

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13488</b>	<b>Date: November 20, 2025</b>
	<b>Change Request 14304</b>

**NOTE: This Transmittal is no longer sensitive and is being re-communicated December 10, 2025. The Transmittal Number, date of Transmittal and all other information remain the same. This instruction may now be posted to the Internet.**

**SUBJECT: Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2026**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update the CY 2026 30-day period payment rates, the national per-visit amounts, the separate payment amount for a disposable negative pressure wound device (dNPWT), and the cost-per-unit payment amounts used for calculating outlier payments under the HH PPS. The attached recurring update notification applies to Pub. 100-04, Medicare Claims Processing Manual, chapter 10, section 70.5.

**EFFECTIVE DATE: January 1, 2026**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 5, 2026**

**Disclaimer for manual changes only:** *The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 13488	Date: November 20, 2025	Change Request: 14304
-------------	--------------------	-------------------------	-----------------------

**NOTE: This Transmittal is no longer sensitive and is being re-communicated December 10, 2025. The Transmittal Number, date of Transmittal and all other information remain the same. This instruction may now be posted to the Internet.**

**SUBJECT: Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2026**

**EFFECTIVE DATE: January 1, 2026**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 5, 2026**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update the CY 2026 30-day period payment rates, the national per-visit amounts, the separate payment amount for a disposable negative pressure wound device (dNPWT), and the cost-per-unit payment amounts used for calculating outlier payments under the HH PPS. The attached recurring update notification applies to Pub. 100-04, Medicare Claims Processing Manual, chapter 10, section 70.5.

## **II. GENERAL INFORMATION**

**A. Background:** The Medicare Home Health Prospective Payment System (HH PPS) rates provided to Home Health Agencies (HHAs) for furnishing home health services are updated annually as required by section 1895(b)(3)(B) of the Social Security Act (the Act). The Calendar Year (CY) 2026 HH PPS rate update includes a change to the 30-day period payment rates, the national per-visit amounts, the separate payment amount for a disposable negative pressure wound device (dNPWT), and the cost-per-unit payment amounts used for calculating outlier payments under the HH PPS.

**B. Policy:** Section 1895(b)(3)(B) of the Act requires that the standard prospective payment amounts for CY 2025 be increased by a factor equal to the applicable home health market basket update for those HHAs that submit quality data as required by the Secretary. Section 1895(b)(3)(B)(v) of the Act requires that the home health update be decreased by two (2) percentage points for those HHAs that do not submit quality data as required by the Secretary. Section 1886(b)(3)(B)(xi)(II) of the Act defines the productivity adjustment to be equal to the 10-year moving average of change in annual economy-wide private non-farm business Multi-Factor Productivity (MFP) (as projected by the Secretary for the 10-year period ending with the applicable fiscal year, calendar year, cost reporting period, or other annual period) (the “MFP adjustment”). Sections 1895(b)(4)(A)(ii) and (b)(4)(C) of the Act require the Secretary to provide appropriate adjustments to the proportion of the payment amount under the HH PPS that account for area wage differences, using adjustment factors that reflect the relative level of wages and wage-related costs applicable to the furnishing of HH services.

Section 1895(b)(3)(D)(i) of the Act requires the Secretary to annually determine the impact of differences between assumed behavior changes, as described in section 1895(b)(3)(A)(iv) of the Act, and actual behavior changes on estimated aggregate expenditures under the HH PPS with respect to years beginning with 2020 and ending with 2026. Section 1895(b)(3)(D)(ii) of the Act requires the Secretary, at a time and in a manner determined appropriate, through notice and comment rule-making, to provide for one or more permanent increases or decreases to the standard prospective payment amount (or amounts) for applicable years, on a prospective basis, to offset for such increases or decreases in estimated aggregate expenditures, as determined under section 1895(b)(3)(D)(i) of the Act.

## Market Basket Update

In the CY 2024 HH PPS final rule, CMS finalized a policy to rebase and revise the home health market basket to reflect a 2021 base year and finalized revisions to the labor-related share to reflect the compensation cost weight of the 2021-based home health market basket of 74.9 percent and the non-labor-related share of 25.1 percent.

