



DMEPOS Fee Schedule: October 2026 Quarterly Update

Related Change Request (CR) Information	
Number: 14619	Release Date: September 29, 2026
Effective Date: October 1, 2026	Implementation Date: October 5, 2026
Transmittal Number: R13956CP	
Title: October Quarterly Update for 2026 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule	

Affected Providers

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

Action Needed

Make sure your billing staff knows about these updates:

- Added and deleted HCPCS codes, effective October 1, 2026
- New fee schedule amounts, effective October 1, 2026
- Level II HCPCS changes for continuous glucose monitors (CGMs) and external insulin infusion pump supplies, effective January 1, 2028

Key Updates

The DMEPOS fee schedule file updates are available as a [public use file](#) for state Medicaid agencies, managed care organizations, and other interested parties. CMS didn't update the DMEPOS Parenteral and Enteral Nutrition (PEN) fee schedule file this quarter.

Added & Deleted Codes

We're adding these 7 codes to the HCPCS file, effective October 1, 2026:

- A4228
- A6614
- E0788
- E2403
- L1330
- L1972
- L8697

Effective September 30, 2026, we're deleting HCPCS Level II code L8696 from the DMEPOS fee schedule file. We aren't adding or deleting any codes from the PEN fee schedule file, effective October 1, 2026.

New Fee Schedule Amounts

We're adding fee schedule amounts to the DMEPOS fee schedule file for these 6 HCPCS codes:

- A4228
- A6614
- E0150
- E0788
- E2403
- L1972

Under [42 CFR 414.114](#) and [414.240](#), we got public consultation on national Medicare benefit category determinations and payment determinations for these codes during the First Biannual 2026 Non-Drug and Non-Biological Items and Services HCPCS code application review cycle. Refer to the [narrative summary](#) for the Medicare benefit category and payment determinations for these items.

Level II HCPCS Changes for CGM & External Insulin Infusion Pump Supplies

Per the [CY 2026 Home Health Prospective Payment System](#) final rule, we'll pay for CGMs and insulin infusion pumps, including necessary supplies and accessories, under the DMEPOS fee schedule and Competitive Bidding Program (CBP) on a bundled monthly rental basis, starting January 1, 2028. We'll treat these as items that require frequent and substantial servicing in accordance with [42 CFR 414.222](#) and [414.408\(h\)\(8\)](#). As part of the bundled payment, we'll no longer pay for supplies and accessories separately, and suppliers will retain ownership of the rental equipment.

Because we won't pay for these supplies separately by week or per cartridge, we won't cover these 2 HCPCS codes, effective January 1, 2028:

- A4224
- A4225

Under special temporary transition rules, we'll continue to pay separately under the DMEPOS Fee Schedule and CBP for replacement supplies and accessories for CGMs and insulin pumps the patient owned before we phase these items in during the next round of DMEPOS CBP, starting January 1, 2028. These separate monthly payments will continue only while the patient retains ownership of the CGM or insulin pump.

We're adding HCPCS code A4227 to the HCPCS file to describe replacement supplies used with a patient-owned insulin infusion pump, effective January 1, 2028.

In the future, we'll issue more guidance on billing supplies and accessories for rented and patient-owned:

- Class II CGMs and insulin pumps included under the DMEPOS CBP
- Class III CGMs and insulin pumps excluded from the DMEPOS CBP

We'll provide more information on the [Competitive Bidding Implementation Contractor](#) website in the future.

Background

We update the DMEPOS fee schedule quarterly, as necessary, to implement fee schedule amounts for applicable new and existing codes and to apply changes to payment policies. Refer to 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 fee schedule payment for PEN, splints, casts, and intraocular lenses inserted in a physician's office. The DMEPOS fee schedule file 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 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 the CBP includes 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 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. We increase the fee schedule amounts once every 12 months on the anniversary date of the first day after the contract period ends.

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 single payment amounts for each specific CBA, increased by the projected 2.8% change in the CPI-U for the 12-month period ending January 1, 2026. Similarly, for items included in Round 2021 but where we didn’t award contracts in Round 1 of the CBP, we’re increasing the 2025 adjusted fee schedule amounts by the projected CPI-U of 2.8% for CY 2026.

We update a former CBA ZIP Code file quarterly, as necessary, which contains the CBA ZIP Codes suppliers use to price claims for an item provided in a CBA. The former CBA ZIP Code file contains the ZIP Codes for the CBAs included in Round 2021.

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 rural 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 that a postal ZIP Code represents where we estimate at least 50% of the total geographical area of the ZIP Code is outside any MSA. A rural area also includes any low population density ZIP Code within an MSA that we exclude from a CBA established for that MSA.

More Information

We issued CR 14619 to your MAC as the official instruction for this change. For more information, find your [MAC’s website](#).

Document History

Date of Change	Description
September 30, 2026	Initial article released.

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