

CMS Released CY 2026 HOPPS Final Rule

On November 21, 2025, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2026 Hospital Outpatient Prospective Payment System (HOPPS) [final rule](#). These finalized changes are effective January 1, 2026.

CMS finalized an increase to the conversion factor of 2.6 percent, bringing it up to \$91.415 for CY 2026. CMS will continue to implement the statutory 2.0 percentage point reduction in payments for hospitals that fail to meet the Hospital Outpatient Quality Reporting requirements by applying a reporting factor of 0.9805 to the OPPI payments and copayments for all applicable services. The reduced conversion factor for hospitals failing to meet the Hospital Outpatient Quality Reporting (OQR) Program requirements is finalized to be \$89.632 for CY 2026.

CY 2026 HOPPS Finalized Imaging APCs

APC	APC Title	CY 2025 Payment Rate	CY 2026 Finalized Payment Rate
5521	Level 1 Imaging without Contrast	\$88.05	\$88.91
5522	Level 2 Imaging without Contrast	\$106.34	\$106.81
5523	Level 3 Imaging without Contrast	\$241.72	\$243.77
5524	Level 4 Imaging without Contrast	\$548.30	\$558.25
5571	Level 1 Imaging with Contrast	\$178.02	\$179.20
5572	Level 2 Imaging with Contrast	\$357.13	\$356.43
5573	Level 3 Imaging with Contrast	\$790.06	\$800.90

CMS included no structural changes to the seven imaging APCs in the final rule.

Comprehensive-APC Policies

CMS conducted an annual review, and no changes were made to the current number of 72 C-APCs in the final rule. Table 4 in the final rule lists all C-APCs for CY2026. CMS finalized complexity adjustments for several existing C-APCs.

Changes to the Inpatient Only (IPO) List:

CMS finalized to phase out the IPO list over 3 years, beginning with the removal of 285 mostly musculoskeletal services for CY 2026.

Finalized APC Placements

CMS finalized the APC placement of code 71271 for Low Dose CT for Lung Cancer Screening in APC 5522 with payment rate of \$106.81. In addition, CMS finalized placement

of G0296 (visit to determine lung LDCT eligibility) in APC 5822, with a payment rate of \$103.79.

CMS finalized the APC placement of code 76145 (Medical Physics Dose Evaluation for Radiation Exposure That Exceeds Institutional Review Threshold, Including Report) in APC 5723 with payment rate of \$381.24 for CY 2026.

CMS finalized the proposal to place code C8001 (3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy) into APC 5721 with payment rate of \$131.46 for CY 2026.

CMS finalized to place code 0559T (Anatomic model 3D printed from image data set(s): first individually prepared and processed component of an anatomic structure) into APC 5734 with Q1 status indicator and payment rate of \$135.93. Code 0561T (Anatomic guide 3D printed from image data set(s): first anatomic guide) has also been placed into APC 5734 with Q1 status indicator and payment rate of \$135.93. This was increase for both codes from APC 5733.

CMS finalized the proposal to assign CPT code 74263 for screening CT colonography (CTC)/virtual colonoscopy a status indicator of “S” and APC 5523 (Level 3 Imaging Without Contrast) with a payment rate of \$243.77

OPPS Payment for Software as a Service (SaaS)

CMS currently does not have a comprehensive Medicare payment policy specific to SaaS that accounts for the unique challenges of paying for these services. For CY 2026, CMS solicited comments from the public on payment policies for these services under the OPPS, including applicable lessons learned from risk-bearing payment arrangements and input that helps incorporate the underlying value of technologies within medical practice into payment policy. CMS notes the agency similarly sought out comment on this issue under the CY 2026 PFS proposed rule. CMS received many comments on future payment methodologies for SaaS. CMS thanked commenters and will consider the comments for future rulemaking.

Separate Payment for Diagnostic Radiopharmaceuticals

In the CY 2026 HOPPS PR CMS proposed increasing the per-day packaging threshold from \$630 to \$655, adjusted for inflation using the Producer Price Index. CMS finalized this policy without modifications.

Average Sales Price (ASP) reporting remains voluntary under HOPPS but is encouraged. CMS solicited public input on barriers and challenges to ASP reporting for



radiopharmaceuticals. CMS stated they appreciate the insight from commenters regarding their concerns with CMS continuing to use arithmetic MUC as the payment methodology for diagnostic radiopharmaceuticals. CMS will take these comments into consideration for future rulemaking.

The ACR is reviewing the final rule and will release a detailed summary in the coming weeks. If you have any questions, please email Kimberly Greck at kgreck@acr.org or Christina Berry at cberry@acr.org.

HEADQUARTERS

1892 Preston White Drive
Reston, VA 20191
703-648-8900

GOVERNMENT RELATIONS

505 Ninth St. N.W.
Suite 910
Washington, DC 20004
202-223-1670

**CENTER FOR RESEARCH
AND INNOVATION**

50 South 16th St., Suite 2800
Philadelphia, PA 19102
215-574-3150

**ACR INSTITUTE FOR
RADIOLOGIC PATHOLOGY**

1100 Wayne Ave., Suite 1020
Silver Spring, MD 20910
703-648-8900