Based on IHS Global Insight Inc.'s third-quarter 2025 forecast (with historical data through second quarter 2025), the home health market basket percentage increase for CY 2026 is, specified at section 1895(b)(3)(B)(iii) of the Act, 3.2 percent. The CY 2026 home health market basket percentage increase of 3.2 percent is then reduced by a productivity adjustment, as mandated by the section 3401 of the Patient Protection and Affordable Care Act (the Affordable Care Act) (Pub. L. 111-148), currently estimated to be 0.8 percentage point for CY 2026. In effect, the home health market basket percentage for CY 2026 is a 2.4 percent increase. Section 1895(b)(3)(B)(v) of the Act requires that the home health market basket percentage increase be decreased by 2 percentage points for those HHAs that do not submit quality data as required by the Secretary. For HHAs that do not submit the required quality data for CY 2026, the home health market basket percentage increase is 0.4 percent (2.4 percent minus 2 percentage points).

## National, Standardized 30-Day Period Payment

As described in the CY 2026 HH PPS final rule, we are required to implement a permanent payment adjustment to the national 30-day payment rate based on the impact of differences between assumed versus actual behavior change, in accordance with Sections 1895(b)(3)(D)(ii) and (iii) to offset for such increases or decreases in estimated aggregate expenditures. We are implementing a permanent behavior adjustment of -1.023 percent to prevent further overpayments. The permanent behavior adjustment factor is 0.98977 (1-.01023). To calculate the CY 2026 national, standardized 30-day period payment rate, CMS applies a permanent behavioral adjustment factor of 0.98977, a case-mix weights recalibration budget neutrality factor of 1.0052, a wage index budget neutrality factor of 1.0052 and the CY 2026 home health payment update percentage of 2.4 percent. As discussed in the CY 2026 HH PPS final rule, we also finalized the implementation of a temporary -3.0 percent reduction to the CY 2026 base payment rate. The final temporary adjustment factor is 0.97000. Per section 1895(b)(3)(D)(iii) of the Act a temporary adjustment is to be applied for the applicable year and not included when computing a payment rate for a subsequent year. Therefore, the temporary adjustment factor for CY 2026 would not be included in the starting payment rate for CY 2027.

The CY 2026 30-day payment rates are shown in Tables 1 and 2. The CY 2026 national, standardized 30-day period payment rates are further adjusted by the individual period's case-mix weight and by the applicable wage index.

## National Per-Visit Rates

To calculate the CY 2026 national per-visit rates, CMS started with the CY 2025 national per-visit rate. CMS applies a wage index budget neutrality factor of 1.0005 to ensure budget neutrality for Low-Utilization Payment Adjustment (LUPA) per-visit payments after applying the CY 2025 wage index. The per-visit rates are then updated by the CY 2026 home health market basket percentage increase of 2.4 percent for HHAs that submit the required quality data and by 0.4 percent (2.4 percent minus 2 percentage points) for HHAs that do not submit quality data. The per-visit rates are shown in Tables 3 and 4.

## Non-Routine Supply Payments

Payment for Non-Routine Supplies (NRS) is part of the national, standardized 30-day period rate. Durable medical equipment provided as a home health service as defined in section 1861(m) of the Act is paid the fee schedule amount and is not included in the national, standardized 30-day period payment amount.

## Outlier Payments

The Fixed Dollar Loss (FDL) ratio and the loss-sharing ratio used to calculate outlier payments must be selected so that the estimated total outlier payments do not exceed the 2.5 percent aggregate level (as required by section 1895(b)(5)(A) of the Act). Historically, CMS has used a value of 0.80 for the loss-sharing ratio which CMS believes, preserves incentives for agencies to attempt to provide care efficiently for outlier cases. With a loss-sharing ratio of 0.80, Medicare pays 80 percent of the additional estimated costs above the outlier threshold amount. The CY 2026 fixed-dollar loss ratio is 0.37 to ensure the total outlier payments do not exceed 2.5 percent of the total payments estimated to be made under the HH PPS.

In the CY 2019 HH PPS final rule with comment period (83 FR 56521), CMS finalized a policy to maintain the current methodology for payment of high-cost outliers upon implementation of the Patient-Driven Groupings Model (PDGM) beginning in CY 2020 and that CMS will calculate payment for high-cost outliers based upon 30-day periods of care. The cost-per-unit rates used for the calculation of outlier payments are shown in Table 5.

