

HOPPS/ASC Final Rule 2026

Updates and Readiness



Disclaimers

01

Every practice is unique, and it is the Client's responsibility to implement these opinions appropriately to Client's specific practice and circumstances. Client is not under the obligation to implement any recommendations made by RBS. Recommendations made by RBS are our opinions only, and Client should consult an attorney regarding the application of these recommendations in Client's specific market and circumstance. RBS is not a law firm and is not providing legal advice to Client.

02

Client agrees to indemnify and hold RBS, its affiliates and owners, and their respective officers, directors, agents, employees and representatives (each an "RBS Indemnified Party") harmless from and against any and all claims, actions, liabilities, losses, costs and expenses of any nature whatsoever, including reasonable attorneys' fees and other costs of investigating and defending any such claim or action ("Losses"), which may be asserted against any of RBS Indemnified Parties, in connection with Client's decision to implement any recommendations made by RBS.

03

CPT copyright 2025 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association.

HOPPS Final Rule Updates

External Beam Treatment Delivery Code Updates

Surface Treatment Updates

OPPS Payment Rate Updates

BgRT Revaluation and APC Assignment

Treatment Code Changes

Report 77402, 77407, 77412 for daily treatment.

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

All treatment codes include technical IGRT.

APCs for 77402, 77407, 77412 are updated and re-valued.

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)	

