



## Medicare Diabetes Prevention Program (MDPP) Expanded Model Public Health Emergency (PHE) Flexibilities

### Frequently Asked Questions (FAQ)

On March 30, 2020 in an interim final rule with comment period (IFC), we issued regulatory flexibilities for the Medicare Diabetes Prevention Program expanded model in response to the COVID-19 public health emergency (PHE). Find the IFC, CMS-1744-IFC, “[Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(PHE\)](#).”

On March 30, 2020, we also posted the “[Participants in the Medicare Diabetes Prevention Program: CMS Flexibilities to Fight COVID-19](#)” fact sheet.

In March 2020, the Centers for Disease Control (CDC) also posted [COVID-19 guidance for all CDC-Recognized Organizations](#).

These FAQ answer common questions we’ve gotten from stakeholders. Any policies in these FAQ are effective during the PHE unless otherwise specified. We believe this guidance is a statement of agency policy, isn’t subject to the notice and comment requirements of the Administrative Procedure Act (APA).

We also believe that, even if this guidance were subject to the APA’s public participation provisions, the COVID-19 public health emergency makes prior notice and comment for this guidance is impracticable and contrary to the public interest. So, we have good cause to issue this guidance without prior public participation and without a delayed effective date.

Q1: What MDPP regulatory flexibilities were published in the March 30, 2020 IFC?

A1: Organizations that were enrolled as MDPP suppliers as of March 1, 2020 are eligible for the COVID-19 flexibilities during the PHE, including:

- MDPP suppliers may pause or delay the delivery of the MDPP set of services and then resume services on a delayed schedule.
- The once-per-lifetime requirement is waived so MDPP beneficiaries who were receiving the MDPP set of services as of March 1, 2020 and whose sessions were paused or cancelled due to the PHE may get the set of MDPP services more than once per lifetime. This means that when the PHE ends, these MDPP beneficiaries may restart the MDPP set of services or resume with the most recent attendance of record.
- The 5% weight loss and most in-person attendance requirements are waived during the PHE for MDPP beneficiaries who were receiving the MDPP set of services as of March 1, 2020. We didn’t waive the in-person body weight measurement requirements, so suppliers may not start new cohorts with MDPP beneficiaries unless they can weigh beneficiaries in-person when they’re enrolled. See FAQ 9 for more information.

- The limit on virtual sessions is waived for MDPP suppliers that can provide the MDPP set of services virtually, as long as the virtual sessions meet the following criteria:
  - The curriculum provided during the virtual make-up (VM) session addresses the same CDC-approved DPP curriculum topic as the regularly scheduled session.
  - The MDPP supplier provides a maximum of one (1) session on the same day as the regularly scheduled session.
  - Beneficiaries receive a maximum of one (1) VM session per week during the core session period; one (1) VM per month during the core maintenance sessions interval; and one (1) VM per month during the ongoing maintenance sessions interval.
  - VM sessions are only be provided to meet attendance goals and not to meet milestone weight-loss goals.
  - An MDPP supplier can only offer VM sessions once an individual MDPP beneficiary asks for them.

Q2: Do the flexibilities apply to all MDPP suppliers and MDPP beneficiaries?

A2: The IFC current flexibilities apply to suppliers that were enrolled and providing in-person services and to MDPP beneficiaries who were receiving MDPP services as of March 1, 2020. But, because of the PHE's duration and scope, we're exercising enforcement discretion to the vast majority of these flexibilities to all MDPP suppliers and MDPP beneficiaries. We plan to propose more MDPP regulation changes to give flexibilities that would apply in emergencies beyond the current COVID-19 PHE.

Q3: Can suppliers pause delivery of MDPP services during the COVID-19 PHE?

A3: Yes, MDPP suppliers can pause delivery of the MDPP set of services during the PHE. Once the PHE ends, beneficiaries who haven't gotten virtual MDPP services or don't have any MDPP claims with dates of service (DOS) during the PHE, may restart the MDPP set of services at the first core session or elect to pick up the MDPP set of services where they left off as of March 1, 2020.

