American College of Radiology™

CMS Released CY 2026 HOPPS Proposed Rule

On July 15, 2025, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2026 Hospital Outpatient Prospective Payment System (HOPPS) proposed rule. This rule has a 60-day comment period. The finalized changes will appear in the final rule and are effective January 1, 2026.

CMS proposes to increase the conversion factor by 2.4 percent bringing it up to $91.747 for CY 2026. CMS proposes to 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 OPPS payments and copayments for all applicable services. CMS proposes that the hospitals that fail to meet the requirements of the Hospital OQR Program will use a reduced OPD fee schedule update factor of 0.4 percent (that is, the proposed OPD fee schedule increase factor of 2.4 percent further reduced by 2.0 percentage points). The reduced conversion factor for hospitals failing to meet the Hospital Outpatient Quality Reporting (OQR) Program requirements is proposed to be $89.958 for CY 2026.

CY 2026 HOPPS Proposed Imaging APCs

APC	APC Title	CY 2025 Payment Rate	CY 2026 Proposed Payment Rate
5521	Level 1 Imaging without Contrast	$88.05	$89.39
5522	Level 2 Imaging without Contrast	$106.34	$107.41
5523	Level 3 Imaging without Contrast	$241.72	$245.72
5524	Level 4 Imaging without Contrast	$548.30	$562.07
5571	Level 1 Imaging with Contrast	$178.02	$179.73
5572	Level 2 Imaging with Contrast	$357.13	$358.35
5573	Level 3 Imaging with Contrast	$790.06	$802.38

CMS has proposed no structural changes to the seven imaging APCs.

Comprehensive-APC Policies

CMS conducted an annual review and proposes no changes in this rule to the current number of 72 C-APCs. Table 2 lists all C-APCs for CY2026, all of which were established in past rules.

Proposed Changes to the Inpatient Only List (IPO)

For CY 2026 and subsequent years, CMS proposes to eliminate the IPO list through a 3-year transition, completing the elimination by January 1, 2029. CMS proposes to eliminate the

current IPO list of 1,731 services, starting with the 285 mostly musculoskeletal-related services as provided in Table 69 of the proposed rule.

Proposed CPT Code Placements

CMS proposes to place CPT code 71271 for low dose CT lung cancer screening in APC 5522 with payment rate of $107.41. The proposed placement for code G0296 (visit to determine lung LDCT eligibility) is APC 5822, with a payment rate of $107.63.

CMS proposes to place 76145 for medical physics dose evaluation for radiation exposure that exceeds institutional review threshold (including reports) in APC 5723 with payment rate $381.96 for CY2026.

CMs proposes 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 $132.89 for CY 2026.

CMs proposes 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 5733 with Q1 status indicator and payment rate of $60.59. Code 0561T (Anatomic guide 3D printed from image data set(s): first anatomic guide) is proposed to be placed into APC 5733 with Q1 status indicator and payment rate of $60.59.

OPPS Payment for Software as a Service (SaaS)

Request for Information on Software as a Service

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 is soliciting 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 is also seeking feedback on this issue under the CY 2026 Physician Fee Schedule (PFS) proposed rule.

Software as a Service (Saas) CY 2026 Proposed APC Placements and Payment Rates

CPT Code	Long Descriptor	CY2025 APC	CY2025 Payment Rate	Proposed CY2026 APC	Proposed CY2026 Payment Rate

75XX6	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computer tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	1511	$950.50	1511	$950.50
0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session	1511	$950.50	1511	$950.50
0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	1511	$950.50	1511	$950.50
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	1511	$950.50	1511	$950.50

0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	1511	$950.50	1511	$950.50
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	1508	$650.50	1508	$650.50
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	1508	$650.50	1508	$650.50
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session	1511	$950.50	1511	$950.50
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination	1511	$950.50	1511	$950.50

	of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)				
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	5523	$241.72	5523	$245.72
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	5523	$241.72	5523	$245.72
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	5523	$241.72	5523	$245.72
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician	5724	$1,017.39	5724	$879.34

	or other qualified health care professional				

Separate Payment for Diagnostic Radiopharmaceuticals

In the CY 2025 HOPPS final rule, CMS finalized a policy to pay separately for any diagnostic radiopharmaceutical with a per day cost greater than $630 for 2025. Those at or below this threshold will remain policy packaged.

For CY 2026, CMS proposes to continue this policy finalized in CY 2025. CMS proposes to update the CY 2025 $630 threshold amount by the four-quarter moving average PPI levels for Pharmaceuticals for Human Use, Prescription to trend the $630 threshold forward.

CMS proposes for CY 2026 to continue with the current policy to pay qualifying diagnostic radiopharmaceuticals with per day costs above the diagnostic radiopharmaceutical packaging threshold, based on their arithmetic mean unit cost (MUC), which would be derived from calendar year 2024 claims data. CMS continues to encourage manufacturers to submit average sales price (ASP) information for diagnostic radiopharmaceuticals, if possible.

Request for Information on Adjusting Payment under the OPPS for Services Predominately Performed in the Ambulatory Surgical Center or Physician Office Settings

CMS is requesting information for future rulemaking on the development of a systematic process for identifying ambulatory services at high risk of shifting to the hospital setting based on financial incentives rather than medical necessity and adjusting payments according.

The ACR is reviewing the proposed 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.