

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13643	Date: February 19, 2026
	Change Request 14393

NOTE: This Transmittal is no longer sensitive and is being re-communicated March 10, 2026. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: April 2026 Coding Updates for the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce coding updates, effective April 1, 2026, for the IPF PPS. This recurring update notification applies to the Claims Processing Manual (CPM), chapter 3, section 190.

EFFECTIVE DATE: April 1, 2026

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

IMPLEMENTATION DATE: April 6, 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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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: 13643	Date: February 19, 2026	Change Request: 14393
-------------	--------------------	-------------------------	-----------------------

NOTE: This Transmittal is no longer sensitive and is being re-communicated March 10, 2026. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: April 2026 Coding Updates for the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS)

EFFECTIVE DATE: April 1, 2026

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

IMPLEMENTATION DATE: April 6, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce coding updates, effective April 1, 2026, for the IPF PPS. This recurring update notification applies to the Claims Processing Manual (CPM), chapter 3, section 190.

II. GENERAL INFORMATION

A. Background: On November 15, 2004, the Centers for Medicare & Medicaid Services (CMS) published in the *Federal Register* a final rule that established the Prospective Payment System (PPS) for Inpatient Psychiatric Facilities (IPF) under the Medicare program in accordance with provisions of Section 124 of Public Law 106-113, the Medicare, Medicaid and SCHIP Balanced Budget Refinement Act of 1999 (BBRA). Payments to IPFs under the IPF PPS are based on a federal per diem base rate, which includes both inpatient operating and capital-related costs (including routine and ancillary services), but excludes certain pass-through costs (i.e., bad debts, and graduate medical education). CMS is required to make updates to this IPF PPS annually.

In the fiscal year 2025 IPF PPS final rule, CMS finalized a policy to adopt routine coding updates for the IPF PPS following a sub-regulatory process. This CR identifies routine coding updates that are required as part of that sub-regulatory process. These changes are applicable to discharges occurring on or after April 1, 2026.

B. Policy: April 2026 Coding Updates for the IPF PPS

1. Comorbidity Updates

The April 2026 updates to the International Classification of Diseases, 10th Revision (ICD-10) code set include the addition of three ICD-10-Procedure Coding System (PCS) codes for the Oncology Treatment Procedures list. These codes are listed below:

XW0331B (Introduction of Anitocabtagene Autoleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 11)

XW0431B (Introduction of Anitocabtagene Autoleucel Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 11)

XW0534B (Introduction of Somatic Stem Cells into Peripheral Artery, Percutaneous Approach, New Technology Group 11)

The April 2026 updates to the ICD-10 code set include the addition of two ICD-10-PCS codes for the Chronic Obstructive Pulmonary Disease & Sleep Apnea Procedures list. These codes are listed below:

XW0330B (Introduction of Alpha1-proteinase Inhibitor into Peripheral Vein, Percutaneous Approach, New Technology Group 11)

XW0430B (Introduction of Alpha1-proteinase Inhibitor into Central Vein, Percutaneous Approach, New Technology Group 11)

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	
14393.1	CMS shall ensure that the IPF PPS Pricer includes all April 2026 IPF PPS updates.									CMS
14393.2	Contractors shall note the update referenced in the Policy section of this CR for claims with discharge dates on or after April 1, 2026.	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:

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: 0