



## Medicare Diabetes Prevention Program (MDPP)

### Shared Learning Resource:

# Working with a Billing Vendor to Refine Electronic Health Record (EHR) Billing Processes for MDPP

In the fall of 2022, as part of the MDPP Enrollment Project, \* the National Association of Chronic Disease Directors (NACDD) conducted interviews with three Medicare Diabetes Prevention Program (MDPP) suppliers of the National Diabetes Prevention Program (National DPP) lifestyle change program. These interviews were focused on refining MDPP billing processes within third-party electronic health records (EHR). This resource compares supplier approaches, summarizes key learnings, and distills best practices.

For more MDPP resources and webinars, please visit the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit (home page of Coverage Toolkit → Medicare → MDPP Implementation Resources).

## About This Resource

This resource provides information on how National DPP and MDPP suppliers can work with third-party billing vendors to improve EHR billing processes. It is divided into the following sections:

### Examples of MDPP Supplier Billing

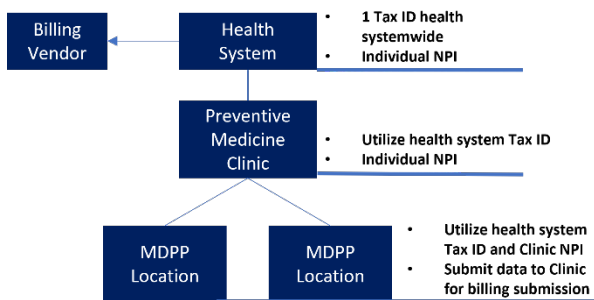
- [Supplier A](#) – Tracks all required data elements using an embedded “flow sheet” set-up to submit claims through the billing vendor services within the EHR.
- [Supplier B](#) – Utilizes a paper-to-electronic review system internally and inputs information directly into billing vendor submission system to be reviewed and submitted to the payer.
- [Supplier C](#) – Inputs information directly to billing vendor submission system within the EHR where alerts are set up to prompt Lifestyle Coaches when certain G-codes are necessary. Once the information is inputted, a review is completed and the claim is submitted to the payer.

*\*The Medicare Diabetes Prevention Program (MDPP) Enrollment Project is a technical assistance and funding opportunity for MDPP suppliers that are ready and able to focus efforts to increase enrollment in their programs but may be lacking the administrative and/or billing infrastructure to facilitate claims submission. In addition to providing access to a data management and billing and claims platform, this project provides access to technical assistance to help with provider referral support and communication and marketing support. The opportunity is funded and supported by the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translations and the National Association of Chronic Disease Directors (NACDD) with technical assistance support from the American Medical Association (AMA).*

## Examples of MDPP Billing Implementation

Each supplier developed a different system with their billing vendor based on characteristics that were unique to their organization’s program delivery processes. MDPP suppliers should take into consideration their specific needs and create a process with a billing vendor that best suits them.

### MDPP Example #1: MDPP Supplier A



**ORGANIZATION & MDPP BACKGROUND:** MDPP Supplier A (will be referred to as “Supplier A” throughout this document) operates the MDPP in a preventive medicine clinic, which falls under the school of population health at a medical university. Supplier A has 11 Lifestyle Coaches, 1 MDPP location, and has completed 1 MDPP cohort. For Supplier A, the MDPP is structured to run through the main health system and the clinic it is attached to.

**TAX ID & NPI NUMBER USE:** Supplier A submits claims using the health system’s Tax Identification Number (Tax ID) and the clinic’s National Provider Identifier (NPI). Initially, the NPI number associated with the larger health system was included in claims. However, after receiving a few denials, Supplier A was encouraged to obtain a new NPI number for the preventive medicine clinic.

**BILLING PROCESS:** Supplier A has a process to track the necessary participant information to submit claims. Supplier A has integrated CDC Diabetes Prevention Recognition Program (DPRP) reporting with a “flow sheet,” developed by their information technology (IT) team to track all participant and session information. The flow sheet includes the session number, the type of session, physical activity (PA) minutes, and weight of participants. Additional information such as topic covered in the session and how many sessions the participant has attended are documented in a notes section. The flow sheet assists Lifestyle Coaches with billing submission processes.

