

MAHA ELEVATE and CMS Reimbursement for Physical Activity Assessment Create Immediate Opportunity to Transform Care

WASHINGTON, DC, DC, UNITED STATES, March 19, 2026 /EINPresswire.com/ -- The Physical Activity Alliance (PAA) is urging health systems and physician groups nationwide to incorporate physical activity assessment, prescription, and referral strategies into proposals responding to the MAHA ELEVATE Model RFP, following a major policy shift from the Centers for Medicare & Medicaid Services (CMS).

This call to action follows two major federal developments:

□ The Center for Medicare & Medicaid Innovation (CMMI) released the MAHA ELEVATE Model, a three-year voluntary initiative providing approximately \$100 million to support whole-person prevention, lifestyle risk reduction, functional health, and social connection. All funded proposals must incorporate either physical activity or nutrition as a core intervention component. The model [notice of funding opportunity is here](#).

□ CMS formally recognized physical activity assessment as a reimbursable clinical service in the 2026 Physician Fee Schedule through revised HCPCS Code G0136. The code covers administration of a standardized, evidence-based assessment of physical activity and nutrition for 5–15 minutes, no more than every six months.

Together, these actions establish a federal pathway for chronic disease prevention-driven care and lifestyle-based interventions within Medicare policy.

“This marks one of the most significant federal advancements for physical activity in healthcare policy,” said Physical Activity Alliance President Michael Stack. “By establishing reimbursement for assessment and pairing it with innovation models like ELEVATE, CMS is accelerating the transition of physical activity and fitness into whole-person care .”



Physical Activity Alliance logo

Why This Matters Now

The new G0136 code allows physical activity assessment to be incorporated into Evaluation & Management visits, behavioral health encounters, and Medicare Annual Wellness visits. However, assessment alone is not sufficient to drive improved outcomes.

The MAHA ELEVATE Model creates an opportunity for health systems to pilot and scale comprehensive strategies that include:

- Embedding standardized physical activity assessment into electronic health records
- Training clinicians to prescribe physical activity consistent with federal guidelines
- Building referral pathways to community and medical fitness providers
- Testing innovative reimbursement and partnership models that sustain long-term behavior change, including innovative methods for reimbursing community-based organizations that provide physical activity but aren't part of the formal fee-for-service payment structure.

Health systems that operationalize these approaches today will be positioned for emerging value-based payment models and Medicare reforms that reward upstream prevention and chronic disease mitigation.

Implementation Infrastructure Is in Place

To support integration into clinical workflows, the Physical Activity Alliance collaborated with HL7 to develop the first [HL7 FHIR Physical Activity Implementation Guide](#) for standardized assessment, prescription, and referral. For technical assistance regarding implementation and proposal development, health systems may contact Laurie Whitsel at laurie.whitsel@heart.org.

The Broader Impact

Physical inactivity contributes to an estimated \$192 billion in annual U.S. healthcare costs and is a leading risk factor for heart disease, diabetes, certain cancers, depression, and functional decline among older adults. However, exercise interventions to address these chronic diseases are cost-effective: \$1.15-\$1.70 for every dollar spent.

The convergence of reimbursement, innovation funding, and national data standards presents a rare alignment opportunity for prevention and treatment policy.

The Physical Activity Alliance urges health systems responding to the MAHA ELEVATE RFP to incorporate physical activity assessment, prescription, and referral strategies into their proposals and broader care redesign efforts.

The funding is available.

The reimbursement is in place.

The federal direction is unmistakable.

About the Physical Activity Alliance

The Physical Activity Alliance (PAA) is the nation's largest coalition dedicated to advancing regular participation in physical activity. PAA works to create and support the policy and systems changes necessary to make physical activity a routine and accessible part of daily life and healthcare across the United States.

To learn more, visit <https://paamovewithus.org/>

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