



DMEPOS Fee Schedule: April 2026 Quarterly Update

Related Change Request (CR) Information	
Number: 14425	Release Date: March 26, 2026
Effective Date: April 1, 2026	Implementation Date: April 6, 2026
Transmittal Number: R13685CP	
Title: April Quarterly Update for 2026 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule	

Affected Providers

- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for DMEPOS services

Action Needed

Make sure your billing staff knows about these updates, effective April 1, 2026:

- Added and deleted codes
- Fees for new codes

Key Updates

Updates to the DMEPOS fee schedule files are available as [Public Use Files](#) for state Medicaid agencies, managed care organizations, and other interested parties.

Added & Deleted Codes

CMS added new DMEPOS codes to the HCPCS file, starting April 1, 2026, which we list in [Business Requirement 7](#) of this CR.

We added fee schedule amounts to the DMEPOS fee schedule file as part of the April 2026 update. See [Business Requirement 8](#) of this CR.

We're deleting 3 HCPCS Level II codes (L6000, L0610, and L6020) from the DMEPOS fee schedule file, effective March 31, 2026.

New Fee Schedule Amounts

We added fee schedule amounts to the DMEPOS fee schedule file for new HCPCS codes, including:

- A4318
- A4479
- A6544
- A6548
- L2221
- L5657
- L5992
- L6028
- L6029
- L6030
- L6031
- L6032
- L6033
- L6034
- L6035
- L6036
- L6037
- L6038
- L6039

Per regulations for DMEPOS items and services found at [42 CFR 414.114](#) and [414.240](#), we obtained public consultation on national Medicare benefit category determinations and payment determinations for these codes during our Second Biannual 2025 Non-Drug and Non-Biological Items and Services HCPCS code application review cycle. See a [narrative summary](#) for the Medicare benefit category and payment determinations for more information on these items.

New HCPCS Codes for Lymphedema Compression Treatment Items

We included 2 HCPCS Level II codes (A6544 and A6548) for lymphedema compression treatment items in the HCPCS and DMEPOS fee schedule file, effective April 1, 2026.

There are no updates to the DMEPOS parenteral and enteral nutrition (PEN) fee schedule file this quarter.

Background

We update the DMEPOS fee schedule quarterly, as necessary, to implement fee schedule amounts for applicable new and existing codes and apply changes in payment policies. See the DMEPOS fee schedule update process in the [Medicare Claims Processing Manual, Chapter 23](#), section 60.

Sections 1834(a), (h), and (i) of the [Social Security Act](#) require payment on a fee schedule basis for certain DMEPOS and surgical dressings. Regulations at [42 CFR 414.102](#) also require payment on a fee schedule for PEN, splints, casts, and intraocular lenses inserted in a physician's office. The DMEPOS fee schedule includes national payment amounts for lymphedema compression treatment items established per [42 CFR 414.1650](#).

Payment for Items Provided in Former Competitive Bidding Areas

Effective January 1, 2024, there's a [gap period](#) in the DMEPOS Competitive Bidding Program (CBP). All Medicare Round 2021 DMEPOS CBP contracts for off-the-shelf back and knee braces expired on December 31, 2023.

During the gap period, payment for items and services included in the CBP is equal to 80% of the lesser of the supplier's charge or the fee schedule amount for the item. Per [42 CFR 414.210\(g\)\(10\)](#), we base fee schedule amounts for items and services provided in former Competitive Bidding Areas (CBAs) on the single payment amounts (SPAs) in effect in the CBA on the last day of the CBP contract. We then increase that amount by the projected percentage change in the Consumer Price Index for All Urban Consumers (CPI-U) for the 12 months following the end of the contract.

In CY 2026, for items where we awarded contracts in Round 2021, we adjust the fee schedule amounts for items you provide in areas that were CBAs as of December 31, 2023, based on the SPAs for each specific CBA, increased by the projected percentage change in the CPI-U of 2.8% for the 12-month period ending January 1, 2026.

For items included in Round 2021 but where we didn't award contracts in Round 2021 of the CBP, we're increasing the 2025 adjusted fee schedule amounts by the projected CPI-U of 2.8% for CY 2026.

DMEPOS Rural ZIP Codes

We use the ZIP Code associated with the address used for pricing a DMEPOS claim to determine the rural fee schedule payment applicability for codes with rural and non-rural fee schedule amounts adjusted per [42 CFR 414.210\(g\)](#). The DMEPOS ZIP Code file contains the ZIP Codes we designate as rural areas. We don't include ZIP Codes for non-contiguous Metropolitan Statistical Areas (MSAs) in the DMEPOS Rural ZIP Code file, which we update quarterly, as necessary.

Regulations at [42 CFR 414.202](#) define a rural area as a geographical area represented by a postal ZIP Code where at least 50% of the total geographical area of the ZIP Code is estimated to be outside any MSA. A rural area also includes any low-population density ZIP Code within an MSA that's excluded from a CBA established for that MSA.

More Information

We issued CR 14425 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
March 31, 2026	Initial article released.

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