For billing submission, Supplier A had an analyst from the billing vendor and an internal IT member create a submission system that includes two tabs:

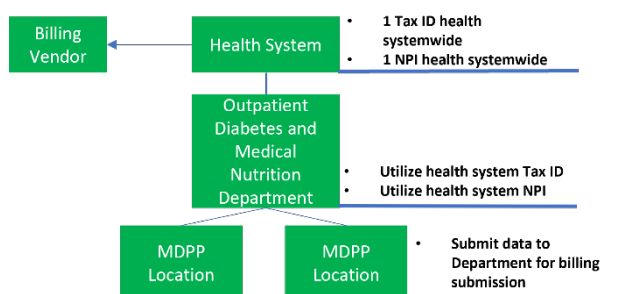
- Core – includes information for sessions 1-6
- Core Maintenance – includes information from sessions 7-12

Each of the tabs is populated with the necessary [G-codes](#) for each session. Lifestyle Coaches use the flow sheet to input the necessary participant information on each tab into the submission system. Once the spreadsheets are completed, the Lifestyle Coach is able to accept the charges and submit. Supplier A Lifestyle Coaches are enrolled as health educators and are able to bill directly. When a Lifestyle Coach accepts the charges, the claim is sent to an internal coder who reviews the information before it is submitted directly to the payer through the billing vendor. Each participant is billed for individually and it takes about four and half minutes to input information per participant. Lastly, for the purpose of measuring metrics, Supplier A utilizes separate visit types for the National DPP and the MDPP in the submission system.

### Best Practices

- Including team members from revenue cycle, billing, and IT are crucial to set up the MDPP billing process.
- Processes like tracking participants and classes electronically is important to have set up prior to claims submission.
- Develop a process for billing before beginning to submit claims.
- Assign each Lifestyle Coach to the MDPP in the PECOS system. This will help to ensure claims are received and approved.
- Track and monitor when claims are submitted and payment is received. This will give insight into when a claim is denied or needs a follow-up.
  - Consider establishing a special claim number to facilitate tracking of MDPP claims.

## MDPP Example #2: Supplier B



**ORGANIZATION & MDPP BACKGROUND:** MDPP Supplier B (will be referred to as “Supplier B” throughout this document) operates the MDPP in an ambulatory setting in the Outpatient Diabetes and Medical Nutrition Department under the primary care division of a hospital that is associated with a university. Supplier B has 6 Lifestyle Coaches, 4 MDPP locations, and has completed 17 MDPP cohorts.

### TAX ID & NPI NUMBER USE:

Similar to Supplier A, Supplier B’s MDPP was structured to operate out of the main health system it is attached to. However, unlike Supplier A, both the Tax ID and NPI of the health system are used to submit claims by the Outpatient Diabetes and Medical Nutrition Department that oversees MDPP locations. Through this structure, the MDPP operates as an outpatient setting but is billed as a hospital setting by the supplier.

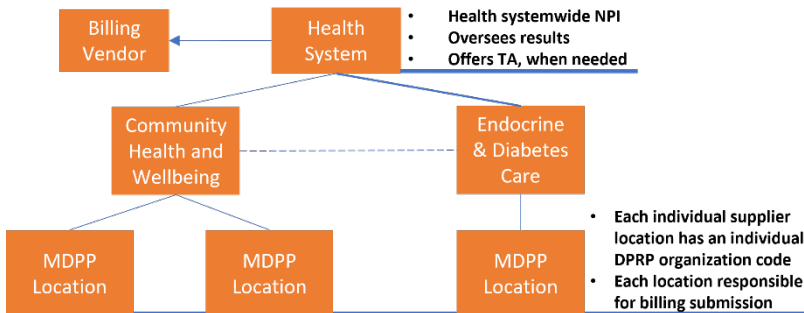
**BILLING PROCESS:** To assist with the creation of billing processes, Supplier B utilized the hospital’s payer relations and legal team to establish payer contracts and set up methods for receiving reimbursement. For data submission, Supplier B referenced frameworks already used by the main health system to create a similar process for the MDPP. Both the legal and IT teams worked with the billing vendor to create a data submission process based on existing structures. Supplier B has one visit type for the MDPP and all G-codes are tied to MDPP charges in the submission system. Additionally, Supplier B created a provider code unique to their health system that is used in the submission process to ensure that the health system can identify each MDPP claim.

