Interventional Cardiology

Summary of FY2027 Medicare Policy and Payment Changes Inpatient Prospective Payment System (IPPS)

On July 31, 2026, the Centers for Medicare & Medicaid (CMS) released the final rule for the Medicare Inpatient Prospective Payment System (IPPS). Changes and final payment rates will take effect on **October 1, 2026.**

Highlights from the proposed rules and the impact on Interventional Cardiology (IC) providers are summarized in the text below and the tables at the end of this document. The tables provide details regarding payment rates for IC procedures of interest performed by physicians as well as details regarding payment rates for those same services.

Hospital Inpatient (IPPS) Changes

The finalized average increase in payments for acute care hospitals that successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program is **approximately 2.4%**.

CMS finalized the following approximate average payment increases to key IC procedures, including:

- Coronary drug-coated balloon (DCB) procedures assigned to MS-DRGs 250 and 251: +11%
- Coronary atherectomy procedures assigned to MS-DRGs 318, 359, and 360: +1%
- Coronary intravascular lithotripsy (IVL) procedures assigned to MS-DRGs 323, 324 and 325: +4%
- Drug-eluting stent procedures assigned to MS-DRGs 321 and 322: +2%

AGENT™ DCB New Technology Add-on Payment (NTAP) continues through September 30, 2027. The maximum payment has been increased to a maximum payment of $4,776.36 (from $4,013.75) per inpatient hospital stay.

Other relevant topic of interest

CMS finalized the repeal of the NTAP and TPT Alternative Pathway for FDA Breakthrough devices with exceptions for ‘grandfathered’ devices.

Breakthrough devices will be subject to the same application requirements as currently applicable for non-Breakthrough devices, which require higher standards for clinical evidence demonstrating clinical improvements and device newness.

As part of the repeal, CMS offers delayed implementation for those devices that received Breakthrough status and full FDA market authorization approval within a certain timeline over the next two years.

See important notes on the uses and limitations of this information on page 3.

Hospital Payment Changes FY2026 to FY2027:

MS-DRG	Short Description	2026 National Average Payment	2027 National Average Payment	% Change
PCI without Atherectomy or IVL				
250	PCI without Intraluminal Device with MCC	$15,882	$17,284	+9%
251	PCI without Intraluminal Device without MCC	$10,875	$12,295	+13%
321	PCI with Intraluminal Device with MCC	$19,799	$20,059	+1%
322	PCI with Intraluminal Device without MCC	$12,829	$13,114	+2%
PCI with IVL				
323	IVL with Intraluminal Device with MCC	$31,489	$32,773	+4%
324	IVL with Intraluminal Device without MCC	$22,929	$23,578	+3%
325	IVL without Intraluminal Device	$23,361	$24,645	+5%
PCI with Atherectomy				
318	Atherectomy without Intraluminal Device	$17,626	$19,347	+10%
359	Atherectomy with Intraluminal Device with MCC	$25,022	$24,964	0%
360	Atherectomy with Intraluminal Device without MCC	$17,568	$17,290	-2%

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Resources for Interventional Cardiology: https://www.bostonscientific.com/en-US/reimbursement/interventional-cardiology.html

Reimbursement Help Desk: IC.Reimbursement@bsci.com

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Information included herein is current as of July 2026 but is subject to change without notice. MS-DRG rates are set to expire on September 30, 2027.

Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration.

Read the full FY2027 Final Rule:

Medicare Hospital Inpatient Prospective Payment System (IPPS); CMS-1849-F;
https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page#Final