For those MDPP beneficiaries who choose to pick up sessions where they left off, the MDPP timeline will be extended for the same amount of time as the PHE lasted.

MDPP suppliers are expected to submit claims within 12 months of the DOS.

Q4: Which sessions can MDPP suppliers provide virtually during the PHE?

A4: MDPP suppliers may provide all sessions virtually during the PHE; but during the PHE, suppliers may only start new cohorts when a beneficiary's can be weighed in-person when they're enrolled.

Q5: How can suppliers provide MDPP virtually?

A5: The CDC's Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures say that virtual sessions include, but aren't limited to:

- Providing services online (with participants getting course resources and coaching by computer, tablet, smart phone, or other device with internet access)
- Providing services online with the support of a coach (i.e. via telecommunications or video conferencing).

- Distance learning (where a coach is present in one place and participants call, videoconference, or use telecommunications technology to access the coach from another place).

Suppliers can find more information on the [CDC DPRP Recognition Program - Standards and Operating Procedures](#) (pp. 4-5). Contact the [National Diabetes Prevention Program Customer Service Center](#) if you have questions about CDC's DPRP delivery modes.

Q6: How have the limits changed and what criteria are required in a virtual make-up session?

A6: The limits on the number of VM sessions in [42 C.F.R. § 410.79\(d\)\(2\) and \(d\)\(30\(i\)\)](#) are waived for MDPP suppliers that can provide the MDPP set of services virtually, as long as:

- The VM sessions use the curriculum provided during the VM session addresses the same CDC-approved DPP curriculum topic as the regularly scheduled session.
- The MDPP supplier provides a maximum of one session on the same day as the regularly scheduled session.
- Beneficiaries receive a maximum of one (1) VM session per week.

In sum, the IFC allows a maximum of one (1):

- MDPP make-up session on the same day as a regularly scheduled session and
- VM session per week

This means a supplier may only provide one (1) virtual class per week during the core sessions period.

Q7: How many VM sessions can be provided during the PHE?

A7: An MDPP supplier can offer:

- No more than 16 virtual sessions on a weekly basis during the core sessions period, in months 1 through 6 of the MDPP services period;
- No more than 6 virtual sessions per month during the core maintenance session interval periods, in months 7 through 12 of the MDPP services period; and
- No more than 12 virtual sessions per month during the ongoing maintenance session interval periods, in months 13 through 24.

Q8: Do the CMS telehealth expansion waivers and regulations apply to MDPP services?

A8: No. Virtual MDPP services aren't considered Medicare telehealth services and Medicare telehealth rules don't apply to virtual MDPP services.

Q9: Can suppliers start a new MDPP cohort during the PHE period?

A9: Yes, MDPP suppliers may start new cohorts with MDPP beneficiaries during the PHE period if they're able to weigh the beneficiaries in-person when they're enrolled.

Q10: Is the "once per lifetime" requirement waived during the PHE period?

A10: In accordance with 42 CFR 410.79(e)(3)(iii), the once per lifetime requirement is temporarily waived for MDPP beneficiaries who were receiving the set of MDPP services as of March 1, 2020 and whose sessions were paused or cancelled due to the PHE to restart the set of MDPP services over or resume with the most recent attendance session of record. Please note that this only applies to MDPP beneficiaries described in 42 CFR 410.79(e)(2)(ii) who experienced interrupted services as a result of the PHE and

for whom virtual services were either not offered by the supplier or not attended by the beneficiary.

Q11: How does the 5% weight loss requirement affect MDPP beneficiary eligibility during the PHE period?

A11: The 5% minimum weight loss requirements for beneficiary eligibility in the ongoing maintenance session intervals are waived for beneficiaries receiving MDPP services during the PHE. Beneficiaries who haven't met the 5% weight loss goal in the core sessions would still be eligible to move into the ongoing maintenance sessions.

