

AAMC's Medicare Outpatient Prospective Payment System (OPPS) Rule Impact Report

Overview

What are AAMC's Medicare OPPS Rule Impact Reports?

Purpose

- The AAMC's Medicare OPPS Rule Impact Reports estimate the impact of Medicare's OPPS Proposed and Final Rules on your hospital, including any major proposed/finalized Medicare policy changes related to other legislative or regulatory actions. The reports also allow you to:
 - Estimate budget impacts for the upcoming year based on new payment rates
 - Unpack overall impacts into individual payment factors
 - Compare your payment impact to national, state, and AAMC-member hospital benchmarks
 - Examine the impact of specific policy changes

Eligibility and Access

- Any individuals at an AAMC-member teaching hospital paid under OPPS are eligible to receive the report. If you would like to receive this report, please email AHSDData@aamc.org with your name, title, institution, email address, and mailing address.

Timing

- The AAMC generates a hospital-specific OPPS Impact Report following the OPPS Proposed Rule and following the Final Rule corresponding to each calendar year.

The following slides walk you through each section (tab) of the hospital-specific impact report (excel file).

Introduction to your OPPS Impact Report: File Layout tab

- The first tab of the report helps you navigate the report through a color-coded table of contents linking to each section, including a description of each tab, a dictionary of the acronyms used in the report (not pictured) and contact information for report-related questions (not pictured).

Regular payment updates (fixed)



Policy changes (changes each Rule season depending on the proposed/finalized policies)



Frequently paid services (fixed)



Table of Contents		
■ Regular payment updates ■ Policy changes ■ Your frequently paid services		
Worksheet tab name	Worksheet tab topic	Content
Documentation	Documentation of Data Sources	This tab identifies the data source for each value used in the Hospital Payment tab. Hyperlinks for each of these sources are provided in the notes of this tab.
2026_OPSS_Factsheet	How Your OPSS Payment Is Computed	This tab uses your hospital's CY2026 payment factors (e.g. wage index) to illustrate the basic structure of the OPSS payment system and to describe how your CY2026 payment is computed.
Hospital Payment	Your CY2026 OPSS Payment Compared to CY2025	This tab shows your projected CY2026 OPSS payment and payment changes between CY2025 and CY2026 due to different finalized policy changes. Finalized changes of individual payment factors between CY2025 and CY2026 are presented and benchmarked against different hospital cohorts.
Policy Changes	Impact of Policy Changes in the CY2026 Rule	This tab provides an estimate of the impact of CMS's finalized policy changes on your hospital's CY2026 OPSS payment, including the finalized site neutral payment cuts and wage index changes.
IPO List Removal	Impact of the Removal of Services from the Inpatient Only List	This tab provides an estimate of the impact of the finalized removal of select musculoskeletal (MSK) and non-MSK services from the Inpatient Only (IPO) list starting in CY2026.
ASC CPL Update	Impact of the Updates to the ASC Covered Procedures List	This tab provides an estimate of the impact of the finalized additions to the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL) for CY2026.
APC	Your Hospital's Most Frequently Paid APCs	This tab shows policy and payment changes to your most frequently paid APCs.
APC Families	Your Hospital Payment at the APC Family Level	This tab presents payment impacts at the APC family level that may match hospital operational units, such as departments.
HCPCS	Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes	This tab shows policy and payment changes to your most frequent separately payable HCPCS and most common comprehensive APC J1 codes.

NOTE: The pictured table of contents is an example, the blue policy tabs are not fixed and change each rule season. The grey, pink and green tabs are fixed and do not change.

Introduction to your OPPS Impact Report: Documentation

The second tab of the report helps you to trace the sources of each variable used in the report by providing a description of each variable, the external data file from which the variable derives, and the location of the variable in each tab of the report.

This tab also directs you to the location and name of the variable within the external data file and provides links to the CMS impact files and addenda cited in the report.

Tab: Hospital Payment						
			CY2026		CY2025	
Line	Column	Description	Data Source	Variable	Data Source	Variable
A	E, F	Estimated Total OPSS Payment	2026 NFRM OPSS Hospital Impact File 11.10.25 ¹	Estimated 2026 OPSS Payment	2026 NFRM OPSS Hospital Impact File 11.10.25 ¹	Estimated 2025 OPSS Payment
B1	E, F	Conversion Factor	CMS-1834-FC	2026 OPSS CF	CMS-1809-FC	2025 OPSS CF
E	E, F	Wage Index	2026 NFRM OPSS Hospital Impact File 11.10.25 ¹	Post Reclassification Wage Index	2025 NFRM OPSS Hospital Impact File.11012024 ²	Post Reclassification Wage Index
H		Outlier Payment	2026 NFRM OPSS Hospital Impact File 11.10.25 ¹	Estimated 2026 Outlier Payment	N/A	N/A
J		Paid Lines	2026 NFRM OPSS Hospital Impact File 11.10.25 ¹	Provider Lines	N/A	N/A

Tab: APC Families		
Column	Description	Data Source
E, F	Payment 2026, 2025	Estimated by Watson Policy Analysis (WPA) by applying CY2026/CY2025 payment policies as specified in the CY2026 OPSS Final Rule and CY2025 OPSS Final Rule to CY2024 outpatient claims data.

