



CRMDx

Summary of Final Fiscal Year (FY) 2026 Medicare Policy and Payment Changes for the Inpatient Prospective Payment System (IPPS)

On July 31st, the Centers for Medicare and Medicaid Services (CMS) released the final FY2026 Hospital Inpatient Prospective Payment (IPPS) Rule. FY2026 reimbursement rates and policy updates are effective October 1, 2025. Overall, Medicare operating payment rates for hospital inpatient services will increase 2.6% on average in FY2026. Combined with other policy changes, CMS estimates that total hospital inpatient payments will increase ~ \$5B compared to FY2025.

The table on page 2 of this document shows the final FY2026 payment rates for selected CRMDx MS-DRGs compared to FY2025.

Payment Updates for Select Procedures of Interest

- Final CRMDx Payment Rates (% weighted averages shown):
 - ICD and CRT-D system implant payment rates will increase 1%.
 - ICD and CRT-D generator replacement and lead procedure payment rates will decrease 2%.
 - Pacemaker and CRT-P system implant payment rates will decrease 3%.
 - Leadless cardiac pacemaker payment rates will increase 2%.
 - Pacemaker and CRT-P generator replacement payment rates will increase 16%.
 - Pacemaker revisions will decrease 0.3%.
 - Insertion of subcutaneous cardiac rhythm monitor implant payment rates for:
 - Syncope will decrease 0.3% and
 - Cryptogenic Stroke (atrial fibrillation) will increase 2%.

FY2026 Medicare Final Rules Issued for Hospital Inpatient Prospective Payment System (IPPS)

Medicare Hospital Inpatient Payment Rates: FY2025 Final vs FY2026 Final FY2025 FY2025 FY2025 FY2025 FY2026 Final Final Final MS-Final **DRG Description Final** vs vs vs **DRG** Rate* Rate** FY2026 FY2026 FY2026 **Final Final** Final Weighted \$ % Avg.% **Cardiac Rhythm Management** ICD Systems (transvenous and subcutaneous) 1% Cardiac Defibrillator Implant With Cardiac Catheterization \$50,434 \$51,886 \$1,452 3% 275 And MCC Cardiac Defibrillator Implant with MCC Or Carotid Sinus 276 \$44,207 \$43,709 (\$498)-1% Neurostimulator 277 Cardiac Defibrillator Implant without MCC \$33,198 \$33,608 \$410 1% **ICD Replacements** -2% 245 AICD generator procedures \$34,875 \$33,199 (\$1,676)-5% 265 AICD lead procedures \$25.457 \$26.329 \$872 3% **Pacemaker Systems** -3% 242 \$24.207 \$23.233 (\$974)-4% Permanent cardiac pacemaker implant with MCC 243 \$16,077 \$15.506 Permanent cardiac pacemaker implant with CC (\$571)-4% 244 \$12,879 \$13,153 \$274 2% Permanent cardiac pacemaker implant without CC/MCC **Pacemaker Replacements** 16% \$20,022 \$22,864 \$2,842 258 Cardiac Pacemaker Device Replacement with MCC 14% 259 \$12,544 \$14,714 \$2,170 Cardiac Pacemaker Device Replacement without MCC 17% Pacemaker Revisions and Insertion of Subcutaneous Cardiac Rythmn Monitor (SCRM) - Syncope -0.3% Cardiac pacemaker revision except device replacement \$23,670 260 \$24,308 (\$638)-3% with MCC Cardiac pacemaker revision except device replacement \$13,542 \$13,757 261 \$215 2% with CC Cardiac pacemaker revision except device replacement \$10,832 262 \$11,860 \$1,028 9% without CC/MCC Insertion of Subcutaneous Cardiac Rhythm Monitor (SCRM) - Cryptogenic Stroke 2% Peripheral, Cranial Nerve and Other Nervous System 40 \$26,920 \$28.097 \$1,177 4% Procedures with MCC Peripheral, Cranial Nerve and Other Nervous System \$16.116 41 \$15.999 (\$117)-1% Procedures with CC or Peripheral Neurostimulator Peripheral, Cranial Nerve and Other Nervous System 42 \$12,543 \$12,572 \$29 Procedures without CC/MCC **Leadless Cardiac Pacemakers** 2% 228 Other Cardiothoracic Procedures with MCC \$35,563 \$36,001 \$438 1% 229 Other Cardiothoracic Procedures without MCC \$22,918 \$750 \$22,168 3%

^{*}FY2025 Final calculated rates assume the hospital submits quality data and is a meaningful EHR user.

^{**}FY2026 Final calculated rates assume the hospital submits quality data and is a meaningful EHR user (2.6% increase).

Comments/Questions

If you have questions or would like additional information, contact: crm.reimbursement@bsci.com

Read the full FY2026 Final IPPS Rule (CMS-1833-F) at the following link: <u>FY 2026 IPPS Final Rule Home Page | CMS</u>

Important Information:

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice.

Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.

It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Current Procedural Terminology (CPT) Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions apply to government use. 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.

All trademarks are the property of their respective owners.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP.