Codes (billing codes)	Billing codes used when submitting claims to bill Medicare for payment
Form CMS-1500	Standard paper claim form that health care professionals and suppliers use to bill MACs when a paper claim is allowed
837 Professional (837P) (electronic form)	Standard format used by health care professionals and suppliers to transmit health care claims electronically
International Classification of Disease, 10th division (ICD-10) diagnosis code	Used to code diagnostic information on the Medicare claim form (Place code in Block 21 or Loop 2300 segment HI02-1 to HI12-1)

Refresher on General Medicare Claims Submission

The following resources provide general information on the CMS claims submission process that is applicable to the MDPP claims submission process

Medicare Learning Network (MLN) Booklet – Medicare Billing: Form CMS-1500 and the 837 Professional
(at https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf)

Provides information on the Medicare claims forms and other helpful resources

MLN Calls and Webcasts
(at https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html)

Provides access to previous calls and webinars hosted by CMS. Use key words to search helpful resources

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 Medicare Claims Processing Manual

The Medicare Claims Processing Manual is found on the Internet Only Manuals webpage (at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html) (publication 100-04). This publication includes instructions on claims submission, including:

- **Chapter 1: General billing requirements**. Other chapters offer claims submission information specific to a health care professional or supplier type.

- **Chapter 24: Electronic filing requirements**, including the Electronic Data Interchange (EDI) enrollment form that must be completed prior to submitting Electronic Claims or other EDI transactions to Medicare.

High-Level Billing and Payment Process

Medicare pays MDPP suppliers using performance-based payments

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 Fee For Service (FFS) Medicare services.**

How suppliers should submit claims:

MDPP suppliers or their billing agents can **submit claims directly to their MAC**. Suppliers must **use the 837P to transmit claims electronically**, or the CMS-1500 (paper version).

When suppliers should submit claims:

MDPP suppliers should **submit claims when a performance goal is met**. HCPCS-G-codes are used when submitting claims to bill Medicare for payment.

High-level Billing and Payment Process (cont.)

To best explain the MDPP-specific billing and payment process, we will review the process in 4 parts

Billing and Payment Overview (4 parts):

1. **The Role of Medicare Administrative Contractors (MACs)**

2. **MDPP Payment Structure**

3. **MDPP Claims Submission**

4. **Payments and Remittance Advice**

Part 1: The Role of Medicare Administrative Contractors (MACs)

Medicare Administrative Contractors (MACs)

Your MAC should be your first point of contact for any questions on payment and billing

What are MACs?

MACs are contractors that, among other things, process Medicare enrollment applications and claims for Medicare FFS providers and suppliers. Visit https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html for more information.

What do MACs do?

- Review and process enrollment applications

- Process Medicare FFS claims

- Respond to inquiries

- Provide information on billing and coverage requirements

- Provide outreach and education

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.

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MAC Map and Contact Information

There are specific MACs for specific jurisdictions – contact the MAC in your jurisdiction for billing and payment support

A/B MAC Jurisdictions as of October 2017
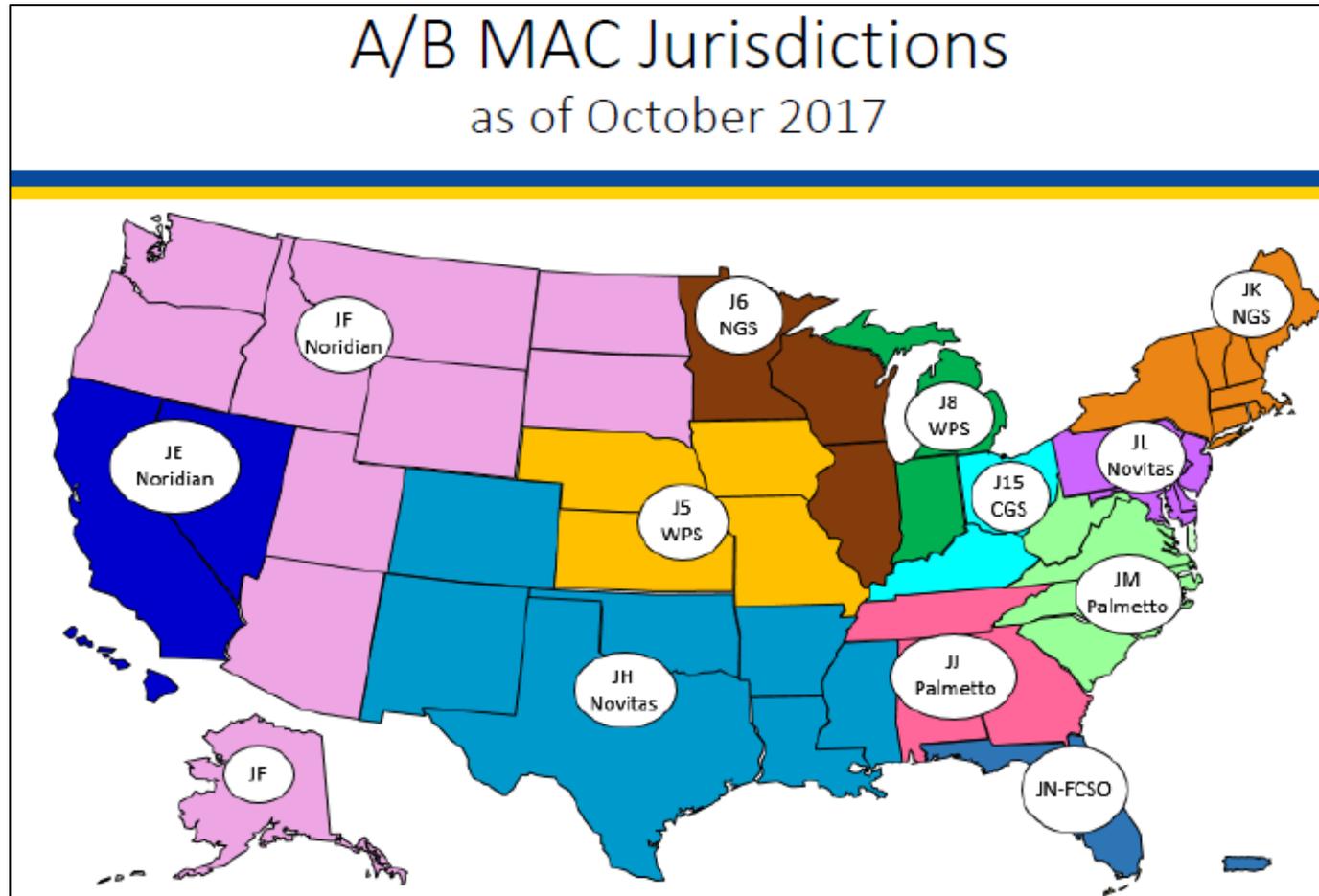
Your MAC should be your <u>first point of contact</u> for any questions on payment and billing.

Find your MAC's contact information here:
https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html

Working with MACs is key to billing success:

- CMS relies on a network of MACs to serve as the primary operational contact between the Medicare FFS program and the health care providers enrolled in the program.

Questions on **The Role of Medicare Administrative Contractors (MACs)**

Part 2: MDPP Payment Structure

MDPP Payment Structure

The payment structure below only applies to services furnished to beneficiaries receiving Medicare Part B coverage via Medicare fee-for-service (FFS)

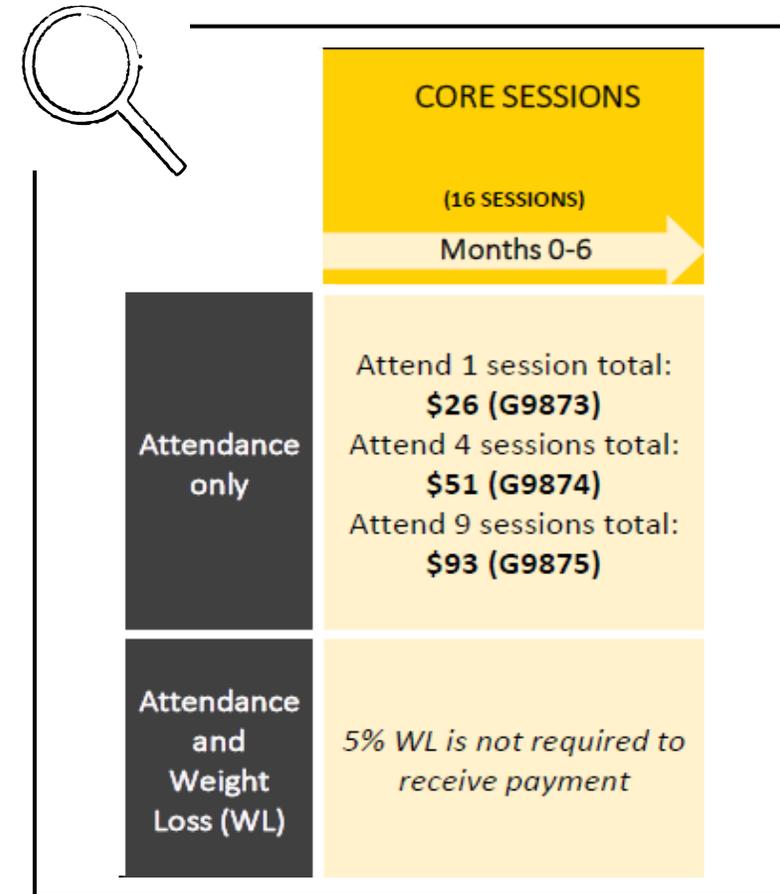|	CORE SESSIONS (16 SESSIONS) Months 0-6	CORE MAINTENANCE SESSIONS — INTERVAL 1 (3 SESSIONS) Months 7-12	CORE MAINTENANCE SESSIONS — INTERVAL 2 (3 SESSIONS) Months 7-12	ONGOING MAINTENANCE SESSIONS — INTERVAL 1 (3 SESSIONS) Months 13-24	ONGOING MAINTENANCE SESSIONS — INTERVAL 2 (3 SESSIONS) Months 13-24	ONGOING MAINTENANCE SESSIONS — INTERVAL 3 (3 SESSIONS) Months 13-24	ONGOING MAINTENANCE SESSIONS — INTERVAL 4 (3 SESSIONS) Months 13-24
Attendance only	Attend 1 session total: $26 (G9873) Attend 4 sessions total: $51 (G9874) Attend 9 sessions total: $93 (G9875)	Attend 2 sessions (without at least 5% WL): $15 (G9876)	Attend 2 sessions (without at least 5% WL): $15 (G9877)	5% WL and attendance must be achieved to receive payment during ongoing maintenance sessions			
		(or)	(or)				
Attendance and Weight Loss (WL)	5% WL is not required to receive payment	Attend 2 sessions (with at least 5% WL): $62 (G9878)	Attend 2 sessions (with at least 5% WL): $62 (G9879)	Attend 2 sessions (with at least 5% WL): $51 (G9882)	Attend 2 sessions (with at least 5% WL): $51 (G9883)	Attend 2 sessions (with at least 5% WL): $51 (G9884)	Attend 2 sessions (with at least 5% WL): $50 (G9885)
Additional Codes	5% WL achieved: $165 (G9880)						
	9% WL achieved: $26 (G9881)						
	Bridge payment: $26 (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
- ★ Represents when a specific performance goal (i.e., attendance, weight loss) must be met for the beneficiary to be eligible to continue receiving services

- **MDPP includes 3 different session types:** Core sessions, core maintenance sessions, and ongoing maintenance sessions.
- The interval **timeline starts from the date of the first core session a beneficiary attends.**
- MDPP suppliers should **submit claims when a performance goal is met** (i.e., attendance, weight loss).
- **Only organizations that are enrolled in Medicare as MDPP suppliers may bill Medicare for MDPP services.** Individuals (coaches) that furnish MDPP services do not bill Medicare directly.

This is the **Billing and Payment Quick Reference Guide** (https://innovation.cms.gov/Files/x/mdpp-billingpayment-refguide.pdf)

Calendar Year 2019 payment rates are here: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10970.pdf

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Core Sessions

During core sessions, a supplier is paid based on the beneficiary's attendance

- A **beneficiary must attend one core session** to initiate MDPP services. This session must be in-person and cannot be a make-up session.

- An MDPP supplier may **bill Medicare after a beneficiary attends their 1st, 4th, and 9th sessions using these HCPCS codes:**
  - **1st session: G9873**
  - **4th session: G9874**
  - **9th session: G9875**

- Beneficiaries are not required to meet the 5% weight loss for a supplier to receive payment during the core sessions.

- **Submit a claim:** On the claim form, include the non-payable code G9891 for each session attended that builds up to a payable code. For example, when billing for the 4th session, use code G9891 for sessions 2 and 3 and G9874 for session 4.

CORE SESSIONS

(16 SESSIONS)

Months 0-6

Attendance only

Attend 1 session total: **$26 (G9873)**
Attend 4 sessions total: **$51 (G9874)**
Attend 9 sessions total: **$93 (G9875)**

Attendance and Weight Loss (WL)

5% WL is not required to receive payment

Core Sessions (cont.) – *Additional Codes*

The following additional codes may be billed (if applicable) during the core sessions

In addition to the 3 attendance-based codes, suppliers may also bill the following additional codes (if applicable) during the core sessions:

- **G9880 (5% WL Achieved):** A one-time payment available when a beneficiary first achieves at least 5% weight loss from their baseline weight measurement. The weight measurement must be in-person at a core session or core maintenance session.

- **G9881 (9% WL Achieved):** This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline weight measurement. The weight measurement must be in-person at a core session, core maintenance, or ongoing maintenance session.

- **G9890 (Bridge Payment):** If a beneficiary switches suppliers, the new supplier may use this code for the beneficiary's first core session. A supplier may only receive one bridge payment per MDPP beneficiary.

- **G9891 (Non-payable code):** A non-payable code for reporting sessions furnished to MDPP beneficiaries. This is for reporting sessions that build-up to a payable code for a performance goal (i.e., core sessions 2-3).

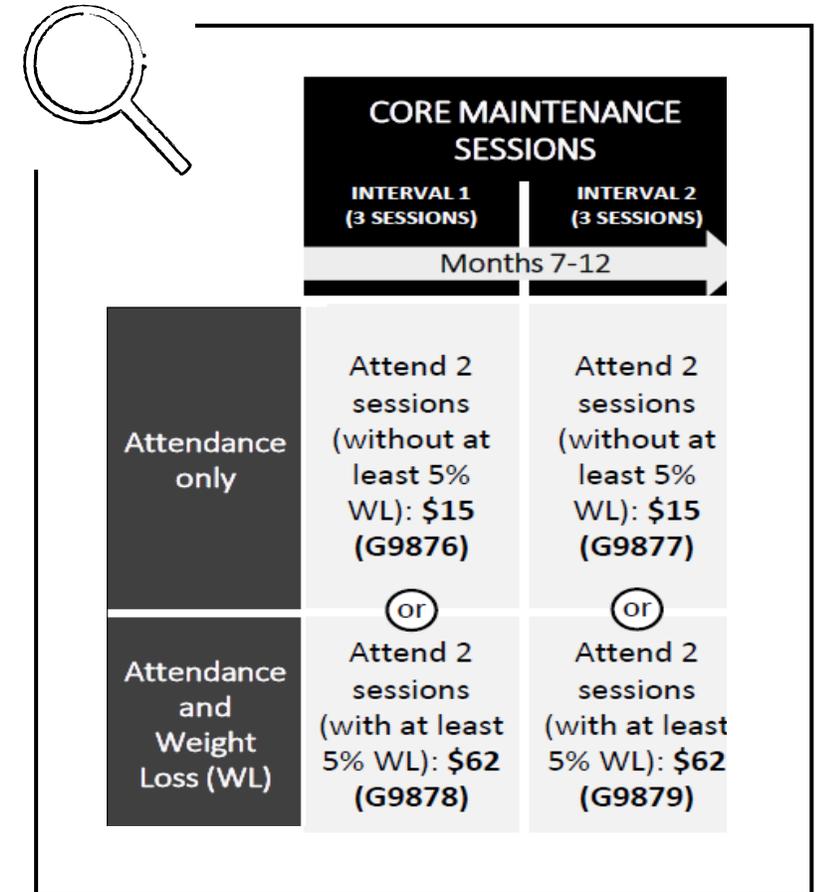| Code	Definition
G9880	One-time payment for 5% WL
G9881	One-time payment for 9% WL
G9890	One-time bridge payment for a beneficiary who switched MDPP suppliers
G9891	Non-payable code for reporting sessions not associated with a payment

Core Maintenance Sessions

During the core maintenance sessions, a supplier is paid more if the beneficiary meets attendance and weight loss goals

Payments are made in two 3-month intervals.

- **Interval 1**: An MDPP supplier may bill G9876 (attendance) **or** G9878 (attendance and weight loss) depending on if the beneficiary met the 5% weight loss goal.

- **Interval 2:** An MDPP supplier may bill G9877 (attendance) **or** G9879 (attendance and weight loss) depending on if the beneficiary met the 5% weight loss goal.

- **Submit a claim:** On the claim form, include the non-payable code G9891 for each session attended that builds up to a payable code. For example, when billing for Interval 1, session 2, use code G9891 for Interval 1, sessions 1 and one of the appropriate attendance **or** weight loss goal codes.

Note: *Beneficiaries must achieve 5% WL by the end of interval 2 to continue to the ongoing maintenance sessions.*

CORE MAINTENANCE SESSIONS	
INTERVAL 1 (3 SESSIONS)	INTERVAL 2 (3 SESSIONS)
Months 7-12	

	INTERVAL 1 (3 SESSIONS)	INTERVAL 2 (3 SESSIONS)
Attendance only	Attend 2 sessions (without at least 5% WL): $15 (G9876)	Attend 2 sessions (without at least 5% WL): $15 (G9877)
	or	or
Attendance and Weight Loss (WL)	Attend 2 sessions (with at least 5% WL): $62 (G9878)	Attend 2 sessions (with at least 5% WL): $62 (G9879)

Core Maintenance Sessions (cont.) – *Additional Codes*

The following additional codes may be billed (if applicable) during the core maintenance sessions

In addition to the 2 codes suppliers may bill during the 2 intervals, suppliers may also bill the following additional codes (if applicable) during the core maintenance sessions:

- **G9880 (5% WL Achieved)***
- **G9881 (9% WL Achieved)***
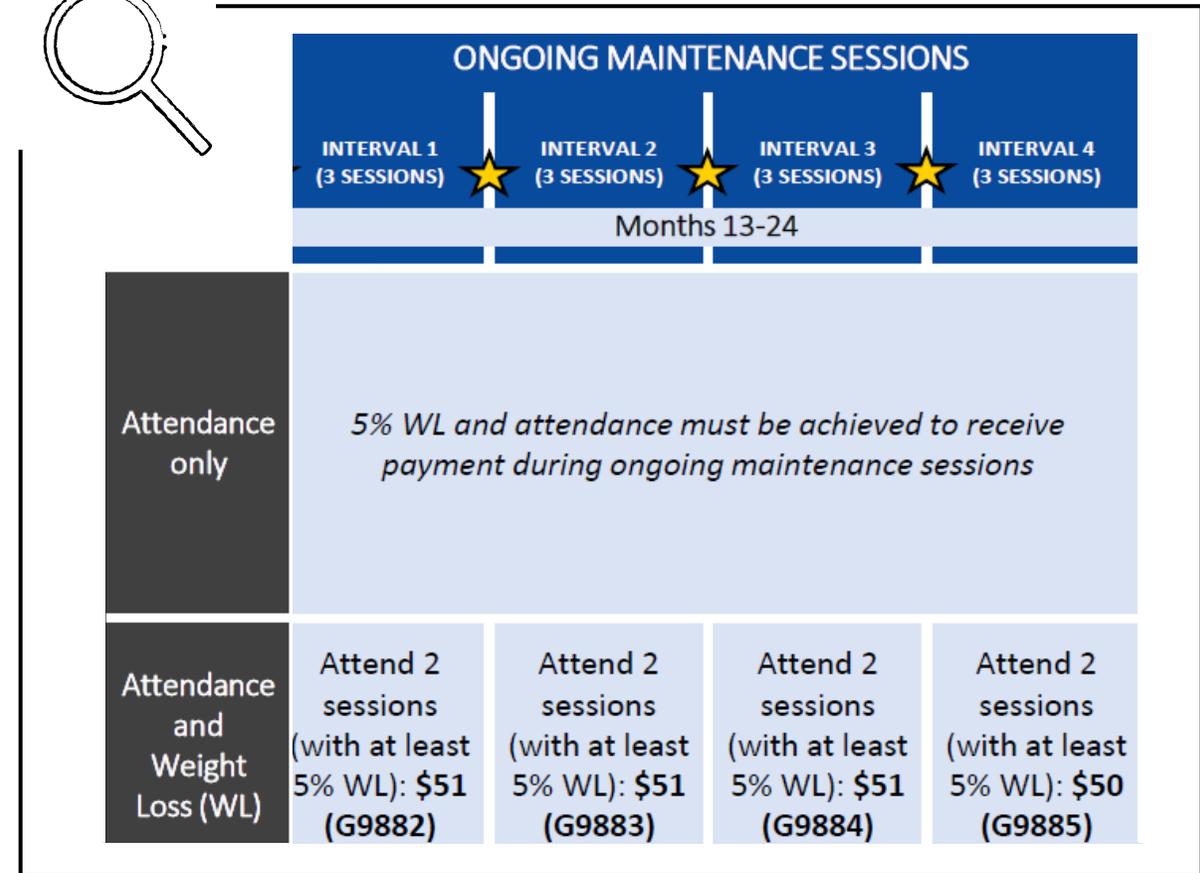- **G9890 (Bridge Payment)***
- **G9891 (Non-payable code)**

Suppliers may only bill these codes once per beneficiary. If these codes were already billed during the core session, they may not be billed during the core maintenance session.

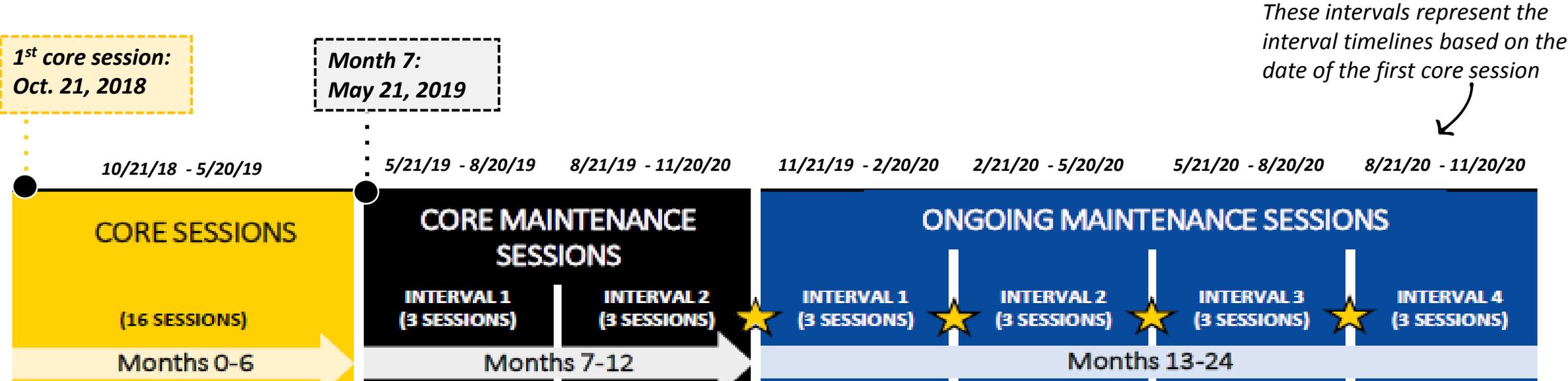| Code	Definition
G9880	One-time payment for 5% WL
G9881	One-time payment for 9% WL
G9890	One-time bridge payment for a beneficiary who switched MDPP suppliers
G9891	Non-payable code for reporting sessions not associated with a payment

Ongoing Maintenance Sessions

During ongoing maintenance sessions, a supplier is paid for each interval in which a beneficiary attends 2 sessions and maintains or exceeds 5% WL

- Ongoing maintenance sessions are split into four 3-month intervals: **intervals 1-4**

- When a beneficiary **attends 2 sessions <u>and</u> maintains (or exceeds) 5% WL**, an MDPP supplier may bill the following codes:

    - **Interval 1 (months 13-15): G9882**

    - **Interval 2 (months 16-18): G9883**

    - **Interval 3 (months 19-21): G9884**

    - **Interval 4 (months 22-24): G9885**

- **Submit a claim:** On the claim form, include the non-payable code G9891 for each session attended that builds up to a payable code. For example, when billing for Interval 2, session 2, use code G9891 for Interval 2, session 1 and one of the appropriate attendance <u>or</u> weight loss goal codes.

Note: *Beneficiaries must maintain 5% WL by the end of each 3 month interval to continue to the next interval*

ONGOING MAINTENANCE SESSIONS

	INTERVAL 1 (3 SESSIONS)	INTERVAL 2 (3 SESSIONS)	INTERVAL 3 (3 SESSIONS)	INTERVAL 4 (3 SESSIONS)
	Months 13-24			
Attendance only	5% WL and attendance must be achieved to receive payment during ongoing maintenance sessions			
Attendance and Weight Loss (WL)	Attend 2 sessions (with at least 5% WL): $51 (G9882)	Attend 2 sessions (with at least 5% WL): $51 (G9883)	Attend 2 sessions (with at least 5% WL): $51 (G9884)	Attend 2 sessions (with at least 5% WL): $50 (G9885)

Ongoing Maintenance Sessions (cont.) – *Additional Codes*

The following additional codes may be billed (if applicable) during the ongoing maintenance sessions

In addition to the 4 codes listed on the previous slide, during the 4 intervals, suppliers may also bill the following additional codes (if applicable) during the ongoing maintenance sessions:

- **G9881 (9% WL Achieved)***
- **G9890 (Bridge Payment)***
- **G9891 (Non-payable code)**

Suppliers may only bill these codes once per beneficiary. If these codes were already billed during the core sessions or core maintenance sessions, they may not be billed during the ongoing maintenance session.

Code	Definition
G9881	One-time payment for 9% WL
G9890	One-time bridge payment for a beneficiary who switched MDPP suppliers
G9891	Non-payable code for reporting sessions not associated with a payment

Calculating Intervals

The interval timeline starts from the date of the first core session

Q: How does a supplier know when a beneficiary makes it to month 7 (the core maintenance sessions)?

A: As an example, if a beneficiary began receiving MDPP services on October 21, 2018, **the first core maintenance session (month 7) is 7 months after the first core session**. This means that the first core maintenance session would occur on or after May 21, 2019.

These intervals represent the interval timelines based on the date of the first core session

1st core session: Oct. 21, 2018

Month 7: May 21, 2019

| 10/21/18 - 5/20/19 | 5/21/19 - 8/20/19 | 8/21/19 - 11/20/20 | 11/21/19 - 2/20/20 | 2/21/20 - 5/20/20 | 5/21/20 - 8/20/20 | 8/21/20 - 11/20/20 |

CORE SESSIONS

(16 SESSIONS)

Months 0-6

CORE MAINTENANCE SESSIONS

INTERVAL 1 (3 SESSIONS)

INTERVAL 2 (3 SESSIONS)

Months 7-12

ONGOING MAINTENANCE SESSIONS

INTERVAL 1 (3 SESSIONS)

INTERVAL 2 (3 SESSIONS)

INTERVAL 3 (3 SESSIONS)

INTERVAL 4 (3 SESSIONS)

Months 13-24

Questions on MDPP Payment Structure

Part 3: Submitting Claims

Billing Agent vs. Self Submission

You may obtain a vendor/third party billing agent or submit claims yourself using the claims submission software

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** (at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf).

OR

Self-Submit Claims:

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 obtain a submitter ID from the MAC(s). Organizations may obtain **PC-Ace Pro 32** claims submission software (at http://www.edissweb.com/cgp/software/pcace.html) or other recommended software from their MACs.

Note: *There is a $25 annual fee for the PC-AC Pro 32 software. Please contact your MAC for additional information on claims software.*

Information for Claims Submission

You will need the following information to complete the 857P (electronic) or CMS-1500 (paper) claims forms

- **Beneficiary information**

- **ICD-10 diagnosis code**

- **Demo code 82**

- **MDPP service details (i.e., dates of service, location)**

- **HCPCS G-codes**

- **Rendering provider information (i.e., Coach NPI)**

- **Billing provider information (i.e., MDPP supplier NPI)**

*837P can be found at https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf)

It is recommended to use the 837P (electronic) form

- 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 (at https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCAWaiver.html)

- The interface of the electronic claims form may differ depending on your MAC. The information needed on the claims form will be consistent.

