



## End-Stage Renal Disease Prospective Payment System: July 2026 Quarterly Update

Related Change Request (CR) Information	
<b>Number:</b> 14483 <b>Revised</b>	<b>Release Date:</b> June 9, 2026
<b>Effective Date:</b> July 1, 2026	<b>Implementation Date:</b> July 6, 2026
<b>Transmittal Numbers:</b> <a href="#">R13770CP</a> & <a href="#">R13822CP</a>	
<b>Title:</b> Quarterly Update to the End Stage Renal Disease Prospective Payment System (ESRD PPS)	

### What's Changed?

We made no substantive changes to this article other than to update the CR release date, transmittal numbers, and transmittal links.

### Affected Providers

- End-Stage Renal Disease (ESRD) facilities
- Other providers billing Medicare Administrative Contractors (MACs) for ESRD services

### Action Needed

Make sure your billing staff knows about changes to the outlier services list under the ESRD Prospective Payment System (PPS) starting July 1, 2026:

- Adding and removing certain renal dialysis items and services
- Updating the average unit cost for renal dialysis drugs that are oral equivalents to injectable drugs
- Revising the average dispensing fee of the National Drug Codes (NDCs) qualifying for outlier payment to \$0.47 per month

## Key Updates

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Starting July 1, 2026, CMS is making the following routine changes to the list of ESRD outlier services found in [Attachment A](#):

- Updating the most recent average unit cost for renal dialysis drugs that are oral equivalents to injectable drugs based on the most recent prices found in the Medicare Prescription Drug Plan Finder
- Adding and removing renal dialysis items and services from the list of ESRD outlier services as necessary
- Revising the average dispensing fee of the NDCs qualifying for outlier payment to \$0.47 per month for claims with a date of service on or after July 1, 2026

We're not updating the consolidated billing (CB) list in CR 14483. You can find the most recent CB list for the ESRD PPS in [Attachment B](#) of CR 14313.

## Background

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The ESRD PPS recognizes high-cost patients, and we include a high-cost outlier policy and payment calculation method at [42 CFR 413.237](#) for ESRD outlier services under the ESRD PPS bundle. The policy includes the following renal dialysis services that were or would have been separately billable under Medicare Part B before January 1, 2011:

- Drugs and biological products
- Laboratory tests
- Medical or surgical supplies, including syringes, used to administer renal dialysis drugs and biological products

In addition, the policy includes the following renal dialysis services:

- Equipment and supplies except for capital-related assets that are home dialysis machines that get the transitional add-on payment adjustment after the payment period has ended
- Drugs and biological products, which were separately billable under a Medicare drug plan (Part D) before January 1, 2011, including renal dialysis oral-only drugs
- Drugs and biological products that are composite rate services, as defined at [42 CFR 413.171](#)

Starting in CY 2011, the ESRD facility must identify the actual ESRD outlier services they provide to the patient by line item on the monthly claim to determine eligibility for an outlier payment.

## More Information

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We issued CR 14483 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

## Document History

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Date of Change	Description
June 10, 2026	We made no substantive changes to this article other than to update the CR release date, transmittal numbers, and transmittal links.
May 28, 2026	Initial article released.

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