National Diabetes Prevention Program Medical Billing Playbook for Pharmacies

Centers For Disease Control and Prevention

Division of Diabetes Translation
Program Implementation Branch

January 2025

NATIONAL
**DIABETES
PREVENTION**
PROGRAM

U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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How to Use This Playbook

The National Diabetes Prevention Program (National DPP) Medical Billing Playbook for Pharmacies provides pharmacies with a standardized, step-by-step approach to pursuing billing and reimbursement for the Medicare Diabetes Prevention Program (MDPP). This playbook also describes strategies to help maintain CDC recognition and to enroll participants. At the end of this playbook are links to resources on sustainable medical billing methods, including reimbursement toolkits and webinar recordings; billing considerations; and a useful MDPP Enrollment and Medical Billing One-Pager.

Pharmacies can use this playbook with the **National DPP Coverage Toolkit** to help pharmacists and members of the pharmacy workforce deliver, manage, and sustain National DPP services and increase use of these services in their communities.

Key Terminology

This playbook uses terms common to the delivery of National DPP services and in billing and claims processing. Some of these terms are in Table 1.

Term	Definition
Table 1: Terms Used in National DPP and Billing and Claims	
CDC-Recognized Organization	An organization that offers the National DPP LCP and has achieved Pending, Preliminary, Full, or Full Plus recognition from the CDC's DPRP.
Current Procedural Terminology (CPT)	CPT refers to a set of medical codes health care professionals use to describe and get reimbursed for the procedures and services they perform. CPT codes, maintained by the American Medical Association, may be used for pharmacy billing services. They are composed of five characters and classified by three types: Category I, Category II, and Category III. • CPT Category I: The largest body of codes, consisting of those commonly used by providers to report their services and procedures. • CPT Category II: Supplemental tracking codes used for performance management. • CPT Category III: Temporary codes used to report emerging and experimental services and procedures.[1]
Diabetes Prevention Recognition Program (DPRP)	The quality assurance arm of the National DPP charged with evaluating organizations' performance in effectively delivering the National DPP LCP with quality and fidelity to the original science. Additional information is available in the **DPRP Standards and Operating Procedures**.
Healthcare Common Procedure Coding System (HCPCS)	HCPCS is a standardized coding system that providers use to submit claims for health care services, procedures, and supplies. HCPCS is divided into Level I and Level II. Level II HCPCS codes are relevant to pharmacies seeking reimbursement for MDPP. **Level II HCPCS codes** represent non-physician services like ambulance rides, wheelchairs, walkers, other durable medical equipment, and other medical services that do not fit readily into Level I. Level II codes are alphanumeric, with a letter occupying the first character of the code. Users can generally refer to the range of codes by their initial character. G-codes are temporary codes used when CPT codes do not yet exist for the professional service.[2] Examples include G0008: administration of influenza virus vaccine and G0109: diabetes outpatient self-management training services, group session. For more information, visit **HCPCS Coding Questions** on the CMS website.[3]

Table 1: Terms Used in National DPP and Billing and Claims

Term	Definition
Lifestyle Coach	A person responsible for implementing the National DPP LCP and providing support and guidance for participants.
Medicaid	Medicaid is a joint federal and state program that helps cover medical costs for select people with limited income and resources.[4]
Medicare	Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes known as ESRD).[4]
Medicare Administrative Contractor (MAC)	A MAC is a private health care insurer that has been awarded a geographic jurisdiction by CMS to process medical claims for Medicare fee-for-service beneficiaries under Medicare Parts A and B. A MAC is sometimes called an enrollment contractor. MACs also set and educate on regulations and requirements and review claims submissions for fraud/abuse. For more information, see **Who are the MACs?**[5]
Medicare Diabetes Prevention Program (MDPP)	The Centers for Medicare & Medicaid Services (CMS) certified the expansion of the National DPP LCP into Medicare based on the results of a model test supported by the Center for Medicare and Medicaid Innovation (CMMI) and conducted by the Y-USA. The National DPP LCP became a covered preventive service for eligible Medicare beneficiaries through the MDPP—the first preventive service model tested by CMMI to be expanded into Medicare.
Medicare Diabetes Prevention Program (MDPP) Supplier	An organization that has enrolled and been approved to offer MDPP services to eligible beneficiaries and bill for those services. National DPP delivery organizations with CDC Preliminary or Full/Full Plus recognition are eligible to apply to become MDPP suppliers.
National DPP Lifestyle Change Program (LCP)	The National DPP is a partnership of public and private organizations working to build a nationwide delivery system for an LCP proven to prevent or delay type 2 diabetes in adults at high risk. The National DPP is founded on four key pillars: (1) a trained workforce of Lifestyle Coaches; (2) national quality standards supported by the CDC Diabetes Prevention Recognition Program; (3) a network of program delivery organizations sustained through coverage by public and private payers; and (4) participant referral and engagement.
National Plan and Provider Enumeration System (NPPES)	CMS developed the NPPES to assign unique National Provider Identifiers (NPIs). The **NPI Registry Public Search** has a free directory of active NPI records.

