

MPFS Final Rule 2026

Updates and Readiness



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MPFS Final Rule Updates

External Beam Treatment Delivery Code Updates

Image Guidance Code Updates

Surface Treatment Updates

Physician Supervision and Telehealth Services Updates

**Work RVU, Practice Expense RVU, and Conversion
Factor Updates**

Treatment Code Changes

Treatment codes are valued based on OPPS rates.

HCPCS G6003-G6016 are deleted.

Report 77402, 77407, 77412 for daily treatment.

No separate codes for IMRT (77385, 77386 were deleted).

All treatment codes include technical IGRT.

IGRT Code Changes

CPT 77014, HCPCS G6001-G6002, G6017 are deleted.

Report 77387-26 for all types of IGRT and SGRT.

Reimbursement is professional only.

Port films (77417) are no longer reimbursed.

2025-2026 CPT Comparisons



CPT	CY 2025 Long Descriptor	CY 2026 Long Descriptor
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Deleted
77402	Radiation treatment delivery, ≥ 1 MeV; simple	Radiation treatment delivery; Level 1 (for example, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed
77407	Radiation treatment delivery, ≥ 1 MeV; intermediate	Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed
77412	Radiation treatment delivery, ≥ 1 MeV; complex	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (for example, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Deleted
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Deleted
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	
77014	Computed tomography guidance for placement of radiation therapy fields	Deleted
77417	Therapeutic radiology port image(s)	

Coding Updates

Treatment and IGRT

Global Freestanding Center		
	2025 HCPCS	2026 HCPCS
2D Treatment	G6003-G6014	77402
3D Treatment	G6003-G6014	77407-77412
IMRT Treatment	G6015-G6016	77407-77412
CT Guidance	77014	77387-26
Stereo Guidance	G6002	77387-26
SGRT	G6017	77387-26

2026 Treatment Codes and Rates

Non-Stereotactic Daily Treatment

77402 Level 1 \$79.49 MPFS

Radiation treatment delivery;
Level 1 (for example, single
electron field, multiple electron
fields, or 2D photons),
including imaging guidance,
when performed

77407 Level 2 \$317.64 MPFS

Radiation treatment delivery;
Level 2, single isocenter (eg,
3D or IMRT), photons,
including imaging guidance,
when performed

77412 Level 3 \$391.46 MPFS

Radiation treatment delivery;
Level 3, multiple isocenters
with photon therapy (for
example, 2D, 3D, or IMRT) OR
*a single isocenter photon
therapy (eg, 3D or IMRT) with
active motion management,*
OR total skin electrons, OR
mixed electron/photon field(s),
including imaging guidance,
when performed