## Home Health PPS Wage Index

In the CY 2023 HH PPS final rule, we finalized the application of a permanent 5-percent cap on any decrease to a geographic area's wage index from its wage index in the prior year, regardless of the circumstances causing the decline beginning in CY 2023. That is, we finalized that a geographic area's wage index for CY 2023 and subsequent years, would not be less than 95 percent of its wage index calculated in the prior CY.

On July 21, 2023, OMB issued Bulletin No. 23-01, which establishes revised delineations for the MSAs, Micropolitan Statistical Areas, Combined Statistical Areas, and Metropolitan Divisions, collectively referred to as Core Based Statistical Areas (CBSAs) and guidance on uses of the delineation in these areas. These revisions were incorporated into the HH PPS wage index beginning in CY 2025.

For CY 2025, as a transition to help mitigate any significant negative impacts that HHAs may experience due to the adoption of the revised OMB delineations, the permanent 5-percent cap on decreases will be calculated on the county level as well as the CBSA level, so that individual counties moving to a new delineation would not experience more than a 5 percent decrease in wage index from the previous calendar year. Due to the way that we calculated the 5-percent cap for counties that experienced an OMB designation change, some CBSAs and statewide rural areas could have had more than one wage index value because of the potential for their constituent counties to have different wage index values as a result of application of the 5-percent cap. Specifically, some counties that changed OMB designations would have a wage index value that is different than the wage index value assigned to the other constituent counties that make up the CBSA or statewide rural area that they are moving into because of the application of the 5-percent cap. However, for home health claims processing, each CBSA or statewide rural area can have only one wage index value assigned to that CBSA or statewide rural area. Therefore, HHAs that serve beneficiaries in a county that receives the cap were required to use a number other than the CBSA or statewide rural area number to identify the county's appropriate wage index value for home health claims in CY 2025. Beginning in CY 2025, counties that had a different wage index value than the CBSA or rural area into which they were designated after the application of the 5-percent cap used a wage index transition code. These special codes are five digits in length and begin with "50." The 50xxx wage index transition codes are used only in specific counties; counties located in CBSAs and rural areas that do not correspond to a different transition wage index value must still use the CBSA number.

For CY 2026, the 5 percent cap on wage index decreases will continue to be calculated at the county level as well. While some counties that required a transition code for CY 2025 will continue to use the same transition code for CY 2026, other counties that required a transition code in CY 2025 will no longer require a transition code in CY 2026. For these counties, the CY 2026 wage index of the CBSA or rural area that they are designated into has a wage index higher than 95 percent of their previous CY's wage index.

Therefore, these counties will use the CBSA or rural county code of the area they were redesignated into based on OMB Bulletin No. 23-01.

These counties are listed in Table 6 (attached). These special 50xxx codes are also shown in a separate tab in the CY 2026 HH PPS wage index file located at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health-pps/home-health-pps-wage-index>.

#### Low-Utilization Payment Adjustment (LUPA) Add-On factors

In the CY 2019 HH PPS final rule with comment period (83 FR 56440), we finalized our policy of continuing to multiply the per-visit payment amount for the first skilled nursing (SN), physical therapy (PT), or speech-language pathology (SLP) visit in LUPA periods that occur as the only period of care or the initial 30-day period of care in a sequence of adjacent 30-day periods of care by the appropriate add-on factor (1.8451 for SN, 1.6700 for PT, and 1.6266 for SLP) to determine the LUPA add-on payment amount for 30-day periods of care under the PDGM.

In order to implement Division CC, section 115, of the Consolidation Appropriations Act (CAA), 2021, CMS finalized changes to regulations at §484.55(a)(2) and (b)(3) that allowed occupational therapists to conduct initial and comprehensive assessments for all Medicare beneficiaries under the home health benefit when the plan of care does not initially include skilled nursing care, but included OT, as well as either PT or SLP (86 FR 62351). In the CY 2022 HH PPS final rule (86 FR 62289), there was not sufficient data regarding the average excess of minutes for the first visit in LUPA periods when the initial and comprehensive assessments are conducted by occupational therapists. Therefore, we finalized a policy using the PT LUPA add-on factor of 1.6700 as a proxy.