Table 1: Terms Used in National DPP and Billing and Claims	
Term	**Definition**
National Provider Identifier (NPI)	The NPI is a unique identification number for covered health care providers assigned by the NPPES. Pharmacies will need an NPI prior to submitting claims or conducting other transactions as specified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. *Note: Covered health care providers and all health plans and health care clearinghouses must use NPIs in administrative and financial transactions adopted under HIPAA.*[6]
Provider Enrollment, Chain, and Ownership System (PECOS)	When a provider wishes to become a Medicare provider, they visit the PECOS website to complete an enrollment application package. Pharmacies can also use PECOS to apply for their pharmacy PTAN.[7]
Provider Transaction Access Number (PTAN)	PTAN is a Medicare-only number issued to providers by MACs upon enrollment in Medicare. MACs issue an approval letter, including PTAN information, when enrollment is approved. The PTAN is usually six digits and assigned based on the type of service and the location of the provider. Pharmacies usually have PTANs that are categorized as pharmacy, mass immunizer, and independent clinical lab. Note that a provider may have more than one PTAN, representing enrollment through multiple practice sites. *Note: The PTAN is a critical number directly linked to a provider or supplier's NPI. Use of a PTAN should generally be limited to a provider's communication with their MAC.*[8]
Taxonomy Code	Taxonomy codes are codes that designate a health care provider's classification and specialization. They are unique 10-character codes self-selected by health care providers from the **National Uniform Claim Committee website**. Taxonomy codes do not specify the actual services rendered by the health care provider.[9]
Umbrella Hub Arrangement (UHA)	A business approach to connect organizations with health care payment systems for delivery of the National DPP LCP.
Umbrella Hub Organization (UHO)	Each UHA is administered by a UHO, which is the lead organization in the arrangement.

Introduction

In recent years, pharmacists have expanded their scopes of practice in many states to incorporate clinical services beyond the provision of filling and dispensing prescription medications. In many settings, pharmacists are involved with delivering routine patient care, chronic disease prevention services, diabetes education, motivational interviewing, and more. Yet pharmacists experience challenges and administrative barriers when seeking reimbursement for clinical services provided. Currently, pharmacists do not have Medicare provider status, which means they cannot directly bill Medicare for most clinical services they are trained to provide. Many states have approved expansion of pharmacists' legal scope of practice; however, this varies widely by state.[10]

Despite pharmacists' lack of provider status under Medicare, many are well-positioned to deliver or support delivery of the National DPP LCP, a 1-year program which provides coaching to help participants improve health outcomes and lower their risk of type 2 diabetes. The intervention is delivered by a trained Lifestyle Coach and consists of at least 16 weekly "core" sessions over the course of six months, followed by monthly "maintenance" sessions for six months. These sessions use a CDC-approved curriculum and provide training on dietary changes and increased physical activity to help participants make lasting healthy changes.

To be eligible to deliver the National DPP LCP, CDC requires organizations apply for Pending recognition from the DPRP. Over time, organizations can advance to Preliminary, Full, or Full Plus recognition based on participant outcomes. The DPRP provides guidance, training, and technical assistance (TA) to organizations to help them achieve and maintain CDC recognition.

Type 2 diabetes affects more than a quarter of Americans aged 65 or older, and statistics show that these numbers will continue to rise without intervention.[11] To slow this trend, CMS certified the expansion of the National DPP LCP into Medicare based on the results of a model test supported by the CMMI and conducted by the Y-USA. Beginning in April 2018, the National DPP LCP became a covered preventive service for eligible Medicare beneficiaries through the MDPP—the first preventive service model tested by CMMI to be expanded into Medicare. To become MDPP suppliers, pharmacies must first achieve Preliminary or Full recognition from CDC's DPRP. Additional information can be found in the **Applying for Recognition section** and **MDPP Billing section** of this playbook. Once a pharmacy achieves Preliminary or Full CDC recognition, it may apply to become an MDPP supplier and will be eligible to bill Medicare for MDPP services.

While the requirements for achieving CDC recognition are well documented, guidelines for billing and reimbursement of pharmacy-based services are less clear and remain a challenge for pharmacies. To enable long-term and sustainable delivery of the National DPP LCP, it is critical for pharmacy-based organizations to identify a reliable pathway for reimbursement across different settings and delivery models.

Applying for Recognition from the CDC Diabetes Prevention Recognition Program

This section describes the process for applying for CDC recognition.

To apply for recognition, organizations should complete the **DPRP Application**. Before applying, it is important that pharmacies:

- Review the **DPRP Standards and Operating Procedures (DPRP Standards),** which provide a detailed overview of recognition and data submission requirements.
- Listen to the **New Organization Orientation Webinar** for details about the DPRP Standards and key elements for successfully implementing the National DPP LCP.
- Complete the **Organizational Capacity Assessment** and view the **Organizational Capacity Assessment Webinar** to determine readiness to deliver the National DPP LCP.

The DPRP has four recognition categories: Pending, Preliminary, Full, and Full Plus. Table 2 presents the required criteria for each recognition category, as described in the DPRP Standards. To become an MDPP supplier, organizations must first achieve Preliminary, Full, or Full Plus CDC recognition.

Table 2: CDC Recognition Categories and Requirements	
CDC Recognition Categories	**Recognition Requirements**
Pending Recognition	• Submit an application for recognition. • Commit to using a CDC-approved curriculum. • Agree to adhere to the intervention duration. The National DPP LCP must have a duration of one year. • Agree to adhere to the intervention intensity. The National DPP LCP must begin with an initial 6-month phase, referred to as the Core phase, during which a minimum of 16 weekly sessions are offered over a period lasting at least 16 weeks and not more than 26 weeks.

Preliminary Recognition	• Must meet the requirements for Pending recognition.
	• Must meet one of the following four requirements:
	   – Serve a population that resides in a county classified as having high vulnerability according to the CDC/ATSDR Social Vulnerability Index which refers to the potential negative effects on communities caused by external stresses on human health or
	   – Has Preliminary, Full, or Full Plus recognition for one delivery mode and subsequently applies to deliver the National DPP LCP through an additional delivery mode or
	   – At least 5 eligible participants have attended at least 8 sessions at the time of Sequence 1 (6-month) or Sequence 2 (12-month) data submission or
	   – The evaluation cohort[a] includes at least 5 eligible participants whose cohorts began 12-18 months prior to the data submission month and at least 30% of the eligible participants meet the definition of a completer[b].

Full Recognition[c]	• Must meet the requirements for Preliminary recognition
	• Must retain participants to completer status
	   – The evaluation cohort includes at least 5 eligible participants whose cohorts began 12-18 months prior to the data submission month and
	   – At least 30% of all eligible participants meet the definition of a completer.