Image Guidance Rate

Including SGRT

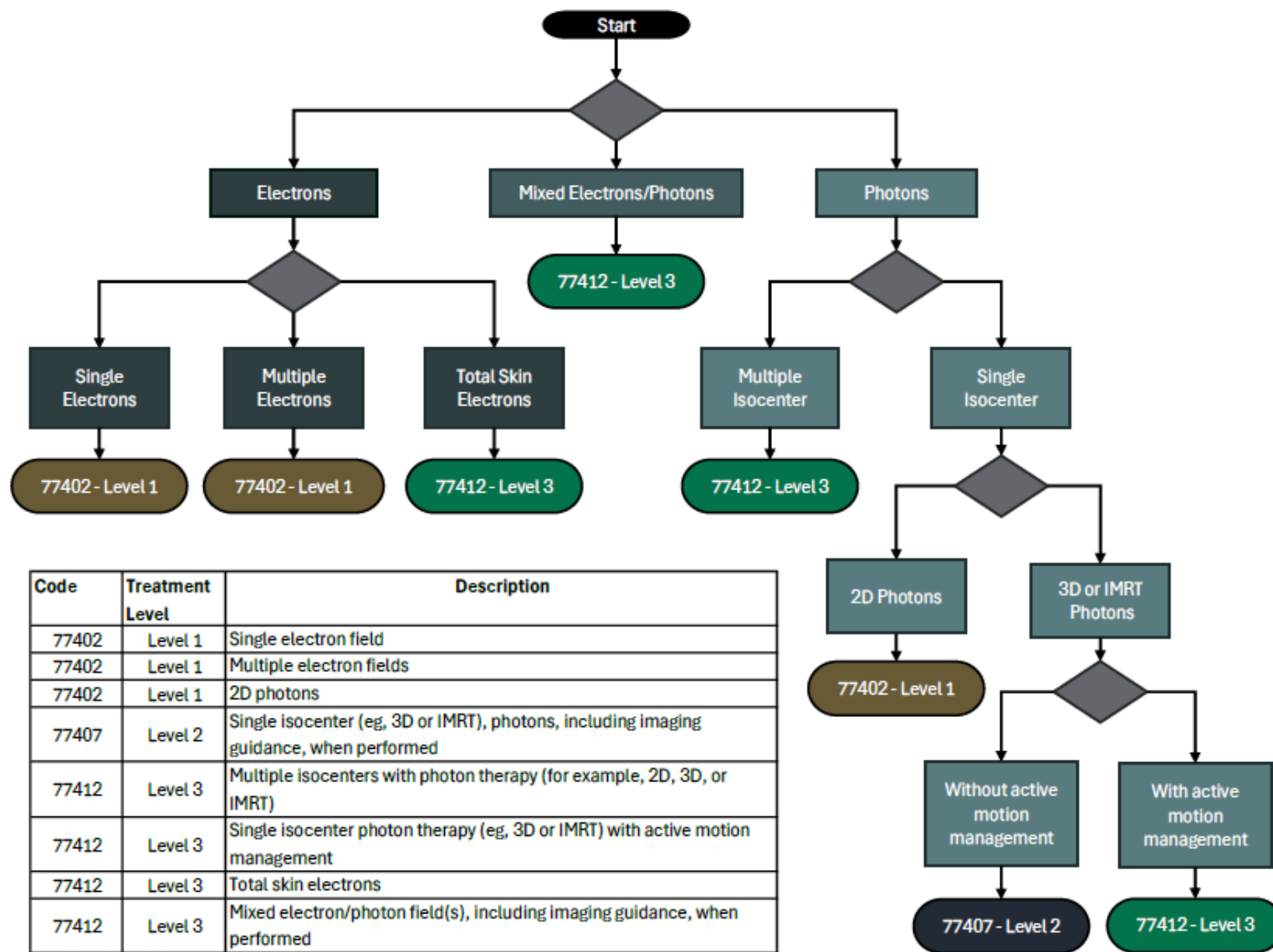
77387-26
\$36.74 MPFS

Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

2026 Radiation Oncology Treatment Code Changes

2D, 3D, and Intensity Modulated Radiation Therapy (IMRT)

**Not to be used for Proton Therapy, Stereotactic, or Brachytherapy*



Other Notable Rate Updates for 2026

Most notable rate increases for 2026

CPT 77301

2026 \$1,978.00
2025 \$1,797.82

Difference \$180.18
10%

CPT 77336

2026 \$93.19
2025 \$88.63

Difference \$4.56
5%

CPT 77370

2026 \$152.64
2025 \$145.56

Difference \$7.08
5%

CPT 77373

2026 \$988.00
2025 \$949.37

Difference \$38.63
4%

CPT 77427

2025 \$196.73
2026 \$187.93

Difference \$8.80
5%

Surface Treatment Coding

CPT 77401 is deleted.

A new single CPT code for simulation and planning.

A new treatment code for <150kV per fraction.

A new treatment code for 150kV-500kV per fraction.

An image guidance code reported once per course.

Surface Treatment Code Set

CPT	Long Descriptor
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting
77437	Surface radiation therapy; superficial, delivery, ≤ 150 kV, per fraction (eg, electronic brachytherapy)
77438	Surface radiation therapy; orthovoltage, delivery, >150 -500 kV, per fraction
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)

Physician Supervision Updates

Direct Supervision

The definition of direct supervision now includes language allowing for real-time video and audio interactive communications.

- This includes radiation treatment delivery in the freestanding setting.

Telehealth Updates

Elimination of Provisional Status for Telehealth CPT Codes

CPT Code 77427 is on the permanent telehealth list.

- It requires the use of video (cannot use audio only) and a 95 modifier must be added.
- All other OTV codes (77431, 77432, 77435) require an in-person visit.

Work RVU Updates

2.5% Reduction

- This reduction applies to non-time-based services.
- Notable exclusions:
 - Time-based codes (e.g., Evaluation & Management, care management, behavioral health)
 - Services on the CMS telehealth list
 - New codes for CY 2026, even if they would otherwise fall under non-time-based services.
- This will be a major impact on physicians who are compensated based on their work RVUs.

Conversion Factor 2026

Based on APM Participation

- Providers participating in an Advanced Payment Model will have a conversion factor of \$33.5675.
 - Check a provider's APM status here:
<https://qpp.cms.gov/participation-lookup>
- Providers *not* participating in an Advanced Payment Model will have a conversion factor of \$33.4009.
- Both new conversion factors represent an increase from the 2025 conversion factor of \$32.3465.

Practice Expense Refinements

Correction of disparity
between facility and non-
facility settings

Updates to direct practice
expenses

- Utilized OPPS APC data for PFS rate setting.
- Updated direct practice expense factors (staff and supply costs) for 2026 for CPT codes 77402-77412
- Added direct practice expense factors for 77436-77439
- Updated the linac and water chiller costs
- Updated the superficial system cost
- Updated the prostate spacer kit cost and included it in CPT 55874

Links

- CMS fact sheet on the CY 2026 Physician Fee Schedule Final Rule:
 - <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f>
- CY 2026 PFS Final Rule:
 - <https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other>

Readiness List for 2026

Update all CPT codes and the code sets within your EHR.

Check all prior authorizations that extend into 2026.

Pull all carrier contracts to check for fee schedule language.

Additional considerations for Proton centers.

EHR Updates

Timeline: Now

- ARIA users:
 - Update CPT codes in data administration.
 - Update activity code sets in data administration.
- Mosaiq users:
 - Update CPT codes in the code library.
 - Update code sets and orders in the code library.
- Epic/billing systems:
 - Update charge master to include all new codes.

Prior Authorization

Timeline: December 15th

- Identify all patients on treat that will treat into 2026. Add all new starts after the initial list is made.
- Most Medicare Advantage plan auths expire 12/31 each year and will require a new auth for 2026.
 - Check any auths that expire after 12/31.
- Check all commercial plans for authorization update requirements in 2026.
- Keep a list of payers, narrowed down by types, of all payer requirements for CPT codes.
 - Include the effective dates of their changes from the old code set to the new one.

Fee Schedule Updates

Timeline: Now

- Contracts based on the Medicare fee schedule or on RVUs:
 - Ensure each payer is ready to accept and process the new code sets.
 - Are there any expected delays in claims processing?
- Contracts based on other criteria:
 - Will each payer will be ready to accept the new code set with updated rates?
 - If not, will they continue to process the old code sets for payment?
 - Do new fee schedules need to be negotiated?

Proton Centers

Timeline: Now

- Proton technical IGRT will no longer be reimbursed.
 - In the freestanding setting, has your MAC re-valued their carrier pricing to include the technical IGRT amount?
 - Do the OPPS rates for 2026 for the Proton APCs align with your MAC's carrier price?

Questions & Answers



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