

<b>Subject:</b>	Medicare Diabetes Prevention Program (MDPP)		
<b>Policy Number:</b>	PO-RE-160v1		
<b>Effective Date:</b>	01/01/2026	<b>Last Approval Date:</b>	01/15/2026

## I. Policy Description

The purpose of this policy is to establish compliant and consistent reimbursement and billing guidelines for the Medicare Diabetes Prevention Program (MDPP). Healthfirst supports provider participation in MDPP to promote type 2 diabetes prevention among eligible Healthfirst Medicare members through structured lifestyle interventions targeting weight loss, nutrition, and physical activity.

This policy outlines the covered delivery modalities, billing requirements, weight documentation standards, and applicable HCPCS coding for the provision of MDPP services to Healthfirst Medicare members.

The information below applies to the following lines of business:

- Medicare Advantage HMO
- Medicare PPO
- Medicaid Advantage Plus/MAP (CompleteCare)

## Reimbursement, Billing and Coding Guidelines

### 1. Covered Delivery Modalities

MDPP services may be delivered in one of the following modalities

Delivery Mode	Description	Requirement
In-person	Live, face-to-face group sessions	CDC DPRP recognition required
Distance Learning	Real-time virtual classroom (synchronous)	Coach must deliver live sessions with participant access
Online (Asynchronous)	Internet-based, self-paced (non-live) instruction	Requires engagement tracking and weekly live Coach interaction

**Note:** Healthfirst Medicare beneficiaries must remain in a single delivery modality throughout the 12-month MDPP episode. Mixing of synchronous and asynchronous modalities is not permitted.

## 2. Billing Codes for MDPP Services

CPCS Code	Service Description	Applicable Delivery Mode
G9886	Behavioral counseling, in-person, group, 60 minutes	In-person
G9887	Behavioral counseling, distance learning, group, 60 minutes	Distance learning (synchronous)
G9871	Behavioral counseling for diabetes prevention, online, 60 minutes	Online (asynchronous)
G9880	Achievement of 5% weight loss milestone	Any
G9881	Achievement of 9% weight loss milestone	Any
G9888	Maintenance of 5% weight loss (months 7–12)	Any

- Use Modifier 76 for same-day make-up sessions when billing G9886, G9887, or G9871.

## 3. Session Limits and Maintenance Alignment

Healthfirst pays up to 22 MDPP sessions per eligible member during a single 12-month episode. For Online (asynchronous) delivery billed under G9871, the following session schedule and billing rules will apply:

- Months 1–6: One Online session per week (up to 16 sessions)
- Months 7–12: One Online session per month (up to 6 sessions)
- Maintenance Milestone: Once the participant achieves 5% weight loss, suppliers delivering MDPP Online may bill:
  - G9871 (for session attendance), plus
  - G9888 (for maintenance of 5% weight loss)
  - This combination (G9871 + G9888) may be billed up to 6 times during months 7–12

Important: Online sessions billed with G9871 may not be combined with G9886 (in-person) or G9887 (distance learning) for the same beneficiary within a 12-month period.

## 4. Weight Reporting Requirements

Acceptable methods for weight documentation include:

- Live video demonstration: Participant and scale visible to the Coach
- Date-stamped photo(s) or video recordings with participant and scale
- Bluetooth or cellular-connected scale data transmissions
- Medical record documentation dated within 5 calendar days of the MDPP session

All submissions must clearly identify the participant and the date the weight was recorded.

## 5. Live Coach Interaction for Online Sessions

### Live Coach Interaction for Online Sessions

- There must be bi-directional, live communication between the participant and a Coach during each week the participant engages with content.
- Acceptable forms of interaction include:

- Email with participant reply
- Text message exchange
- In-app messaging with participant response

AI or chatbot-generated responses are not permitted as substitutes for live Coach interaction.

## 6. Documentation Requirements

MDPP suppliers must maintain records that include:

- Session attendance logs
- Participant engagement evidence (module completions, knowledge checks)
- Live Coach interaction logs (for online delivery)
- Verifiable weight documentation
- CDC DPRP recognition documentation (specific to delivery modality)

Records must be retained and made available upon request for audit or compliance verification.

## 7. Limitations and Exclusions

- Healthfirst Medicare members may receive MDPP once per lifetime, unless exempted under CMS guidelines.
- Mixing of asynchronous and synchronous modalities is not allowed within a single program period.
- Bridge payments (G9890) are discontinued for services rendered after December 31, 2024.
- Claims with non-compliant delivery formats, missing documentation, or unsupported weight verification may be denied or subject to recoupment.

## Adjudication and Appeal Process

1. Reimbursement for MDPP services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

*For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization*

## II. Applicable Codes

Code	Description	Comment
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	
G9871	Behavioral counseling for diabetes prevention, online, 60 minutes	
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 an in-person weight measurement at a core session or core maintenance session	
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 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 an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session	
G9888	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	

## III. Definitions

Term	Meaning

MDPP	Medicare Diabetes Prevention Program

## IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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*Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.*

## V. Reference Materials

[Medicare Diabetes Prevention Program \(MDPP\) Expanded Model | CMS](#)

[Medicare Diabetes Prevention Program \(MDPP\) Expanded Model: Supplier Resources | CMS](#)

## VI. Revision History

Revision Date	Summary of Changes

### Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy



guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.