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Things to Know About

CMS' Final CY2026 HOPD and ASC Payment Rule

- 1** **Payment rates will increase by 2.6 percent** for both hospital outpatient departments (HOPDs) and ambulatory surgical centers (ASCs). This is slightly higher than the 2.4 percent boost CMS proposed earlier this year.
- 2** **CMS is finalizing site-neutrality provisions** in the final rule. CMS will expand a 2019 policy to prevent higher costs for drug administration services provided in excepted off-campus settings than physician settings, and will phase out the Inpatient Only List over three years to allow more procedures to be performed and paid for in outpatient settings.
- 3** **The 340B repayment acceleration proposal was not finalized.** CMS proposed to increase the annual payment reduction from 0.5 percent to 2 percent to reclaim 340B overpayments made to hospitals. Though this change was not finalized, CMS did state “hospitals should anticipate... a larger adjustment (such as 2 percent or other adjustment greater than 0.5 percent) beginning in CY 2027.”
- 4** **Tightened hospital price transparency requirements** will be effective January 1, 2026, though CMS will delay enforcement until April 1, 2026. Among other policies, CMS finalized requirements for hospitals to include actual prices and National Provider Identifiers in reported transparency data.
- 5** **Skin substitutes payment will change next year**, as CMS finalized policies to unbundle payment for the products from the procedures they are associated with. CMS is establishing three new payment codes for skin substitutes based on the FDA regulatory pathway they were approved under. For CY2026, the payment rate for all three codes is \$127.14, but CMS anticipates setting separate payment rates for each of the three codes in the future.