



Hospital Outpatient Prospective Payment System: October 2026 Update

Related Change Request (CR) Information	
Number: 14589	Release Date: September 29, 2026
Effective Date: October 1, 2026	Implementation Date: October 5, 2026
Transmittal Number: R13978CP	
Title: October 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)	

Affected Providers

- Hospitals
- Physicians
- Other providers billing Medicare Administrative Contractors (MACs) for outpatient hospital services

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Action Needed

Make sure your billing staff knows about Hospital Outpatient Prospective Payment System (OPPS) updates, effective October 1, 2026:

- CPT proprietary laboratory analyses (PLA) coding changes
- New Category III CPT and HCPCS codes
- Ambulatory payment classification (APC) assignment, descriptor, and status indicator changes
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitute products
- Qualifying non-opioid treatments for pain relief

Key Updates

CPT PLA Coding Changes

The American Medical Association (AMA) CPT Editorial Panel established 39 new PLA codes, CPT codes 0660U–0698U, effective October 1, 2026.

Refer to [Table 1](#) for the long descriptors and status indicators. Refer to the October 2026 Hospital OPPS [Addendum B](#) for short descriptors and status indicators. We also added these codes to the October 2026 Integrated Outpatient Code Editor (I/OCE) with an effective date of October 1, 2026.

New CPT Category III Codes

The AMA releases CPT Category III codes 3 times a year:

- In April for implementation starting the following July
- In July for implementation starting the following October
- In October for implementation starting the following January

We're implementing 58 new CPT Category III codes that the AMA released in early August 2026 for implementation on October 1, 2026. Refer to [Table 2](#) for the status indicators and APC assignments. We added CPT codes 1054T–1111T to the October 2026 I/OCE with an effective date of October 1, 2026. Refer to Addendum B for the short descriptors, status indicators, and payment rates.

New Category III CPT Code 1091T to Replace HCPCS Code C8010

The AMA created Category III CPT code 1091T, effective October 1, 2026, to describe the Category B Investigational Device Exemption (IDE) clinical study associated with Javelin Medical's carotid implants for permanent placement of common carotid artery filters. We're deleting HCPCS code C8010 since it describes the same procedure.

Refer to [Table 3](#) or the Approved IDE Studies for more information. Refer to [Table 4](#) for the long descriptor, APC assignments, and status indicators. Refer to Addendum B for the short descriptor, status indicator, and payment rate.

New HCPCS Code Describing Algorithm-Based Assessment of Likelihood of Autism Spectrum Disorder

We're establishing new HCPCS code G0685, effective October 1, 2026, to describe algorithm-based assessment of likelihood of autism spectrum disorder from analysis of eye-gaze data or other technology.

Refer to [Table 5](#) for the long descriptor, status indicator, and APC assignment. Refer to Addendum B for the short descriptor, status indicator, and payment rate.

Status Indicator Revision & APC Assignment for CPT Code 1011T

The AMA's CPT Editorial Panel established CPT code 1011T in the January 2026 update to describe the service associated with MuReva OM™ that provides photobiomodulation therapy of the oral cavity during radiation therapy. FDA gave MuReva OM De Novo classification on November 26, 2025.

Since January 1, 2026, we assigned CPT code 1011T to status indicator E1 to indicate the code isn't payable under the Hospital OPPS because the device associated with this code didn't have FDA approval. Based on the recent FDA approval, we assigned this code as separately payable under the Hospital OPPS, effective October 1, 2026.

Refer to [Table 6](#) for the long descriptor, status indicator, and APC assignment. Refer to Addendum B for the short descriptor, status indicator, and payment rate.

Descriptor Revisions for HCPCS Codes C9182, C9797 & C8004

We're revising the long descriptors for HCPCS codes C9182, C9797, and C8004, which describe the vascular embolization or occlusion procedure or the simulation angiogram service with use of a pressure-generating catheter.

Refer to [Table 7](#) for the revised long descriptors, status indicators, and APC assignments. Refer to Addendum B for the short descriptors, status indicators, and payment rates.

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Medicare Claims Processing Manual Updates

We're updating the [Medicare Claims Processing Manual, Chapter 4](#), section 20.6.7 to read, "HCPCS modifier CA is defined as a procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission or transfer to another hospital." This change reflects the language regarding modifier CA in the [Medicare Claims Processing Manual, Chapter 4](#), section 180.7.

We're also updating the [Medicare Claims Processing Manual, Chapter 4](#), section 160.1 and creating section 160.2 (Trauma Activation Services) to clarify the billing requirements related to trauma team activation.

Drugs, Biologicals & Radiopharmaceuticals

New HCPCS Codes & Dosage Descriptors for Certain Drugs, Biologicals & Radiopharmaceuticals Getting Pass-Through Status

We created 6 new HCPCS codes for reporting drugs and biologicals in the hospital outpatient setting where specific codes weren't previously available, starting October 1, 2026. These drugs and biologicals will get pass-through status on October 1, 2026. Refer to [Table 8](#) for these codes.

Existing HCPCS Codes for Certain Drugs, Biologicals & Radiopharmaceuticals with Pass-Through Status Ending

The pass-through status ends for 9 drug, biological, and radiopharmaceutical HCPCS codes on September 30, 2026. Starting October 1, 2026, we're changing the status indicator for these codes from G to K or N. Refer to [Table 9](#) for these codes. Refer to Addendum B for the codes, short descriptors, and status indicators.

New HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're establishing 29 new drug, biological, and radiopharmaceutical HCPCS codes on October 1, 2026. Refer to [Table 10](#) for these codes.

Deleted HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're deleting 10 drug, biological, and radiopharmaceutical HCPCS codes on September 30, 2026. Refer to [Table 11](#) for these codes.

Payment Status Indicator Changes to HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're changing the status indicators for 21 drug, biological, and radiopharmaceutical HCPCS codes, effective October 1, 2026. Refer to [Table 12](#) for these codes.

We're changing the status indicator from E1 to L for CPT code 90616, retroactive to August 5, 2026.

Status indicator changes in the October 2026 I/OCE update include:

- HCPCS code A9521 from status indicator E1 to K, effective May 14, 2026
- HCPCS code J9161 from status indicator E2 to K, effective July 1, 2026

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Descriptor Changes for HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're making substantial descriptor changes to 3 drug, biological, and radiopharmaceutical HCPCS codes as of October 1, 2026. Refer to [Table 13](#) for the codes.

Updated Drugs & Biologicals Payment Rate

We updated HCPCS code Q5161's payment rate on July 20, 2026, effective retroactively to July 1, 2026. MACs will adjust claims with HCPCS code Q5161 they get from July 1, 2026 – July 21, 2026, within 30 days of the implementation date. Refer to the Hospital OPPS [Addendums A and B](#) for the payment rate.

Drugs & Biologicals with Payments Based on Average Sales Price

For CY 2026, we pay for most non-pass-through drugs, biologicals, and therapeutic radiopharmaceuticals at a single rate of average sales price (ASP) +6% (or ASP +6% or 8% of the reference product for biosimilars). In CY 2026, we make a single payment of ASP +6% for pass-through drugs, biologicals, and radiopharmaceuticals for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP +6% or 8% of the reference product for biosimilars). We update payment for drugs and biologicals based on ASPs quarterly as later-quarter ASP submissions become available.

Starting October 1, 2026, we're changing the payment rates for many drugs and biologicals from the values published in the CY 2026 Hospital OPPS and Ambulatory Surgical Center (ASC) final rule with comment period because of new ASP calculations based on sales price submissions. When we need to adjust payment rates, we'll incorporate them into the October 2026 Fiscal Intermediary Standard System release. We aren't publishing the updated payment rates in this CR; however, you'll find the updated payment rates, effective October 1, 2026, in the October 2026 update of the Hospital OPPS Addendums A and B.

Drugs & Biologicals Based on ASP Methodology with Restated Payment Rates

We retroactively correct payment rates for some drugs and biologicals on a quarterly basis. Find the latest list of drugs and biologicals with [corrected payment rates](#) on the first date of the quarter.

You may resubmit claims affected by adjustments to a previous quarter's payment files.

Skin Substitutes

Retroactive HCPCS Code Revisions for Skin Substitute Products

We're revising the long descriptors for several HCPCS Level II codes that describe various skin substitute products to include the parenthetical "add-on, list separately in addition to primary procedure," retroactive to April 1, 2026.

Refer to [Table 14](#) for the codes. We're not changing their status indicators or APC assignments.

New HCPCS Codes for Skin Substitute Products

We're creating new HCPCS Level II codes to describe various skin substitute products, effective October 1, 2026. We assigned these new skin substitute product codes to either status indicator "S1" or "N."

Refer to [Table 15](#) for these codes.

HCPSC Codes, Status Indicators, APC Assignments & Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief

Section 4135 of the [Consolidated Appropriations Act, 2023](#) established eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief. We evaluated applicable non-opioid treatments against this eligibility criteria and determined that the product listed in [Table 16](#) newly meets the statutory definition of a non-opioid treatment for pain relief and that we should pay for it according to finalized policy in the CY 2026 Hospital OPPS and ASC final rule.

Specifically, we'll give Stimuplex® needles temporary additional payment under section 4135, effective April 30, 2026.

We're making a descriptor change to HCPSC code C9812 to list Stimuplex needles among the approved non-opioid devices this code can describe. Refer to Table 16 for the updated descriptor. We're not changing the status indicator or APC assignment.

Section 1833(t)(16)(G)(iii) of the [Social Security Act](#) states that the separate payment amount specified in clause (ii) can't exceed the estimated average of 18% of the hospital outpatient department fee schedule amount for the hospital outpatient department service (or group of services) with which the provider uses non-opioid treatment for pain relief, as the HHS Secretary determines. Refer to Table 16 for the final payment limitation amount.

Coverage Determinations

When we assign a HCPSC code and payment rate to a drug, device, procedure, or service under the Hospital OPPS, it doesn't imply Medicare coverage. It only indicates how we pay for the product, procedure, or service if we cover it. MACs decide whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs decide if it's reasonable and necessary to treat the patient's condition and whether we exclude it from payment.

Note: MACs will adjust claims you bring to their attention with any retroactive changes from before implementing the October 2026 I/OCE.

Background

CR 14589 provides instructions on coding changes and policy updates, effective October 1, 2026, for the Hospital OPPS. This update relates to the [Medicare Claims Processing Manual, Chapter 4](#), section 50.8.

Note: Refer to the Hospital OPPS [Addendum D1](#) of the CY 2026 Hospital OPPS and ASC final rule to learn more about Hospital OPPS status indicators.

More Information

We issued CR 14589 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
October 1, 2026	Initial article released.

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