In the CY 2025 HH PPS final rule, we finalized the proposal to update the LUPA add-on factors for skilled nursing, physical therapy and speech language pathology. Beginning in CY 2025, the final LUPA add on factors for SN, PT, and SLP are 1.7200 for SN; 1.6225 for PT; and 1.6696 for SLP. We also finalized the proposal to discontinue use of the PT LUPA add-on factor as a proxy and established a discrete OT LUPA add-on factor. Therefore, the OT LUPA factor of 1.7238 is used when occupational therapy is the first skilled visit in a LUPA period that occurs as the only period or an initial period in a sequence of adjacent periods.

The updated LUPA add-on factors are shown in table 7.

#### Disposable Negative Pressure Wound Therapy Device

Division FF, section 4136 of the Consolidated Appropriations Act of 2023 (CAA, 2023) (Pub. L.117-328) mandates that beginning in CY 2024, the separate payment amount for an applicable disposable Negative Pressure Wound Therapy (dNPWT) device would be set equal to the supply price used to determine the relative value for the service under the Physician Fee Schedule (PFS) under section 1848 as of January 1, 2022 (CY 2022) updated by the specified adjustment described in subparagraph (B) for such year. Division FF section 4136 of the CAA, 2023 also adds a new subparagraph 1834(s)(3)(B), which requires that the separate payment amount to be adjusted by the percent increase in the Consumer Price Index for all Urban consumers (CPI-U) for the 12-month period ending with June of the preceding year minus the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) for such year. For 2025 and each subsequent year, the CAA, 2023 requires that the separate payment amount will be set equal to the payment amount established for the device in the previous year, updated by the percent increase in the Consumer Price Index for all Urban consumers (CPI-U) for the 12-month period ending with June of the preceding year minus the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) for such year.

The CPI-U for the 12-month period ending in June of 2025 is 2.7 percent and the corresponding productivity adjustment is 0.7 percent based on IHS Global Inc.'s third-quarter 2025 forecast of the CY

2026 productivity adjustment which reflects the 10-year moving average of changes in annual economy-wide private non-farm business TFP for the period ending June 30, 2025, which results in a final update of 2.0 percent. Therefore, the CY 2026 final payment amount for an applicable dNPWT device will be \$282.10 which is the CY 2025 rate of \$276.57 updated by the 2.0 percent final update percentage as shown in Table 8.

### III. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14304.1	Contractors shall access the HH PPS Pricer via the Cloud to pay calendar year 2026 payment rates on claims with “Through” dates on or after January 1, 2026.			X						HH Pricer, PCS
14304.2	The contractor shall apply the CY 2026 HH PPS payment rates for periods with claim statement "Through" dates on or after January 1, 2026.									HH Pricer, PCS
14304.3	The contractor shall use the table of wage index values associated with CBSA codes or special 500xx codes for CY 2026 home health payment calculations.									HH Pricer, PCS
14304.4	The contractor shall instruct providers to submit the CBSA code or special 500xx codes corresponding to the state and county of the beneficiary's place of residence in value code 61 on home health claims.			X						

### IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

**Impacted Contractors:** A/B MAC Part HHH

## V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
--------------------------------	--------------------------------------------------

**Section B: All other recommendations and supporting information:** N/A

## VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VII. FUNDING

### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 1**

**TABLE 1: CY 2026 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT**

<b>CY 2025 National Standardized 30-Day Period Payment</b>	<b>Permanent Adjustment Factor</b>	<b>CY 2026 Case-Mix Weights Recalibration Neutrality Factor</b>	<b>CY 2026 Wage Index Budget Neutrality Factor</b>	<b>CY 2026 HH Payment Update Factor</b>	<b>CY 2026 National, Standardized 30-Day Period Payment (Without Temporary Adjustment)</b>	<b>Temporary Adjustment Factor</b>	<b>CY 2026 National, Standardized 30-Day Period Payment (With Temporary Adjustment)</b>
\$2,057.35	0.98977	1.0052	1.0025	1.024	\$2,101.26	0.97000	\$2,038.22

**TABLE 2: CY 2026 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT FOR HHAS THAT DO NOT SUBMIT THE QUALITY DATA**

<b>CY 2025 National Standardized 30-Day Period Payment</b>	<b>Permanent Adjustment Factor</b>	<b>CY 2026 Case-Mix Weights Recalibration Neutrality Factor</b>	<b>CY 2026 Wage Index Budget Neutrality Factor</b>	<b>CY 2026 HH Payment Update Factor Minus 2 Percentage Points</b>	<b>CY 2026 National, Standardized 30- Day Period Payment (Without Temporary Adjustment)</b>	<b>Temporary Adjustment Factor</b>	<b>CY 2026 National, Standardized 30-Day Period Payment (With Temporary Adjustment)</b>
\$2,057.35	0.98977	1.0052	1.0025	1.004	\$2,060.22	0.97000	\$1,998.41

**TABLE 3: CY 2026 NATIONAL PER-VISIT PAYMENT AMOUNTS**

<b>HH Discipline</b>	<b>CY 2025 Per-Visit Payment Amount</b>	<b>CY 2026 Wage Index Budget Neutrality Factor</b>	<b>CY 2026 HH Payment Update Factor</b>	<b>CY 2026 Per-Visit Payment Amount</b>
Home Health Aide	\$78.20	1.0005	1.0240	\$80.12
Medical Social Services	\$276.85	1.0005	1.0240	\$283.64
Occupational Therapy	\$190.08	1.0005	1.0240	\$194.74
Physical Therapy	\$188.79	1.0005	1.0240	\$193.42
Skilled Nursing	\$172.73	1.0005	1.0240	\$176.96
Speech-Language Pathology	\$205.22	1.0005	1.0240	\$210.25



**TABLE 4: CY 2026 NATIONAL PER-VISIT PAYMENT AMOUNTS FOR HHAS THAT DO NOT SUBMIT THE REQUIRED QUALITY DATA**

<b>HH Discipline</b>	<b>CY 2025 Per-Visit Payment Amount</b>	<b>CY 2026 Wage Index Budget Neutrality Factor</b>	<b>CY 2026 HH Payment Update Factor Minus 2 Percentage Points</b>	<b>CY 2026 Per-Visit Payment Amount</b>
Home Health Aide	\$78.20	1.0005	1.0040	\$78.55
Medical Social Services	\$276.85	1.0005	1.0040	\$278.10
Occupational Therapy	\$190.08	1.0005	1.0040	\$190.94
Physical Therapy	\$188.79	1.0005	1.0040	\$189.64
Skilled Nursing	\$172.73	1.0005	1.0040	\$173.51
Speech-Language Pathology	\$205.22	1.0005	1.0040	\$206.14

**TABLE 5: CY 2026 COST-PER-UNIT PAYMENT RATES FOR THE CALCULATION OF OUTLIER PAYMENTS**

<b>HH Discipline</b>	<b>Average Minutes Per-Visit</b>	<b>CY 2026 Per-Visit Payment Amount</b>	<b>Cost-per-unit (1 unit= 15 minutes)</b>	<b>CY 2026 Per-Visit Payment Amount</b>	<b>Cost-per-unit (1 unit= 15 minutes)</b>
Home Health Aide	63	\$80.12	19.08	\$78.55	18.7
Medical Social Services	56.5	\$283.64	75.3	\$278.10	73.83
Occupational Therapy	47.1	\$194.74	62.02	\$190.94	60.81
Physical Therapy	46.6	\$193.42	62.26	\$189.64	61.04
Skilled Nursing	44.8	\$176.96	59.25	\$173.51	58.09
Speech- Language Pathology	48.1	\$210.25	65.57	\$206.14	64.28