[a] A group of participants who enroll and attend the yearlong National DPP LCP together in a class that starts on the same date and follow the same schedule for regular sessions.

[b] An eligible participant enrolled in an evaluation cohort who attended at least eight sessions in months 1–6 and whose time from first session held by the cohort to last session attended by the participant is at least 9 months.

[c] Once an organization meets the requirements for Full recognition, the organization may remain in Full indefinitely if it continues to submit the required data every 6 years

Table 2: CDC Recognition Categories and Requirements	
CDC Recognition Categories	**Recognition Requirements**

	• Organizations must show that there has been a reduction in the risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% of all completers achieved at least one of the following outcomes:
	  – At least 5% weight loss 12 months after the cohort began or
	  – At least 4% weight loss and at least 8 sessions associated with an average of 150 minutes/week of physical activity or
	  – At least 4% weight loss and at least 17 sessions attended or
	  – At least a 0.2% reduction in HbA1C
	• Organizations must show that at least 35% of completers in the evaluation cohort are eligible for the National DPP LCP based on either a blood test indicating prediabetes or a history of gestational diabetes mellitus.

Full Plus Recognition	• Must meet requirements for Full recognition.
	• Eligible participants in the evaluation cohort must have been retained at the following percentages:
	  – A minimum of 50% at the beginning of the 4th month since the cohorts' first sessions.
	  – A minimum of 40% at the beginning of the 7th month since the cohorts' first sessions.
	  – A minimum of 30% at the beginning of the 10th month since the cohorts' first sessions.

Every organization with Pending, Preliminary, Full, or Full Plus recognition is listed in the **National Registry of Recognized Organizations**.

Maintaining Recognition from the CDC Diabetes Prevention Recognition Program

To maintain CDC recognition, organizations submit data to the CDC. Data are due every six months, and the first submission is due six months after the effective date (the first day of the month after receiving CDC recognition). More information on the requirements for data submission can be found in the **DPRP Standards**. For specific questions related to CDC recognition, organizations may register on the National DPP Customer Service Center by going to the **National**

[Diabetes Prevention Program Customer Service Center](#) (CSC) and selecting "Login" and then "Register". To request technical assistance, organizations should sign in and then select "Contact Us/Contact Support".

Enrolling and Retaining MDPP Eligible and non-MDPP Eligible Participants

This section describes how to determine eligibility, enroll participants, and maintain enrollment through best practices shared by other CDC-recognized program delivery organizations.

Pharmacists can help determine eligibility by screening patients using the [CDC-approved Prediabetes Risk Test](#), administering a blood glucose test, or referring patients to a primary care provider for a blood glucose test. To meet eligibility requirements for the MDPP, patients must:

- Be enrolled in Medicare Part B or Part C (for more information, see [CMS's Checking Medicare Eligibility document](#)).
- Have a body mass index ≥25; ≥23 if self-identified as Asian.
- Have an A1c (HbA1c) between 5.7% and 6.4%, a fasting plasma glucose of 110–125 mg/dL, or a 2-hour post-glucose challenge (oral glucose tolerance test) of 140–199 mg/dL within the previous 12 months.
- Have no previous diagnosis of type 1 or type 2 diabetes.
- Not have end-stage renal disease at any point during the MDPP services period.

The MDPP benefit is available only once per lifetime. Although referrals are not required, the following referrals are allowed as long as blood test results indicate eligibility:

- Self-referral by participant.
- Community referral.
- Physician referral.
- Other health care practitioner referral.

The eligibility requirements for non-Medicare National DPP LCP participants (those for whom Medicaid or another plan would be billed or who would pay privately) are not the same as for Medicare National DPP LCP participants. Those requirements can be found on the [Program Eligibility webpage](#) of the CDC National DPP website.

Best Practices for Engaging National DPP LCP Participants

Maintaining good participant attendance is critical for organizations to meet DPRP requirements, sustain National DPP LCP delivery, and achieve successful reimbursement for services.

If a participant misses a regularly scheduled National DPP LCP session, organizations are highly encouraged to offer a make-up session. Make-up sessions enable organizations to improve

participant retention and meet attendance requirements. View the **National DPP Customer Service Center FAQ webpage** for additional information on make-up sessions and attendance benchmarks.

Some best practices that CDC-recognized pharmacies offering the National DPP LCP may consider for boosting session attendance are:

- Consider offering a "Session Zero" (introductory "discovery" session) (**Discovery Session Guide for Live Videoconferencing**).
- Emphasize to participants that the program is 12 months long and that they should also attend sessions during months 7–12.
- Begin each cohort with 10–15 participants to allow for unforeseen circumstances that may result in a loss of participants.
- Consider incorporating nonbinding, written participant agreements to maintain attendance throughout the program.
- Consider increasing the number of sessions offered.
    - An increased number of sessions—and greater attendance—helps strengthen the relationships among participants.
    - Offering sessions twice a month in months 6–7 can ease the transition to monthly sessions.
    - Programs that offer more than one session per month during months 7–12 report higher session attendance.

Additional best practices can be found in **Rx for the National DPP: Action Guide for Pharmacists**.

Medicare Billing

This section provides an overview of the basics of Medicare Parts B, C, and D; guidance for MDPP billing; and best practices for troubleshooting rejected claims.

Overview of Medicare and Pharmacy Claims

Medicare Part D pertains to coverage of prescription drugs. Traditionally, pharmacies have a streamlined process for submitting claims to a pharmacy benefit manager (PBM) through their pharmacy management systems. These claims are often approved instantaneously if a recognized physician prescribed the medication, and the drug is on the formulary of the patient's insurance plan.

Medicare Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services. However, billing for medical benefits such as MDPP under Medicare Part B is a more complicated process for pharmacies. This is because of medical billing policies; the required documentation for services provided; and the need for a separate, non-PBM associated billing platform.