Currently, Supplier B utilizes a paper-to-electronic review system in which a Lifestyle Coach fills out an electronic chart for each participant and then an internal data coordinator reviews the chart. Once it has been reviewed, the information is inputted into the Data Analysis of Participants System (DAPS), which has been integrated with the hospital’s billing submission system to trigger the billing vendor that a claim is being completed. Once the information is inputted and the claim is completed and signed within DAPS, the system sends the information to the coding and billing department where the information is reviewed and submitted to the payer.

Based on Supplier B’s experiences, there are a few billing best practices to consider. Ensure that Lifestyle Coaches are well versed on Medicare billing and checking weekly for performance codes that can be charged for participants, especially for those that have reached five percent weight loss. Additionally, make a practice of reviewing each previous claim to confirm that Medicare payment has been received.



## MDPP Example #3: MDPP Supplier C



### ORGANIZATION & MDPP BACKGROUND:

MDPP Supplier C (will be referred to as “Supplier C” throughout this document) is a national health system that has ten sites spanning across five states. The MDPP operates with one MDPP location under the Endocrine and Diabetes Care Department and all other locations under the Community Health and Wellbeing Department. While many MDPP locations

under the Community Health and Wellbeing Department operate under a hospital setting, billing is done under the ambulatory professional setting for all MDPP locations. Supplier C has 4 Lifestyle Coaches, 1 MDPP location, and has completed 1 MDPP cohort.

**TAX ID & NPI NUMBER USE:** For Supplier C, the MDPP program was structured to operate out of individual locations. Each MDPP location utilizes the main health system NPI for billing; all other information (e.g., Tax ID, DPRP organization code, etc.) is applied for and “owned” by each MDPP location. The role of the main health system is to oversee all operations and step in with technical assistance, if needed.

**BILLING PROCESS:** During the development process, the payer strategy team ensured contracted payers knew they were approved for the benefit and to helped the payers understand how Medicare billing works, especially with MA plans. The IT team assisted with the creation of the submission system workflow. Before claims were submitted to the billing vendor, Supplier C worked with the IT team to create alerts within the submission system that prompt a Lifestyle Coach to include a G-code when necessary for a participant. The revenue team for Supplier C was already familiar with receiving reimbursement and helped to finalize the workflow and implementation of the submission process.

To submit a claim through the billing vendor, a Lifestyle Coach inputs the needed information (e.g., G-codes, session type, physical activity minutes spent, etc.) into the submission system. After this, a billing analyst within the Endocrine and Diabetes Care Department reviews the claim to ensure charge codes and other information were added correctly. Once the review is complete, the billing analyst submits the claim to the payer directly.

### Best Practices

- Work with a Medicare Administrative Contractor (MAC) to understand G-codes more in-depth.
- Pay attention to the little things that are not always top of mind:
  - Ensure charge codes are included in claims.
  - Check to see if you need to include Modifier 82 on any claims.
- Ensure Code Z71.89 is added to claims if a participant does not have a prediabetes diagnosis; this helps to reduce risk of denials.
- Promote programs that are similar to MDPP to MA plans that plan to pay for the MDPP. In many instances if the MA plan is open to the MDPP, it will also be open to paying for similar programs.
- Work with staff members who can speak the “language” of payers, providers, etc. (e.g., have a provider champion speak with providers in the “language” that the providers will understand).



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