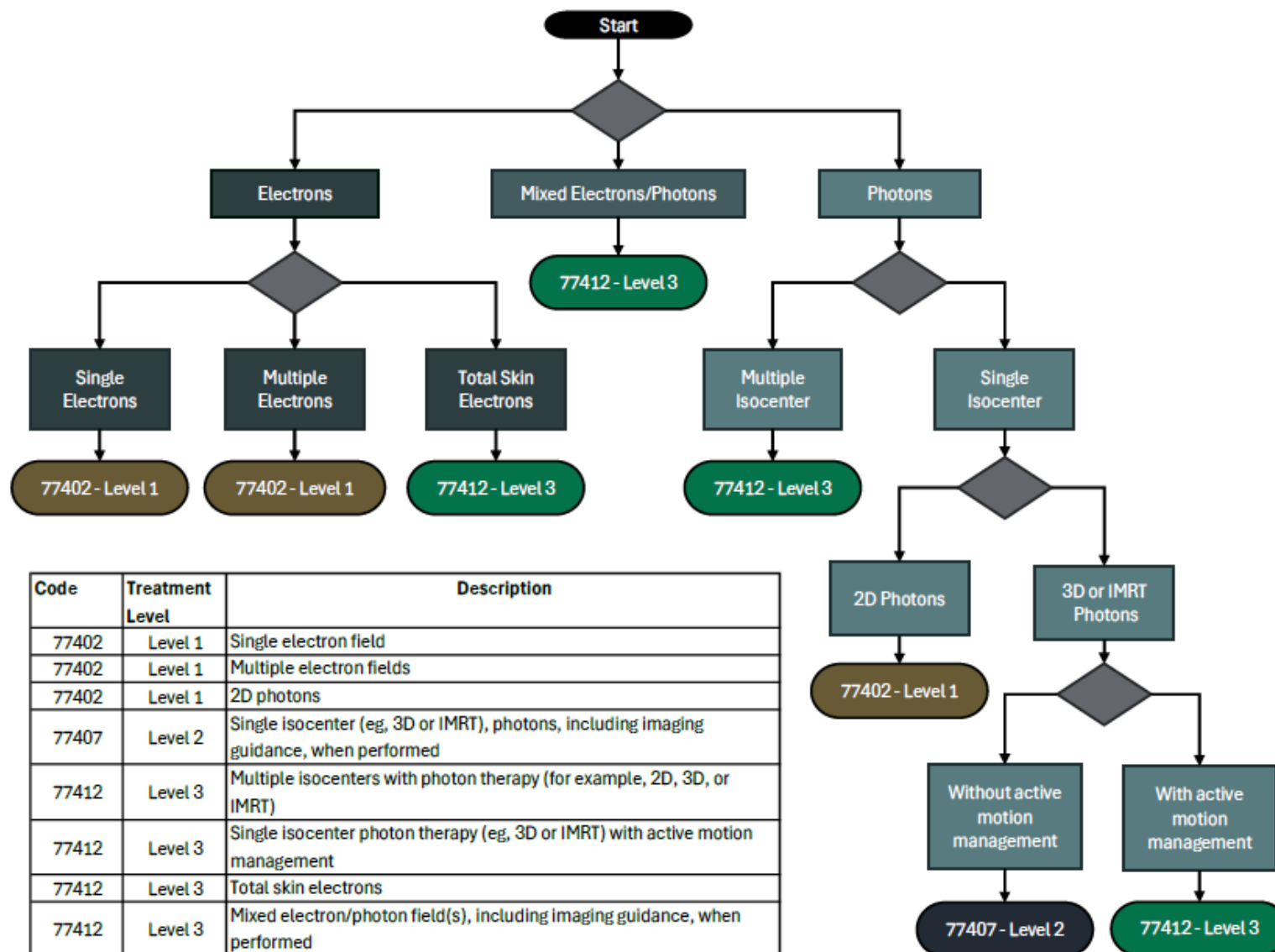
Treatment Code Crosswalk

	2025 CPT	2026 CPT
2D Treatment	77402-77412	77402 or 77412
3D Treatment	77402-77412	77407-77412
IMRT Treatment	77385-77386	77407-77412

2026 Radiation Oncology Treatment Code Changes

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

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



APC Rate Comparisons



				2026 Final Rule	2025 Final Rule	2026 Final Rule to 2025 Actual	
2025 HCPCS Code	HCPCS Code	Short Descriptor	APC	Payment Rate	Payment Rate	Payment Rate Relative Change	Payment Rate % Change
77385	77407	Radiation tx delivery lvl 2	5622	\$394.05	\$578.47	-\$184.42	-32%
77385	77412	Radiation tx delivery lvl 3	5623	\$564.51	\$578.47	-\$13.96	-2%
77386	77407	Radiation tx delivery lvl 2	5622	\$394.05	\$578.47	-\$184.42	-32%
77386	77412	Radiation tx delivery lvl 3	5623	\$564.51	\$578.47	-\$13.96	-2%
77402	77402	Radiation tx delivery lvl 1	5621	\$104.24	\$109.50	-\$5.26	-5%
77407	77407	Radiation tx delivery lvl 2	5622	\$394.05	\$262.98	\$131.07	50%
77412	77412	Radiation tx delivery lvl 3	5623	\$564.51	\$262.98	\$301.53	115%

Other Notable Rate Updates for 2026

APC Rate Updates



CPT Codes	APC	2026 Payment Rate	2025 Payment Rate	Payment Rate Relative Change	Payment Rate % Change
77285 77290 77306 77307 77316 77317 77318 77321 77334 77338	5612	\$382.54	\$366.07	\$16.47	4%
77280 77300 77331 77332 77333 77336 77370	5611	\$137.32	\$132.77	\$4.55	3%
77295 77301	5613	\$1,414.11	\$1,368.26	\$45.85	3%

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)

Payment Rates 2026

2.6% Overall Increase

- Overall, OPPS payment rates are increased by 2.6%.
- This increase includes a 3.3% hospital market basket increase and a 0.7% productivity adjustment.
- A 2.0% reduction for hospitals failing to meet quality reporting requirements remains in place.

BgRT Revaluation

APC and Rate Updates



HCPCS	DESCRIPTOR	2026 APC	2026 RATE	2025 APC	2025 RATE
G0562	Complex simulation w/pet-ct	1521	\$1,950.50	1521	\$1,950.50
G0563	Sbrt w/positron emission del	1524	\$3,250.50	1525	\$3,750.50

Physician Supervision Updates

Direct Supervision

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

Non-excepted Off-campus PBD Update

- Non-excepted off-campus PBDs will adopt the new CPT code set for daily treatment outlined in the MPFS Final Rule.
- Append modifier –PN to each claim line for non-excepted items and services.
- Claims with –PN modifier will pay the TC rate reflected in the MPFS Final Rule.

Links

- CMS fact sheet on the CY 2026 HOPPS and ASC Final Rule: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-2026-hospital-outpatient-prospective-payment-system-opps-ambulatory-surgical-center>
- CY 2026 HOPPS and ASC Final Rule: <https://www.federalregister.gov/documents/2025/11/25/2025-20907/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

Readiness List for 2026

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

Update physician orders and patient estimate forms.

Check all prior authorizations that extend into 2026.

Pull all carrier contracts to check for fee schedule language.

EHR Updates (Technical)

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.

EHR Updates (Documentation)

Timeline: Now

- Physician orders need to be updated to include the criteria for the new daily treatment codes effective 1/1/26. This step is imperative for accurate prior authorization and patient financial estimates.
- All other documentation requirements remain the same.
 - This includes timely review of daily imaging and surface guidance data within the EHR.
- Patient estimate forms need to be updated to include the new CPT options and rates.

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 APCs:
 - 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?

Questions & Answers



Sally Eggleston, MBA, RT(T)
COO

Sally@RadiationBusiness.com

Leah M. Harlin, CPC
Director of Shared Services

Leah.Harlin@RadiationBusiness.com

www.RadiationBusiness.com
(615) 746-4711

