

CMS Finalizes Updates to the Medicare Diabetes Prevention Program (MDPP) in the CY 2026 Physician Fee Schedule Final Rule

Date: November 2025

Overview

On November 5, 2025, CMS released the **CY 2026 Physician Fee Schedule (PFS) Final Rule** (CMS-1832-F). In addition to broad policy changes affecting clinicians, behavioral health, telehealth, and the Medicare Shared Savings Program, CMS finalized several important updates to the **Medicare Diabetes Prevention Program (MDPP)**.

The MDPP is Medicare’s evidence-based lifestyle intervention aimed at preventing or delaying type 2 diabetes among beneficiaries with prediabetes. The program is structured as an expanded model under CMMI authority and delivered by MDPP “suppliers” using CDC-certified National DPP curricula.

CMS’ actions in the 2026 final rule are largely focused on **improving program flexibility, modernizing delivery standards, strengthening weight-tracking requirements, clarifying online delivery, and refining payment provisions**. These changes continue CMS’ effort to stabilize the MDPP after years of low participation and supplier attrition.

Your detailed reference outline of all MDPP citations from the rule is attached.

Major Provisions Affecting the MDPP

1. CMS Reaffirms the MDPP’s Role and Creates a Dedicated Policy Section

CMS highlights MDPP as a discrete policy area in the final rule, underscoring ongoing federal commitment to diabetes prevention. Section **III.D** of the rule provides a comprehensive discussion of program design, goals, evidence base, and regulatory updates.

Key points:

- The MDPP is described as an **evidence-based behavioral intervention** proven to reduce diabetes incidence and lower Medicare spending.
- CMS reiterates the **primary clinical goal**—participants achieving **≥5% weight loss** relative to baseline.
- Program size remains modest: **331 suppliers and 9,015 participants** through September 2024.

2. Clarification and Modernization of Program Definitions

CMS finalizes definitional updates at **42 CFR § 410.79(b)** to better support modern delivery of the program:

- **“Live Coach Interaction”** is newly defined for online delivery.
- **“Online session”** and **“Online delivery period”** are added to align with current practice patterns.
- CMS revises the regulatory definition of **“Online”** to allow greater flexibility for remote behavioral coaching.

These clarifications address longstanding ambiguities in how MDPP suppliers operationalize remote program elements.

3. Weight-Tracking Requirements Are Updated

CMS finalizes changes that are intended to maintain program integrity while creating flexibility:

- Weight must be **documented in person** during a session **or** appear in a **medical record within two days** of the session.
- Beneficiaries may **self-report weight** from a “reasonable” remote location for certain MDPP activities.

These changes respond to stakeholder feedback and are supported by evaluation data showing high satisfaction with hybrid and remote program elements.

4. MDPP Delivery Structure Remains a 22-Session / 12-Month Model

CMS retains the simplified payment and delivery structure established in the CY 2024 rule:

- Up to **22 total sessions** (weekly for months 1–6, monthly for months 7–12).
- Use of a **CDC-approved National DPP curriculum**.
- Performance-based payments tied to **5% and 9% weight loss milestones** remain intact.

CMS again acknowledges stakeholder interest in removing the **once-per-lifetime participation limit**, but declines to make changes at this time.

5. CY 2026 MDPP Online Payment Structure Finalized

The final rule includes an updated payment schedule for Online MDPP services:

- **G9871** – Online behavioral counseling session.
- **G9880 / G9881** – Performance payment for 5% and 9% weight loss.
- **G9888** – Maintenance of 5% weight loss in months 7–12.

CMS confirms that MDPP remains paid **fee-for-service**, with additional performance metrics determining supplemental payments.

Importantly, CMS **declined** to create a separate payment category for **medically tailored meals** within MDPP, noting it is outside the current model design.

Here are the payment amounts published by Centers for Medicare & Medicaid Services (CMS) for the listed HCPCS codes under the Medicare Diabetes Prevention Program (MDPP) Expanded Model:

HCPCS Code	Description	Payment Rate
G9871 – Online behavioral counseling session (new in CY 2026)	Payment for an online (“asynchronous”) MDPP session . Holland & Knight+3American College of Physicians+3Endocrine Society+3	\$18.00 American College of Physicians+1
G9880 – Performance payment for 5% weight-loss achieved from baseline weight	One-time payment when beneficiary achieves ≥ 5 % weight loss. CMS+1	\$149.00 (for CY 2025) CMS+1
G9881 – Performance payment for 9% weight-loss achieved from baseline weight	One-time payment when beneficiary achieves ≥ 9 % weight loss. CMS+1	\$26.00 (for CY 2025) CMS+1
G9888 – Maintenance of 5% weight-loss in months 7–12	Payment when beneficiary maintains ≥ 5 % weight loss in months 7-12. CMS+1	\$8.00 (for CY 2025) CMS

Notes & caveats:

- The \$18.00 payment rate for G9871 is referenced in CY 2026 rule summary documents. [American College of Physicians+1](#)
- The payment rates for the performance and maintenance codes above are shown for CY 2025 (not yet adjusted/confirmed for CY 2026).
- I did *not* locate a published CMS document with updated CY 2026 rates for G9880, G9881, or G9888 in the sources I reviewed.
- Because the G9871 code is new for CY 2026, its rate is clearly specified; for the other codes any rate changes for 2026 will need monitoring once CMS publishes the official HCPCS payment file.

6. Regulatory Cross-References Updated

The final rule reaffirms and references existing regulations governing the MDPP, including:

- **42 CFR § 424.210** – Beneficiary engagement incentives.
- MDPP CY 2025 and CY 2026 payment rate files.

These references ensure alignment between the PFS and the MDPP expanded model’s governing framework.

7. Regulatory Impact Analysis Addresses MDPP Participation, Costs, and Expected Effects

In the **Regulatory Impact Analysis**, CMS summarizes the anticipated effects of MDPP policy changes:

- Flexibility in weight collection and Online delivery is expected to increase beneficiary access.
 - Updates are intended to reduce administrative burden and help stabilize the small MDPP supplier community.
 - CMS reiterates that MDPP is a **non-pharmacologic**, CDC-aligned behavioral intervention with demonstrated clinical benefit.
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Takeaways for Providers, Suppliers, and Stakeholders

- **MDPP is receiving heightened policy attention from CMS**, indicating the agency’s interest in sustaining the model long-term.
- New flexibilities may **lower participation barriers** for both suppliers and beneficiaries.
- Suppliers should review revised definitions, documentation requirements, and Online delivery rules to ensure compliance in CY 2026.
- Organizations engaged in diabetes prevention, food-as-medicine models, or community-based wellness programs should evaluate opportunities to **align with or partner through MDPP frameworks**, particularly given the emphasis on behavioral coaching and remote engagement.