

Here's a side-by-side comparison of key policy changes for the Medicare Diabetes Prevention Program (MDPP) over CY 2024, CY 2025, and CY 2026. You and your team (or clients) can use this table to track evolution of the model year-to-year.

Policy Area	CY 2024 Final Rule	CY 2025 Final Rule	CY 2026 Final Rule
Delivery modality / flexibilities	<ul style="list-style-type: none"> Virtual/distance learning delivery approved through December 31, 2027. CMS+2Federal Register+2 Alternatives to in-person weight measurement during PHE allowed (§410.79(e)(3)(iii)). CMS+1 Eliminated maximum number of virtual sessions for the period. CMS+1 	<ul style="list-style-type: none"> Aligned MDPP delivery terms to the new Centers for Disease Control and Prevention (CDC) 2024 DPRP Standards. CMS+1 Clarified make-up sessions can be in-person or distance learning. CMS Added option for self-reported weight for distance learning sessions. CMS 	<ul style="list-style-type: none"> CMS proposes further flexibilities (e.g., fully asynchronous online delivery, remote self-reporting of weight, allowing virtual-only suppliers) in CY 2026 rulemaking. CMS+1
Payment structure & sessions	<ul style="list-style-type: none"> Shifted MDPP to a fee-for-service (FFS) attendance payment plus performance-based weight-loss payments. CMS+1 Up to 22 sessions in 12 months (weekly for months 1–6; monthly for months 7–12). CMS+1 Bridge payment still in place (for supplier change) in CY 2024. Coverage Toolkit 	<ul style="list-style-type: none"> Removed the MDPP “bridge payment” (reflecting that FFS attendance structure is fully in place). CMS Introduced claim modifier for same-day make-up sessions. CMS 	<ul style="list-style-type: none"> CY 2026 rule retains the 22-session/12-month structure and performance payments; no major overhaul of session cap structure announced. Online payment structure for online modality included in table (G-codes) for CY 2026. (From the rule you referenced.)
Weight measurement / performance outcomes	<ul style="list-style-type: none"> Maintained performance payments for ≥5% and 9% weight-loss and a 5% maintenance goal. CMS Allowed weight measurement via digital scales / self-reporting during PHE flexibility. CMS 	<ul style="list-style-type: none"> Clarified self-reporting for distance-learning sessions: two date-stamped photos (one of scale, one of beneficiary) permitted. CMS Aligned definitions to CDC DPRP Standards. 	<ul style="list-style-type: none"> CMS proposes further flexibility: beneficiary weight collected via medical record within 2 days of session or self-report from “reasonable location” outside in-person site. Continues to emphasize ≥5% weight loss goal, and alignment with CDC

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Eligibility & participation limits	<ul style="list-style-type: none"> Continued “once-in-a-lifetime” participation rule. Federal Register 	<ul style="list-style-type: none"> No change to lifetime-limit; comments received to remove it. CMS 	<p>standards remains. (See CY 2026 section III.D and impact analysis)</p> <ul style="list-style-type: none"> CMS acknowledges stakeholder requests to remove participation limit; no final change announced yet (as of rule).
Alignment with CDC/DPRP standards	<ul style="list-style-type: none"> Recognized need for alignment, but major change deferred. Extended PHE flexibilities to December 31, 2027. CMS 	<ul style="list-style-type: none"> Final rule aligned MDPP terms and delivery modes with CDC’s 2024 DPRP Standards effective June 1, 2024. CMS+1 	<ul style="list-style-type: none"> CY 2026 rule makes further reference to aligning with CDC standards and testing new modalities; full final text will detail further alignment.
Regulatory references & coding	<ul style="list-style-type: none"> Reduced number of G-codes for sessions (from 11 to 6) in CY 2024. Coverage Toolkit+1 	<ul style="list-style-type: none"> Added claim modifier for make-up sessions. CMS 	<ul style="list-style-type: none"> For CY 2026, the rule lists updated G-codes and describes online payment structure (G9871, G9880, G9881, G9888). (From your outline)
Program uptake / supplier access	<ul style="list-style-type: none"> Noted relatively low supplier/participant numbers; CMS extended virtual flexibilities to support uptake. 	<ul style="list-style-type: none"> Continued emphasis on increasing supplier access and flexibility for delivery. 	<ul style="list-style-type: none"> For CY 2026, CMS explicitly states proposals aimed at increasing uptake, remote delivery, and access for virtual-only suppliers