Medicare Part C, also known as Medicare Advantage, is an alternative insurance option that offers coverage for Medicare Parts B and D, plus additional items and services such as the MDPP. For more details and specific information, see the **Medicare Advantage Fact Sheet**. The process for billing services through Medicare Part C falls under the commercial billing process described in the Appendix.

Processes for MDPP Enrollment

Once a pharmacy receives Preliminary, Full, or Full Plus recognition from CDC's DPRP, it may apply to become an MDPP supplier and receive reimbursement for MDPP services.

To enroll, pharmacies that are currently National DPP providers will complete the three steps described below.

*If a pharmacy has already completed MDPP supplier enrollment and has a *pharmacy* PTAN, they can skip to the MDPP Billing Section of this playbook.

Step 1: Obtain or Verify NPI and Taxonomy Code

HIPAA provisions require all health care providers who are HIPAA-covered entities to have an NPI. Pharmacies will need an NPI prior to submitting claims or conducting other transactions as specified by HIPAA.

Pharmacists, pharmacy technicians, and other members of the pharmacy workforce are not recognized as individual MDPP suppliers or organizations approved to offer and bill eligible beneficiaries for MDPP services and therefore cannot bill under their own NPIs. Billing for the MDPP is done under the pharmacy's NPI.

Taxonomy codes will be assigned when applying for an NPI and are used to describe the organization type, classification, and area of specialization.

If the pharmacy has an NPI, the first step is to verify it by visiting the **NPPES NPI Registry website**. The pharmacy was assigned a taxonomy code(s) when applying for the NPI.

Step 2: Confirm MDPP Supplier Eligibility

To become an MDPP supplier, organizations must first achieve Preliminary or Full/Full Plus recognition status. The list of eligibility criteria and requirements that organizations must meet to enroll as MDPP suppliers include the following:

- CDC-recognized organizations with Preliminary, Full, or Full Plus recognition must enroll in Medicare as MDPP suppliers to furnish and bill for MDPP services.
- MDPP suppliers must maintain at least one administrative location and a primary business telephone number.
- Existing Medicare suppliers must apply separately to become MDPP suppliers to offer the program.
- If an MDPP supplier's Medicaid billing privileges are revoked, Medicare billing privileges will also be revoked.
- All Lifestyle Coaches who are employed by an MDPP supplier must have their own NPIs. To be eligible to provide MDPP services:
  – Individual Lifestyle Coaches may not have had Medicare billing privileges revoked or been convicted of a felony within the last 10 years.
  – Individual Lifestyle Coaches cannot apply to become MDPP suppliers.
  – Individual Lifestyle Coaches should be compliant with the Lifestyle Coach requirements in the DPRP Standards.
- MDPP suppliers must submit a roster of Lifestyle Coach NPIs, names, and social security numbers upon application. MDPP suppliers can obtain NPIs for their Lifestyle Coaches through the NPPES website. Suppliers may prefer to apply for NPI numbers on behalf of their Lifestyle Coaches rather than requiring all Lifestyle Coaches to create their own NPPES accounts.

  Note: If pharmacy personnel without an NPI, such as pharmacy technicians or clerks, become Lifestyle Coaches, they should seek a Health Educator NPI.

Additional information about MDPP supplier eligibility can be found on this **MDPP Basics webpage** within CDC's National DPP Coverage Toolkit. Additional information about MDPP Lifestyle Coach eligibility criteria can be found on the **CMS MDPP Coach Eligibility Fact Sheet**.

Step 3: Enroll as an MDPP Supplier and Obtain the Correct PTAN

To become eligible for reimbursement for MDPP services, pharmacies must enroll as MDPP suppliers. Once enrolled, pharmacies will receive *pharmacy* PTANs from their MACs. A *mass immunizer, clinical lab, or durable medical equipment* PTAN alone is not sufficient to bill for the MDPP, and every pharmacy must obtain a *pharmacy* PTAN.

Having a *pharmacy* PTAN is critical for MDPP reimbursement, and pharmacies must apply separately to become MDPP suppliers, even if they are enrolled in Medicare under a different provider type. After pharmacies apply for MDPP supplier status, they should confirm with their MACs that a Type 3 Group pharmacy PTAN number is set up to avoid claim rejections. Additional information about finding and managing relationships with local MACs is on the CMS webpage **(Who are the MACs).**

Within the enrollment application, a pharmacy will select a **taxonomy code**, a unique 10-character code that designates the pharmacy's classification and specialization. If a pharmacy has more than one PTAN, it is required to submit the following taxonomy code to the MAC: 333600000X. If a pharmacy only has one PTAN, the taxonomy is not relevant.

CMS does not require MDPP suppliers to pay provider enrollment fees, and pharmacies can enroll as MDPP suppliers via online or paper applications:[12]

- **MDPP supplier online enrollment:** Pharmacies may apply as MDPP suppliers online using **PECOS**. Additional resources to support the enrollment process can be found on the PECOS website and in the **CMS MDPP enrollment video.** Online enrollment is recommended over paper enrollment for faster processing by CMS.

- **MDPP supplier paper enrollment:** Alternatively, pharmacies may complete enrollment and obtain their *pharmacy* PTANs through a **paper Form CMS-20134 application**.[13] The application and necessary supporting documents should be mailed to the pharmacy's local MAC. Information about identifying a MAC in the local jurisdiction can be found in Step 3 of the MDPP Billing section of this playbook. The **video** from National Government Services provides guidance for completing the paper Form CMS-20134 application.

The approval process usually takes at least 80 days and is handled by Medicare. MACs will notify applicants once enrollment is approved or denied. After the enrollment application is approved, the pharmacy representative may log in to PECOS to make changes to the enrollment fields (such as adding or removing Lifestyle Coaches or MDPP locations or updating the authorizing official).

If enrollment is denied or revoked for non-compliance, the pharmacy has the opportunity to submit a Corrective Action Plan (CAP). For additional information, please go to the **CAP submission process**.