- MDPP suppliers should submit claims as soon as possible. Suppliers can file claims up to 12 months from the date of service.

Key Code Blocks

The following provides information required to submit an MDPP claim form

Required Supplier Information Data Element	Form CMS-500 (Paper)	837P Electronic Form
Demo Code 82	Item 19	Loop 2300 segment REF01 (P4) and segment REF02 (82)
ICD-10 Diagnosis Code(s)	Item 21	Loop 2300 segment HI02-1 to HI12-1 with the ICD-10 diagnosis code
Date of service for each MDPP session	Item 24A	Loop 2400 segment DTP03 (472)
2-digit place of service code where the MDPP service was furnished, for example: 11 = Office, 19 or 22 = Outpatient Facility 99 = Other (if the place of service was furnished in a community setting or as a virtual make-up session)	Item 24B	Loop 2300 segment CLM05-1
HCPCS code/G-Code for each MDPP service, including the non-payable codes when appropriate	Item 24D	Loop 2400 segment SV101-2
Rendering Provider: Coaches' NPI for each session	Item 24J	Loop 2310B segment NM109
Supplier/organization billing provider name, address, city, state, zip, and telephone	Item 33	Loop 2010AA or 2010AB segments NM103-NM105, N301, N401—N403, PER04
Supplier/organization NPI billing provider (specialty D1)	Item 33a	Loop 2010AA segment NM109

Addressing Mixed Cohorts

Medicare only covers MDPP services for eligible Medicare beneficiaries

MDPP suppliers may serve Medicare beneficiaries and participants who are not Medicare beneficiaries.

MDPP cohorts may include:
- Medicare beneficiaries eligible to receive MDPP set of services;
- Non-Medicare beneficiaries; and

Submitting claims for mixed cohorts:
- MDPP suppliers should submit claims <u>only</u> for eligible MDPP beneficiaries. Medicare only covers MDPP services for eligible Medicare beneficiaries.
- Check the **Beneficiary Eligibility Fact Sheet** (at http://go.cms.gov/mdpp) for eligibility criteria.

Questions on Submitting Claims

Part 4: Payments and Remittance Advice

Successful Payment

If an electronic claim is submitted successfully, MDPP suppliers may be paid at least 2 weeks after submission

When can suppliers expect to be paid? 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).

What happens after a claim is submitted? After the MAC 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

Returned or Denied Claim

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

When you receive the denied or returned claim from the MAC, review the documentation sent from the MAC. Suppliers should contact their MACs for claims-specific questions.

If a MAC rejects a claim as unable to be processed…

The MDPP supplier or the supplier's billing agent must submit a new claim.

If a MAC 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 your MAC's website for more information on how to appeal a denied claim (at https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html).

Electronic Funds Transfer

With Electronic Funds Transfer (EFT), Medicare can send payments directly to a provider's financial institution whether claims are filed electronically or on paper

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 your MAC (at https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html).

How to enroll in EFT:

All Medicare contractors include an EFT authorization form in the Medicare enrollment package, and providers can also request a copy of the form after they have enrolled. Providers simply need to complete the EFT enrollment process as directed by their contractor. Medicare payments will be made directly to the financial institution through EFT, in as little as two weeks.

Sample EFT form

Questions on Payments and Remittance Advice

Tips and Guidance

Update on NPI Guidance

See the updated guidance below to address National Provider Identifier (NPI) and claims issues

<u>**Updated Guidance:**</u>

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 your MAC for assistance.

- **Where can you obtain an NPI?** You can obtain an NPI online at any time through the National Plan and Provider Enumeration System (NPPES – at https://nppes.cms.hhs.gov/#/) or by filling out a paper application.

MDPP Billing Requirements

Use the Billing and Claims Fact Sheet (at http://go.cms.gov/mdpp) when submitting claims for MDPP

MDPP suppliers…

- Must be separately enrolled in Medicare as an MDPP supplier to bill for MDPP services.

- Cannot bill Medicare for non-MDPP services.

- Must submit a claim for either attendance at the first core session or a bridge payment before submitting claims for any other MDPP services.

- Can only submit each MDPP HCPCS G-code once per eligible beneficiary, except for the bridge payment and non-payable code.

- Can include multiple MDPP HCPCS G-codes on a claim for a single beneficiary.

- May not submit non-MDPP HCPCS and MDPP HCPCS codes on the same claim form.

- May not charge eligible beneficiaries for MDPP services.

  - ✓ As a Medicare covered service, Medicare will cover MDPP services for an eligible beneficiary if their primary insurer denies coverage for MDPP services.