**TABLE 6: LIST OF COUNTIES THAT MUST USE 50XXX CODES FOR CY 2026 DUE TO THE 5- PERCENT CAP ON WAGE INDEX DECREASES**

<b>FIPS Code</b>	<b>County Name</b>	<b>CY 2024 CBSA</b>	<b>CY 2024 CBSA Name</b>	<b>CY 2025 Transition</b>	<b>CY 2026 Transition Code or CBSA</b>	<b>CY 2026 CBSA Name</b>
01129	WASHINGTON	33660	Mobile, AL	50001	50001	ALABAMA
05047	FRANKLIN	22900	Fort Smith, AR-OK	50002	50002	ARKANSAS
09150	NORTHEASTERN CONNECTICUT	49340	Worcester, MA-CT	50003	50003	CONNECTICUT
13171	LAMAR	12060	Atlanta-Sandy Springs-Alpharetta, GA	50004	50004	GEORGIA
15005	KALAWAO	99912	HAWAII	50005	50005	Kahului-Wailuku, HI
16077	POWER	38540	Pocatello, ID	50006	50006	IDAHO
17183	VERMILION	19180	Danville, IL	50007	99914	ILLINOIS
18133	PUTNAM	26900	Indianapolis-Carmel-Anderson, IN	50008	50008	INDIANA
21101	HENDERSON	21780	Evansville, IN-KY	50009	50009	KENTUCKY
22045	IBERIA	29180	Lafayette, LA	50010	99919	LOUISIANA
24009	CALVERT	47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	50011	30500	Lexington Park, MD
24047	WORCESTER	41540	Salisbury, MD-DE	50012	99921	MARYLAND
25011	FRANKLIN	44140	Springfield, MA	50013	50013	MASSACHUSETTS
26155	SHIAWASSEE	29620	Lansing-East Lansing, MI	50014	99923	MICHIGAN
27075	LAKE	20260	Duluth, MN-WI	50015	99924	MINNESOTA
27133	ROCK	99924	MINNESOTA	50016	50016	Sioux Falls, SD-MN
32019	LYON	99929	NEVADA	50017	50017	Reno, NV
34009	CAPE MAY	36140	Ocean City, NJ	50018	12100	Atlantic City-Hammonton, NJ
36123	YATES	40380	Rochester, NY	50019	99933	NEW YORK
37077	GRANVILLE	20500	Durham-Chapel Hill, NC	50020	50020	NORTH CAROLINA
37087	HAYWOOD	11700	Asheville, NC	50021	99934	NORTH CAROLINA
39123	OTTAWA	45780	Toledo, OH	50022	41780	Sandusky, OH
42103	PIKE	35084	Newark, NJ-PA	50023	50023	PENNSYLVANIA
51113	MADISON	47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	50024	50024	VIRGINIA

51175	SOUTHAMPTON	47260	Virginia Beach-Norfolk-Newport News, VA-NC	50025	99949	VIRGINIA
51620	FRANKLIN CITY	47260	Virginia Beach-Norfolk-Newport News, VA-NC	50025	99949	VIRGINIA
54035	JACKSON	16620	Charleston, WV	50026	50026	WEST VIRGINIA
54043	LINCOLN	16620	Charleston, WV	50026	50026	WEST VIRGINIA
54057	MINERAL	19060	Cumberland, MD-WV	50027	50027	WEST VIRGINIA
72001	ADJUNTAS	38660	Ponce, PR	50028	50028	PUERTO RICO
72023	CABO ROJO	41900	San Germán, PR	50029	50029	Mayagüez, PR
72079	LAJAS	41900	San Germán, PR	50029	50029	Mayagüez, PR
72121	SABANA GRANDE	41900	San Germán, PR	50029	50029	Mayagüez, PR
72125	SAN GERMAN	41900	San Germán, PR	50029	50029	Mayagüez, PR
72055	GUANICA	49500	Yauco, PR	50030	50030	PUERTO RICO
72059	GUAYANILLA	49500	Yauco, PR	50031	38660	Ponce, PR
72111	PENUELAS	49500	Yauco, PR	50031	38660	Ponce, PR
72153	YAUCO	49500	Yauco, PR	50031	38660	Ponce, PR
72081	LARES	10380	Aguadilla-Isabela, PR	50032	50032	PUERTO RICO
72141	UTUADO	10380	Aguadilla-Isabela, PR	50032	50032	PUERTO RICO
72083	LAS MARIAS	32420	Mayagüez, PR	50033	50033	PUERTO RICO

**TABLE 7: LUPA ADD-ON FACTORS**

<b>Discipline</b>	<b>LUPA Add-on Factors</b>
<b>SN</b>	<b>1.7200</b>
<b>PT</b>	<b>1.6225</b>
<b>SLP</b>	<b>1.6696</b>
<b>OT</b>	<b>1.7238</b>

**TABLE 8: CY 2026 DISPOSABLE NEGATIVE PRESSURE WOUND THERAPY (dNPWT) DEVICE RATE**

<b>CY 2025 dNPWT Payment Rate</b>	<b>CY 2026 dNPWT Payment Update (12 month CPI-U ending in June 2025 (2.7%) minus Multifactor Productivity Adjustment (0.7))</b>	<b>CY 2026 dNPWT Payment Rate</b>
\$276.57	1.02	\$282.10