Questions about MDPP supplier enrollment may be directed to the **MDPP Supplier Support Center**. For further information, use these links:

- **About MDPP**
- **MDPP Post-Enrollment Timeline**
- **MDPP Frequently Asked Questions**

MDPP Medical Billing

To bill for MDPP services, pharmacies will complete the five steps described below.

Step 1: Obtain a Pharmacy PTAN/Keep Information Updated in PECOS

For successful medical billing, pharmacies should keep their enrollment information, including PTANs, up to date. A *mass immunizer, clinical lab, or durable medical equipment* PTAN alone is not sufficient to bill for the MDPP, and every pharmacy must obtain a *pharmacy* PTAN. Pharmacies that do not have a *pharmacy* PTAN must complete the steps described in the previous section on **MDPP Enrollment**.

Pharmacies may update their *pharmacy* PTANs in one of the following ways:
- Updating enrollment information in **PECOS**, or
- Resubmitting a **paper version of Form CMS-20134** with updated information to their local MAC.[14]

Pharmacies that have their *pharmacy* PTAN should be aware of the required reporting. The following changes must be reported via PECOS within 30 days:[15]

- A change in ownership.
- An adverse legal action.
- A change in practice location.

If these changes are not reported, or if an expired Form CMS-20134 is used, medical claims may be rejected.

Step 2: Upload or Mail the CDC Recognition Certificate

Pharmacies will be required to either upload or attach a copy of their CDC recognition certificate via the **online or paper enrollment options**:

- Online: Upload the certificate to the pharmacy PTAN account on PECOS.
- Paper: Attach a copy of the certificate to the **paper Form CMS-20134**.

They should also share a copy of the recognition certificate with their local MACs. The next step describes how to contact local MACs.

Step 3: Register with the Local MAC (if not already done)

Once a pharmacy has enrolled as a Medicare Part B provider, the pharmacy must contact their local MAC. MACs are assigned to specific jurisdictions and can help pharmacies in those jurisdictions by reviewing and processing their enrollment applications; processing the pharmacies' Medicare claims; and responding to pharmacies' inquiries related to the Medicare provider enrollment application, medical billing, and coverage requirements. MACs can also provide updates on enrollment status.

Pharmacies can find a list of MACs associated with their local jurisdictions by clicking this **CMS link** and navigating to the A/B MAC Jurisdiction Map. They may also use this **interactive state-specific resource** from CMS to find MAC websites, secure internet portals, and email lists by state.

Once the pharmacy has contacted their local MAC, they have three actions to take:

1. The pharmacy should ascertain whether the MAC needs supplemental information, such as a billing provider's information, to process the Medicare enrollment application.
2. The pharmacy should coordinate with their local MAC to complete an electronic funds transfer (EFT) authorization agreement in the Medicare enrollment package. With EFT, Medicare can send payments directly to a pharmacy's financial institution whether claims are filed electronically or on paper.
3. The pharmacy should confirm with their MACs that a Type 3 Group pharmacy PTAN number is set up; this will help avoid claim rejections.

Step 4: Determine a Method for Submitting Claims to the MAC (medical billing)

Once a pharmacy is approved as an MDPP supplier and has a *pharmacy* PTAN, it may use a medical billing provider that can submit claims on its behalf to a MAC. Three common methods for submitting claims are:

1. Using software (also referred to as a platform or technology platform) that allows pharmacy staff to enter required encounter information and then facilitates the process of claim submission to the MAC.
2. Using a clearinghouse that accepts the patient encounter data from the pharmacy and then formats the claim for submission to the MAC.
3. Using a medical billing service. Medical billing services receive encounter information in various formats from the pharmacy, review it for completeness, and manage the claim process with the MAC on behalf of the pharmacy.

Pharmacies should contact their local MACs for a list of medical billing companies that submit Medicare claims. Three medical billing providers are **Welld Health**, **HabitNu**, and **DPP Express**. These medical billing companies do not represent all options available to pharmacies providing MDPP services.

If an MDPP supplier uses a medical billing provider, this medical billing provider's information must be listed on the **Medicare Enrollment Application**.

Pharmacies can consider the following when selecting electronic medical billing providers:

- Ability of the software to properly bill the taxonomy for the claim.
- Software vendor's experience using MDPP codes for medical billing.
- Ability of the software to transmit the correct *pharmacy* NPI and *pharmacy* PTAN.
- Ability to keep data secure.
- Ease of integrating the software into the pharmacy management system.

Additional guidance on finding the right technology platform to support MDPP billing can be found in **CDC's Technology Platform Considerations** on the National DPP Customer Service Center.

Paper claims are not accepted unless specific exceptions are met. Exceptions can be found in Chapter 24 of the **Medicare Claims Processing Manual**.

Step 5: Submit Claims to the MAC Using MDPP Claims Submission Software and Receive Reimbursement

Once pharmacies have completed the previous steps, they can begin submitting MDPP claims through their medical billing providers/systems. MDPP claims must be submitted in electronic format using Form 857P (or by completing paper Form CMS-1500 if exceptions are met). Instructions for using these forms are available on **this site** intended for Medicare providers.

Pharmacies will need the following information to fill out claim forms:

- Beneficiary information
- International Classification of Diseases-10 diagnosis code
- Demo code "82"
- MDPP service details
- HCPCS G-codes
- Rendering provider information (such as Lifestyle Coach NPI)
- Billing provider information (such as MDPP supplier NPI)

When submitting an MDPP claim, pharmacies must use the appropriate HCPCS/CPT billing procedure codes. Each code should be listed with the corresponding session date of service and rendering Lifestyle Coach NPI.

To identify the correct HCPCS G-Code for an MDPP service, as well as attendance and weight loss criteria, see the **MLN Booklet on the Medicare Diabetes Prevention Program Expanded Model**.