Q12: Can suppliers accept self-reported weight measurements from beneficiaries?

A12: No, self-reported weight measurements aren't accepted for MDPP at this time.

Q13: Can a supplier bill for weight-loss milestones during the PHE?

A13: VM sessions provided during the PHE may only be used for MDPP attendance goals. Suppliers may not submit any claims for weight loss performance goals achieved during the PHE unless the supplier is able to safely weigh the beneficiary in-person. While the IFC waives the in-person attendance requirements to allow additional VM services, the in-person body weight measurement requirements haven't been waived.

Q14: How should a supplier bill for core maintenance & ongoing maintenance sessions where G-codes are based on the maintenance of the 5% weight loss goal?

A14: Here's how suppliers should submit claims for MDPP services provided in the core maintenance and ongoing maintenance sessions:

Core Maintenance Sessions:

- If the beneficiary achieved the 5% weight loss goal before or during the PHE, the supplier may submit claims for sessions provided virtually using the G-codes associated with the "Attend 2 session (with at least 5% WL)" goals (G9878 and G9879).
- If the beneficiary DIDN'T achieve the 5% weight loss goal before or during the PHE and the supplier cannot safely weigh the beneficiary in-person, the supplier may only submit claims for sessions provided virtually using the G-codes associated with the "Attend 2 sessions (without at least 5% WL)" goals (G9876 and G9877).

Ongoing Maintenance Sessions:

We've waived the 5% minimum weight loss requirements for the ongoing maintenance session intervals for beneficiaries receiving MDPP services during the PHE. MDPP billing for ongoing maintenance session doesn't change. Suppliers may submit claims for sessions provided virtually using the G-codes associated with the "Attend 2 sessions (with at least 5% WL)" (G9882, G9883, G9884, and G9885).

Q15: What POS code should suppliers use to bill for VM sessions consistent with [42 CFR §410.79\(e\)](#)?

A15: The POS codes show where the MDPP service is provided, e.g. "Office" (11), "Outpatient Facility Code" (19 or 22), or "Other" (99) if the service is provided in a community setting or as a VM session. During the PHE, suppliers should use "Other" (99) as their POS when a service is provided virtually. If the session is a virtual session, include the modifier "VM" at the end of the HCPCS code (e.g., G9891VM). For MDPP billing, claims may list the currently enrolled location (not the coach's home address) as the POS.

Q16: Should suppliers use the Virtual Modifier code “VM” to bill for sessions provided virtually during the PHE?

A16: Yes, during the PHE suppliers should include the Virtual Modifier code, “VM,” on all claims associated with a service that was provided virtually (e.g., G9891VM).

Q17: How should a supplier bill for beneficiaries who restart the expanded model once in-person sessions start?

A17: If a beneficiary chooses to restart MDPP once the PHE ends, the beneficiary should restart the expanded model at the first core session and the supplier will submit claims for the MDPP services provided as if the beneficiary hadn’t participated before. Please see the [MDPP Billing and Payment](#) fact sheet.

Q18: What happens to the flexibilities when the PHE ends?

A18: Unless flexibilities are extended through subsequent rulemaking, once the PHE ends, all IFC flexibilities will end. Suppliers will then be required to follow the MDPP supplier standards when providing MDPP, which includes an in-person format and limits on VM sessions.

Q19: Are there other waivers or regulatory flexibilities that apply to MDPP?

A19: Yes. Starting March 1, 2020 through the PHE end, there are provider enrollment waivers under section [1135 of the Social Security Act](#) that apply to organizations who apply to Medicare to become MDPP suppliers.

Specifically, these screening requirements are waived:

- Application Fee - (to the extent applicable).
- Criminal background checks associated with fingerprint-based criminal background checks (FCBC) (to the extent applicable) - 42 - CFR §424.518, and
- Site visits (as they apply) - 42 CFR §424.517

Read the [full list of blanket waivers](#).