2026 Final Payment Rule

ASCA
Ambulatory Surgery Center Association

Medicare Payment Policy

2026 FINAL Rule Payment Update

- **FINAL ASC Effective Inflation Update: 2.6%**
  - CMS to use hospital market basket index through 2026
  - Hospital Market Basket: 3.3%
  - Multi-factor productivity (MFP) adjustment: 0.7%
- **FINAL HOPD Effective Inflation Update: 2.6%**
  - Hospital Market Basket: 3.3%
  - Multi-factor productivity (MFP) adjustment: 0.7%
- **Secondary Rescaling Factor: 0.872**
- **Rate change varies by procedure**

Top 10 Procedures by Volume
2026 FINAL Rule Impact

HCPCS	Descriptor	Specialty	2023 Volume	2025 Rate	2026 Final Rate	Δ 2025 – 2026
66984	Cataract surg w/iol 1 stage	Ophthalmology	1,176,439	$1,214.31	$1,255.73	3.4%
43239	Egd biopsy single/multiple	Gastroenterology	469,529	$503.39	$497.85	-1.1%
45385	Colonoscopy w/ lesion removal	Gastroenterology	492,199	$632.96	$656.75	3.8%
45380	Colonoscopy and biopsy	Gastroenterology	425,490	$632.96	$656.75	3.8%
64483	Inj foramen epidural l/s	Pain Management	266,233	$477.94	$485.51	1.6%
66821	After cataract laser surgery	Ophthalmology	235,650	$294.52	$301.90	2.5%
64493	Inj paravert f jnt l/s 1 lev	Pain Management	199,241	$477.94	$485.51	1.6%
G0105	Colorectal scrn; hi risk ind	Gastroenterology	147,028	$489.47	$510.49	4.3%
62323	Njx interlaminar lmbr/sac	Pain Management	122,944	$371.75	$387.46	4.2%
64635	Destroy lumb/sac facet jnt	Pain Management	121,171	$924.93	$948.66	2.6%
			3,655,924			**2.9%**

FINAL Changes to ASC-CPL for 2026

- Removed five exclusionary criteria found in § 416.166 Covered surgical procedures;
- Added 289 codes to the ASC-CPL based on revised criteria (276 in proposed rule; an additional 13 requested in public comments)
- Added 271 codes to the ASC-CPL that were removed from the inpatient-only (IPO) list in 2026

New 416.166 language - General Standards

- (b)(2) Effective for services furnished on or after January 1, 2026, covered surgical procedures are surgical procedures specified by the Secretary that are published in the Federal Register and/or via the internet on the CMS website and that:
  - (i) Are separately paid under the OPPS; and
  - (ii) Are not:
    - (A) Currently designated as requiring inpatient care under § 419.22(n) of this subchapter;
    - (B) Only able to be reported using a CPT unlisted surgical procedure code; or
    - (C) Otherwise excluded under § 411.15 of this chapter.

New 416.166 language – physician considerations

- (d) Physician considerations beginning January 1, 2026. Physicians should consider the following safety factors as to a specific beneficiary when determining whether to perform a covered surgical procedure. The covered procedure:
  - (1) Is not expected to pose a significant safety risk when performed in an ASC;
  - (2) Is one of which standard medical practice dictates the beneficiary would not typically be expected to required active medical monitoring and care at midnight following the procedure;
  - (3) Generally results in extensive blood loss;
  - (4) Requires major or prolonged invasion of body cavities;
  - (5) Directly involves major blood vessels;
  - (6) Is generally emergent or life-threatening in nature; and
  - (7) commonly requires systemic thrombolytic therapy.

ASCA-requested codes finalized for addition

- *Cardiovascular Codes*
  - Electrophysiology Studies and Ablations: 93650, 93653, 93654 and 93656
  - Percutaneous Coronary Intervention (PCI): C9602, C9604 and C9607
  - Cardioversion: 92960
- *Spine Codes*
  - Posterior Lumbar Interbody Fusion: 22630
  - Combined Posterior Lumbar and Posterior Lumbar Interbody Fusion: 22633
- *Vascular Code*
  - Vascular Embolization or Occlusion: 37244

ASC Quality Reporting Program

2026 Changes to the ASCQR Program

CMS finalized the **removal** of the following four measures:

- *ASC-20: COVID-19 Vaccination Coverage Among Health Care Personnel* (HCP)
  - beginning with the CY 2024 reporting period/CY 2026 payment determination
- *ASC-22: Screening for Social Drivers of Health* (SDOH)
- *ASC-23: Screen Positive Rate for SDOH*
  - previously finalized to be mandatory with CY 2026 data collection/CY 2028 payment determinations; and
- *ASC-24: Facility Commitment to Health Equity*
  - previously finalized to be mandatory with CY 2025 reporting period/CY 2027 payment determination

No New Measure for 2026

- *Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure* (Information Transfer PRO–PM)
  - Proposed for addition beginning with voluntary reporting for the CY 2027 and CY 2028 reporting periods followed by mandatory reporting beginning with the CY 2029 reporting period/CY 2031 payment determination.
  - **CMS declined to finalize this measure.**

ASC-21: THA/TKA PRO-PM

- Pre-operative data collected from 0-90 days before the procedure
- Post-operative data collected between 300-425 days after the procedure
- Must submit 44 to 47 data elements for each THA patient and a total of 46 to 49 data elements for each TKA patient when complete PRO data is provided by the patient.
- Has not been tested in the ASC setting
- Voluntary reporting begins with CY 2025-2027 reporting periods followed by mandatory reporting beginning with the CY 2028 reporting period.

Public Reporting of Facility Specific Quality Reporting Data

- CMS publicly reports ASC data here: https://data.cms.gov/provider-data/

- A facility comparison dashboard is available here: https://www.qualityreportingcenter.com/en/facility-compare-dashboard/

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Questions?

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