After successfully submitting MDPP claims, pharmacies will receive reimbursement. In Calendar Year (CY) 2025, MDPP services have a payment structure that allows for fee-for-service (FFS) payments for patient attendance while offering performance-based payments for diabetes risk reduction (weight loss). Medicare will make FFS payments to MDPP suppliers if a patients attends a session. Medicare will pay for up to 22 sessions billed with codes G9886 and G9887, combined, in a 12-month period. Medicare will make 1 or more types of performance payments to an MDPP supplier after the patient achieves the required 5% weight loss (one-time payment), maintains the 5% weight loss goal during a session in months 7-12 (one payment per month) and achieves 9% weight loss (one-time payment).

There is a 12-month timely filing limit, which starts on the date the service is furnished. For example, if a beneficiary attends the first core session on January 20, 2025, the MDPP supplier must submit the claim for payment no later than January 20, 2026. Refer to the **CMS MDPP Sessions Journey Map** to understand different session types and sequencing.

The MDPP supplier rate can be found within the **MLN Booklet on the Medicare Diabetes Prevention Program Expanded Model**. For additional information on submitting claims, pharmacies should contact their medical billing companies for guidance. Medical billing companies may also have tutorials to help pharmacies with submitting claims.

After a pharmacy submits an MDPP claim, it should:

- Receive payments via EFT. If no issues arise with the claim, the MDPP supplier should get reimbursed at least 13 days after filing electronically or 28 days after filing a paper form.
- Obtain remittance advice (Electronic Remit Advice [ERA] or a Standard Paper Remit [SPR]), which is usually sent with a final claim adjudication and payment information.[16]

Troubleshooting Rejected Claims

Typically, pharmacies should receive notices about claims decisions within 60 days of their submissions. If a pharmacy receives a rejected claim and needs assistance, they can call the local MAC that is processing their claim and choose the relevant customer service line. A list of MACs and their contact information is available on the **CMS website**. A script for talking with MACs about troubleshooting rejected claims can be found in the **Appendix**.

In addition to coordinating with their MACs, pharmacies should update their medical billing companies' points of contact with information about rejected claims and the process for claims resubmission. Table 3 shows common reasons for MDPP rejected claims and options for troubleshooting the issues.

Table 3: Common Problems Related to Rejected Claims and How to Troubleshoot Them	
Problem	**How to Troubleshoot**
The pharmacy provides invalid information on the claim (for example, the pharmacy NPI doesn't match the Medicare record, patient name is incorrect, etc.).	The pharmacy will receive a denial reason on the explanation of benefits (EOB). - The pharmacy will be required to resubmit the claim with the correct information, according to the instructions provided by their MAC.
There is an error with the *pharmacy* PTAN set-up. For example, the MAC may have set up a Type 1 Individual PTAN instead of a Type 3 Group PTAN needed to bill for the MDPP.	The denial reason may note that the organization is not authorized to bill. - The pharmacy should contact their MAC to request that the *pharmacy* PTAN number be adjusted to reflect the correct PTAN and appropriate service. The pharmacy would then be able to resubmit the claim.

Rejected claims are identified on the remittance advice with an EOB code that explains why the claim was rejected. The EOB assists the pharmacy in correcting and resubmitting the claim.

Umbrella Hub Arrangements

Some pharmacies may choose to join an existing UHA as a subsidiary organization so they can receive billing support and obtain reimbursement without having to apply individually to become an MDPP supplier.

In a UHA, there is an UHO that serves as the sponsoring organization for a group of CDC-recognized subsidiary organizations. These CDC-recognized subsidiary organizations are groups that deliver the National DPP LCP and have met the quality standards set by CDC's DPRP.

For additional information about UHAs and examples of organizations' UHA experience, please visit the **Umbrella Hub Arrangement Overview** page on the National DPP Coverage Toolkit site. Pharmacies interested in pursuing a UHA arrangement should also reach out to their state health department diabetes program for guidance.

Conclusion

Exploring ways to engage pharmacies, pharmacists, and pharmacy technicians providing chronic disease prevention and diabetes education and supporting them in sustaining diabetes prevention efforts remains a priority for CDC and its partner organizations. Pharmacists play an important role in the US health system as one of the last providers patients interact with after seeking health care and the most accessible health care providers.[17] As medication experts trained in chronic disease, pharmacists are well positioned to support the prevention and proactive management of many chronic conditions, including diabetes. The pharmacy's role in making the National DPP LCP more accessible is more important than ever, as the incidence of diabetes increased significantly over the last two decades, affecting more than 38.4 million individuals in the United States.[11] While coverage for the National DPP is continuously increasing,[18] limited pharmacy-specific resources and tools are available to support medical billing processes. The National DPP Medical Billing Playbook for Pharmacies aims to help pharmacy-based organizations successfully receive reimbursement for their diabetes prevention programming and thereby enable them to maintain and grow their programs.

If you have questions about the information in this document, please reach out to the **National DPP Customer Service Center**.

Appendix

The Appendix contains five sections:

1. MDPP Enrollment and Medical Billing One-Pager

2. Script for Troubleshooting Rejected MDPP Claims with a MAC

3. National DPP Resources

4. Medicaid Billing for the National DPP LPC

5. Commercial Billing for National DPP LCP

MDPP Enrollment and Billing One-Pager

MDPP Enrollment

Step 1: Obtain or Verify NPI and Taxonomy Code

- You will need an NPI number prior to submitting claims or conducting other transactions as specified by HIPAA.

Step 2: Confirm MDPP Supplier Eligibility

- To become an MDPP supplier, you must first achieve CDC Preliminary or Full recognition. Information about MDPP supplier eligibility can be found on the **MDPP Basics webpage** within CDC's National DPP Coverage Toolkit.

Step 3: Enroll as an MDPP Supplier and Obtain the Correct PTAN

- You must enroll as an MDPP supplier and obtain a *pharmacy* PTAN in order to bill for MDPP services.
    - Pharmacies may apply as MDPP suppliers online using the **Medicare Provider Enrollment, Chain, and Ownership System (PECOS)** or through a **paper Form CMS-20134 application**. Pharmacies can also obtain a *pharmacy* PTAN if needed through PECOS.
- Pharmacies must keep their enrollment information up to date in PECOS to avoid having Medicare billing privileges revoked.

