Clinical Medical Policy

Medicare Diabetes Prevention Program- # I-008

Last reviewed: 10/14/26

Application

Application of this Medical Policy applies to:
INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Excluded from Coverage:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Extended Family Planning (EFP), and Commercial (HBE)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

The Medicare Diabetes Prevention Program (MDPP) provides ongoing health behavior coaching and education to members who are at risk for type II diabetes using a CDC-approved curriculum focused on diet, physical activity, and weight loss. MDPP aims to prevent or delay the onset of type 2 diabetes in the Medicare population; empower high-risk individuals to take action to improve their health; and improve population health.

The MDPP is made up of 2 phases over the course of one year:

- Phase 1 (months 0-6): Weekly 1-hour in-person or distance learning sessions (maximum of 16 sessions) where members receive:
  - Training to make realistic, lasting behavior changes around diet and exercise
  - Tips for getting more exercise
  - Strategies to control your weight
  - A specially trained coach to help keep you motivated
  - Support from people with similar goals and challenges
- Phase 2 (months 7-12): Monthly 1-hour in-person or distance learning follow-up sessions to help you maintain healthy habits.

MDPP services are provided by CDC approved providers. Providers must have one of the following recognitions to furnish MDPP services:

- MDPP Interim Preliminary Recognition
- MDPP Preliminary Recognition
- CDC Preliminary Recognition
- CDC Full Recognition.

All sessions must be delivered by an eligible MDPP coach and be based on a CDC approved curriculum focused on weight loss and lifestyle wellness, in an effort to prevent or delay type II diabetes.

Coverage Determination

Members must meet **all** of the following criteria:

- ☐ Within 12 months before attending your first core session, you have either a:
  - Hemoglobin A1c test result between 5.7% and 6.4%
  - Fasting plasma glucose of 110-125mg/dL
  - 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerant test)
- ☐ Have a body mass index (BMI) of 25 or more (BMI of 23 or more if you're Asian).
  - ➢ NOTE: The member's weight and height must be measured in-person at the first core session and should be used to calculate BMI.
- ☐ Never been diagnosed with type 1 or type 2 diabetes (with the exception for gestational diabetes) or End-Stage Renal Disease (ESRD).
  - ➢ NOTE: If the member develops diabetes while receiving MDPP services, they can continue with the program.
  - ➢ NOTE: If the member develops ESRD while receiving MDPP services, they cannot continue with the program.
- ☐ Never participated in the Medicare Diabetes Prevention Program (members are only eligible for MDPP services once-per-lifetime).

Exclusions and Limitations

1. MDPP is noncovered, if the member:
   - Has previously participated in MDPP.
   - Has previously been diagnosed with type 1 or type 2 diabetes or End-Stage Renal Disease (ESRD) before starting the program.
   - Is diagnosed with End-Stage Renal Disease (ESRD) while enrolled in MDPP.
   - Is not enrolled in a Medicare line of business.
2. All Centers for Medicare & Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC) program, provider, and billing requirements for MDPP must be met.

3. Phase 1 sessions are limited to a maximum of 16 sessions.
4. Phase 2 sessions are limited to a maximum of 6 sessions.

References:

- Centers for Medicare & Medicaid Services. *Medicare Diabetes Prevention Program (MDPP) Beneficiary Eligibility Fact Sheet*. https://www.cms.gov/priorities/innovation/files/fact-sheet/mdpp-beneelig-fs.pdf. Accessed October 8, 2026.
- Centers for Medicare & Medicaid Services. Medicare Diabetes Prevention Program. Medicare.gov. Accessed October 8, 2026. https://www.medicare.gov/coverage/medicare-diabetes-prevention-program

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the Authorization Quick Reference Guide.

CMP Number:	**I-008**
CMP Cross Reference:	
Created:	**October 2025**
Annual Review Month:	**October**
Review Dates:	10/8/25, 10/14/26
Revision Dates	10/14/26
CMC Review Date:	10/8/25, 10/14/26

Medical Director Approval Dates:	10/8/25, 10/14/26
Effective Dates:	10/8/25, 10/14/26

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.