MDPP Billing Instructions

- **During a core maintenance session interval**, MDPP suppliers can submit a claim if
    1. the beneficiary attends two sessions and has 5% weight loss OR
    2. attends two sessions and does not have 5% weight loss;

    but **the supplier may not submit claims for both options.**

- **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, the new supplier must identify where the beneficiary is in his or her service timeline. The receiving supplier also must obtain** 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.

- Your claim will be denied if you file it 12 months or later after the date of service.

Frequent Billing and Payment Issues

Use the Billing and Claims Fact Sheet (at http://go.cms.gov/mdpp**) when submitting claims for MDPP**

- **Multiple Medicare enrollments:** Having multiple Medicare enrollments under a single NPI results in the system not consistently mapping to the appropriate PTAN. It is highly encouraged to obtain a separate organizational NPI for MDPP to avoid this.

- **Third party billing:** If you chose a third party vendor or billing agent to submit your claims, the vendor's claim submission forms may need to be modified to include the required MDPP data in the required locations. You and your vendor can work with the MAC to determine what, if any, changes need to made.

- **Using claims submission software:** There are no requirements for the type of claims submission software MDPP suppliers use for billing. If your organization does not have claims submission software, you can download a claims submission software called PC-Ace Pro 32 (http://www.edissweb.com/cgp/software/pcace.html), which CMS offers through its Medicare Administrative Contractors (MACs). This software carries a $25 yearly fee. There are several other electronic claims submissions software packages available in the market for purchase. Questions regarding claims submission software should be directed to your MAC.

Frequent Billing and Payment Issues (cont.)

Use the Billing and Claims Fact Sheet (at http://go.cms.gov/mdpp**) when submitting claims for MDPP**

- **Understand the intervals:** The interval timeline starts from the date of the first core session.

- **5% weight loss requirement:** The 5% weight loss must be met and maintained by the final interval of the core maintenance sessions and maintained during the ongoing maintenance sessions.

- **Mixed cohorts:** MDPP suppliers may have mixed cohorts, but suppliers may only bill Medicare for eligible beneficiaries.

- **Out-of-pocket payment:** If a beneficiary is eligible for MDPP you must bill Medicare. Eligible beneficiaries should never pay out of pocket for MDPP services.

- **Co-pays:** MDPP enrollment does not impact co-pays for other Medicare services.

Closing and Post-test

MDPP Billing and Payment Quiz (Post-test)

The MDPP Billing and Payment Quiz includes questions to re-assess the participants' level of self-efficacy in submitting claims for MDPP services

1. **What Demo Code must be present on my claim when I submit it to my MAC?**
   a. Demo Code 82
   b. Demo Code 68
   c. Demo Code 24
   d. No Demo Code needs to be present on the claim

2. **Who do I contact if I have a billing and payment question or problem?**
   a. CMS
   b. The MAC
   c. The MDPP mailbox/portal
   d. The referring provider

3. **Which event starts the MDPP service period?**
   a. The date the of the first Core Maintenance Session
   b. The date the beneficiary first achieves a 5% weight loss
   c. The date of the first Core Session
   d. The date the beneficiary first receives a pre-diabetes diagnosis

General Questions

Thank you!

Below is a list of helpful resources to help you through the billing and payment process

Resource	Description
MDPP Resources	
MDPP Website http://go.cms.gov/mdpp	Access all the latest materials, webinars, and information about MDPP
Billing and Claims Fact Sheet https://innovation.cms.gov/Files/fact-sheet/mdpp-billingclaims-fs.pdf	Steps MDPP suppliers should take to bill for MDPP services and includes tips to prepare for billing and where to get help along the way
Billing and Payment Quick Reference Guide https://innovation.cms.gov/Files/x/mdpp-billingpayment-refguide.pdf	Helpful guidance on the MDPP payment structure and when to use the HCPCS G-Codes to bill for MDPP services
MDPP Sessions Journey Map https://innovation.cms.gov/Files/x/mdpp-journeymap.pdf	Understand the different session types, session sequencing, and information to keep in mind when furnishing services
Update to Calendar Year 2019 Payment Rates https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10970.pdf	Provides information on the updated Calendar Year (CY) 2019 payment rates for MDPP
MDPP Supplier Support Center https://cmsorg.force.com/mdpp	Ask questions of the MDPP model team

✉ **Suppliers ONLY! Email mdpp@cms.hhs.gov to be added to the supplier listserv and receive the most up to date information!**

Thank you! (cont.)

Below is a list of helpful resources to help you through the billing and payment process

Resource	Description
General Medicare Billing	
Medicare Billing: 837P and CMS-1500 Forms https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837P-CMS-1500.pdf	Information on the electronic and paper claim forms
Medicare Administrative Contractors	
MAC Contact Information https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html	Contact information for all of the MACs
"Who are the MACs" site https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html	Additional information on the MAC jurisdictions
"What is a MAC" site https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html	Additional information on MACs and what they do

✉ **Suppliers ONLY! Email mdpp@cms.hhs.gov to be added to the supplier listserv and receive the most up to date information!**