MDPP Billing

Step 1: Obtain a Pharmacy PTAN/Keep Information Updated in PECOS

- For successful billing, pharmacies should keep enrollment information, including PTANs, up to date.

Step 2: Upload or Mail the CDC Recognition Certificate

Step 3: Register with the Local MAC (if not already done)

- You may find a list of MACs associated with your local jurisdiction by clicking on this **CMS link** and navigating to the A/B MAC Jurisdiction Map.

Step 4: Determine a Method for Submitting Claims to the MAC (medical billing)

- Once a pharmacy is approved as an MDPP supplier and has a *pharmacy* PTAN, the next step is to identify an appropriate medical billing software to submit Medicare claims to a MAC.
- Considerations for selecting electronic software systems include ease of integration into the pharmacy management system, ability of the software to properly bill the taxonomy for the claim, and the software vendor's experience in billing MDPP codes.

Step 5: Submit Claims to the MAC Using MDPP Claims Submission Software and Receive Reimbursement

- Pharmacies may submit claims using a paper Form CMS-1500 or electronic Form 857P. Instructions are available at this **link**.
- MDPP services are paid for using a fee for service payment structure for beneficiary attendance as well as performance based payments for beneficiary weight loss. Payment rates are available within the **MLN Booklet on the Medicare Diabetes Prevention Program Expanded Model**.
- After Medicare processes a claim, remittance advice is often sent with a final claim adjudication and payment information.

Script for Troubleshooting Rejected Claims with a MAC

In the script are recommended talking points for pharmacists when contacting their local MAC about rejected claims. They are based on common submission errors and can be tailored to a pharmacy's situation and relationship with the MAC.

Before reaching out, pharmacies should have a copy of the health insurance claim form they submitted as well as a copy of the remittance advice, if available.

> "Hi, my name is **[first and last name]**, and I am reaching out in response to a rejected MDPP claim that was submitted on **[date of claim submission]** on behalf of **[pharmacy name]**."

At this point, the MAC may ask for remittance advice identifiers.

> "Based on the explanation of the benefit code on the pharmacy remittance advice, are you able to determine why the claim was denied?"

▶ *If the MAC explains that invalid information was provided on the claim, pharmacies may:*

  – *Verify what came through to the MAC (for example, PTAN, NPI, taxonomy code).*

  – *Ask the MAC which fields should be corrected and where to find accurate information for claim resubmission.*

▶ *If the MAC notes that the pharmacy is unable to bill or a referring provider is needed, pharmacies may ask:*

  – *"Can you confirm the type of PTAN being used for the claim? Is it a Type 1 Individual PTAN or a Type 3 Group PTAN? I would like to ensure that the PTAN being used is reflective of CPT/HCPCS code."*

    ▪ *If the PTAN is incorrect, pharmacies may ask the MAC to adjust the PTAN number in their system and resubmit the claim.*

▶ *If the MAC is unable to identify a problem with the claim, pharmacies may:*

  – *Ask for advice on next steps to identify the reason for the denial.*

  – *Ask if the MAC is aware of MDPP billing specialists that the pharmacy may contact.*

  – *Ask for access to the MAC's portal in order to reconcile the claim.*

National DPP Resources

The Appendix Tables provide resources related to National DPP eligibility, CDC recognition, MDPP enrollment, and medical billing.

Appendix Table 1: National DPP Eligibility and CDC Recognition Resources	
Primary Resource	**Description**
MDPP Beneficiary Eligibility Fact Sheet	This fact sheet contains a summary of MDPP benefit eligibility requirements as well as tips that MDPP suppliers can use to determine beneficiary eligibility.
National DPP Action Guide for Pharmacists	Tier 2 of the National DPP Action Guide for Pharmacists includes tips and criteria for screening, testing, referring, and enrolling patients in the National DPP LCP.
Prediabetes Risk Test	Organizations are encouraged to use the Prediabetes Risk Test to screen patients for eligibility for the National DPP LCP. A score of 5 means that an individual is likely at high risk for type 2 diabetes and should be referred to a health care provider for blood glucose testing.
DPRP Application	To gain CDC Pending recognition, an organization must submit this application to the DPRP. A separate application is required for each delivery mode the organization plans to use.
DPRP Welcome Guide for New CDC-Recognized Organizations	The DPRP Welcome Guide provides organizations with guidance needed to achieve and maintain CDC Full recognition based on requirements described in the DPRP Standards as well as training and technical assistance.
DPRP Standards and Operating Procedures	This document describes DPRP Standards for the National DPP LCP and explains how an organization may apply for, earn, and maintain recognition. CDC-recognized organizations should refer to the DPRP Standards frequently throughout the life of their programs to ensure they are on track to achieve the outcomes proven to prevent or delay the onset of type 2 diabetes.
New Organization Orientation Webinar	This webinar provides an overview of the DPRP Standards, covering key elements specific to successfully starting and implementing the National DPP LCP, the requirements for maintaining recognition, and how to access technical assistance.

Appendix Table 1: National DPP Eligibility and CDC Recognition Resources

Primary Resource	Description
Organizational Capacity Assessment	CDC highlights the Organizational Capacity Assessment as an important tool for determining an organization's readiness to apply for CDC recognition and effectively deliver the National DPP LCP.
National Registry of CDC-Recognized Organizations	This registry lists contact information for all CDC-recognized organizations that deliver the National DPP LCP across the United States. All of these organizations have agreed to use a CDC-approved curriculum that meets the duration, intensity, and reporting requirements described in the DPRP Standards.
CMS MDPP Supplier Support Center	The purpose of the MDPP Supplier Support Center is to answer any MDPP-related policy questions from organizations, stakeholders, and the general public.
Keys to Success: Increasing Participant Retention	Retaining eligible participants with prediabetes is critical to improve participant outcomes and sustain program delivery long-term. This document offers recommendations for increasing participant retention.
Personal Success Tool and Promotional Materials	This easy-to-use interactive web-based resource helps National DPP Lifestyle Coaches and program coordinators increase participant retention
National DPP Customer Service Center	The National DPP Customer Service Center provides organizations easy access to information about the National DPP. Organizations can access resources, ask questions, and receive technical assistance related to all aspects of the program.

Appendix Table 2: MDPP Enrollment and Medical Billing Resources	
Resource	**Description**
MDPP Expanded Model	A successful model test supported by CMMI and conducted by the Y-USA, resulting in the expansion of the National DPP LCP into Medicare in 2018 as a covered preventive service for eligible beneficiaries through the MDPP. The CMS MDPP Expanded Model webpage provides an overview of the MDPP, including a list of resources on MDPP services, enrollment, and billing.
MDPP Expanded Model CY 2025 Payment Rates	This resource includes a table with MDPP payment rates for calendar year 2025.
Health Care Payment and Remittance Advice	This CMS webpage provides an overview of the ERA/SPR, which is sent with final claim adjudication and payment information.
Medicare Provider Enrollment, Chain, and Ownership System (PECOS)	PECOS allows registered users to submit and manage Medicare enrollment information securely and electronically.
CMS MDPP Enrollment Video	This video is targeted at potential MDPP suppliers to help them complete the MDPP enrollment process. The video provides a step-by-step tutorial based on a fictional organization completing the PECOS application.
Form CMS-20134 Application	An organization wishing to furnish MDPP services is required to submit a Medicare enrollment application (CMS-20134) to become an MDPP supplier.
Video on Completing the Form CMS-20134 Application	Video on Completing the Form CMS-20134 Application
MDPP Post-Enrollment Timeline	This one-page timeline helps applicants track what happens after submitting a MDPP supplier application.
MDPP FAQs	A list of common questions that CMS has received about the MDPP, grouped by the following topics: recognition and enrolling in Medicare; billing and claims; MDPP set of services and beneficiary eligibility; Lifestyle Coach requirements and supplier standards; and Medicare Advantage.
Medicare Billing: 837P and Form CMS-1500	This booklet offers education for health care personnel who are responsible for submitting Medicare professional and supplier claims using the 837P or Health Insurance Claim Form (CMS-1500).

Appendix Table 2: MDPP Enrollment and Medical Billing Resources	
Resource	**Description**
CDC Technology Platform Considerations	This document assists organizations in selecting and implementing 1) technology platforms to deliver and/or bill for the National DPP LCP and diabetes self-management education and support; and 2) pharmacy care platforms.
DPRP Data Submission Portal	The Data Submission Portal is provided by the DPRP to CDC-recognized organizations. Once logged in, pharmacies will be able to upload, validate, correct, and submit National DPP data files.
Map of MDPP Suppliers	This map shows the location of Medicare-enrolled MDPP suppliers across the United States.
MDPP Billing and Claims Presentation	This CMS presentation provides an overview of the MDPP billing and payment process and describes how to successfully submit claims to Medicare for MDPP services.
Who are the MACs?	This CMS webpage includes maps and contract information for MACs based on state and jurisdiction.

Medicaid Billing for the National DPP LCP

After a pharmacy obtains experience in successfully billing for MDPP services, it can pursue contracting with additional payers. Having the ability to bill as many payers as possible will allow more people to participate through their insurer benefits.

Many states offer Medicaid coverage for the National DPP LCP which can help pharmacies receive Medicaid reimbursement.

Requirements for Medicaid provider enrollment vary by state. CDC-recognized organizations interested in becoming Medicaid enrolled providers should contact their state Medicaid agency to understand the requirements to enroll. To bill Medicaid, CDC-recognized pharmacy organizations should have, at a minimum, both:

- Medical billing systems in place (processes, people, technology) to submit claims.
- Assigned NPI numbers to enroll as Medicaid providers.

Pharmacies interested in pursuing Medicaid reimbursement for the National DPP LCP should review the **coding and billing page** on CDC's National DPP Coverage Toolkit. Pharmacies are encouraged to contact their state pharmacy associations and state health department diabetes programs for information about Medicaid billing eligibility and National DPP coverage in their states.

Commercial Billing for the National DPP LCP

Many commercial insurance plans, including Medicare Advantage plans, cover the National DPP LCP for their beneficiaries in an effort to improve the reach of diabetes prevention services. This section of the Appendix provides tips to help pharmacies maximize reimbursement from commercial insurance plans for the National DPP LCP.

As pharmacies look to bill commercial payers for the National DPP LCP, it is important that they establish credibility by explaining they are enrolled with Medicare as MDPP suppliers.

If pharmacies need support in submitting commercial claims, they should contact the help desk of the commercial payer they are working with and have both the tax ID and NPI ready for the call. During the call, they should:

- Begin by providing their tax ID to start a conversation with the representative.

- Next, explain that they are a CDC-recognized provider of the National DPP LCP and are currently approved by Medicare as an MDPP supplier.

Acknowledgments

The CDC Division of Diabetes Translation (DDT) developed this playbook with guidance and support from pharmacists and pharmacy medical billing experts around the country. CDC DDT acknowledges the significant contributions of the following individuals and organizations:

American Diabetes Association

American Pharmacists Association Foundation

American Society of Health-System Pharmacists

Association of Diabetes Care and Education Specialists

Centers for Medicare & Medicaid Services

Colorado Pharmacists Society

Electronic Billing Services, Inc.

Missouri Pharmacy Association

National Alliance of State Pharmacy Associations

National Association of Chain Drug Stores

National Association of Chronic Disease Directors

National Community Pharmacists Association

Patrick Devereux, PharmD

Pharmacy Society of Wisconsin

Travis Wolff, PharmD, BCACP

Virginia Pharmacy Association

Wisconsin Department of Health

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