- All CY2026 Final Rule data can be found at the following webpage:
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>
 The link to the CY2026 Impact file is titled "2026 NFRM OPSS Facility Specific Impacts"
 The link to Addendum A and B is titled "2026 NFRM OPSS Addenda"
- All CY2025 Final Rule data can be found at the following webpage:
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>
 The link to the CY2025 impact file is titled "2025 NFRM OPSS Facility-Specific Impacts."
 The link to Addendum A and B is titled "2025 NFRM OPSS Addenda"
- For a description of comment indicators (CI) for CY2026, please refer to CY2026 NFRM Addendum D2

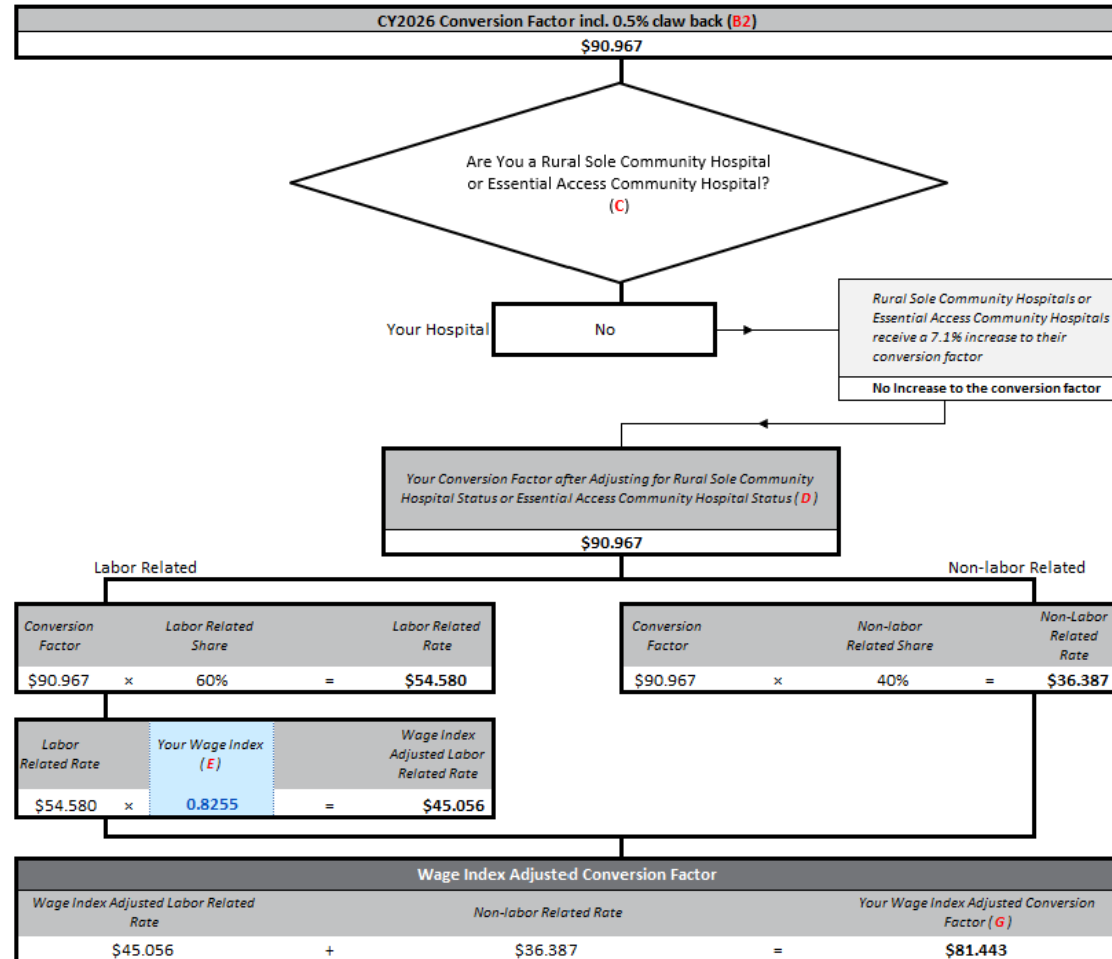
Pink Tabs: Regular Payment Updates

The next set of slides outline the pink tabs in the report, which provide an overview of how OPPS payment for individual hospitals are computed.

Table of Contents		
■ Regular payment updates ■ Policy changes ■ Your frequently paid services		
Worksheet tab name	Worksheet tab topic	Content
Documentation	Documentation of Data Sources	This tab identifies the data source for each value used in the Hospital Payment tab. Hyperlinks for each of these sources are provided in the notes of this tab.
2026_OPPTS_Factsheet	How Your OPPTS Payment Is Computed	This tab uses your hospital's CY2026 payment factors (e.g. wage index) to illustrate the basic structure of the OPPTS payment system and to describe how your CY2026 payment is computed.
Hospital Payment	Your CY2026 OPPTS Payment Compared to CY2025	This tab shows your projected CY2026 OPPTS payment and payment changes between CY2025 and CY2026 due to different finalized policy changes. Finalized changes of individual payment factors between CY2025 and CY2026 are presented and benchmarked against different hospital cohorts.
Policy Changes	Impact of Policy Changes in the CY2026 Rule	This tab provides an estimate of the impact of CMS's finalized policy changes on your hospital's CY2026 OPPTS payment, including the finalized site neutral payment cuts and wage index changes.
IPO List Removal	Impact of the Removal of Services from the Inpatient Only List	This tab provides an estimate of the impact of the finalized removal of select musculoskeletal (MSK) and non-MSK services from the Inpatient Only (IPO) list starting in CY2026.
ASC CPL Update	Impact of the Updates to the ASC Covered Procedures List	This tab provides an estimate of the impact of the finalized additions to the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL) for CY2026.
APC	Your Hospital's Most Frequently Paid APCs	This tab shows policy and payment changes to your most frequently paid APCs.
APC Families	Your Hospital Payment at the APC Family Level	This tab presents payment impacts at the APC family level that may match hospital operational units, such as departments.
HCPCS	Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes	This tab shows policy and payment changes to your most frequent separately payable HCPCS and most common comprehensive APC J1 codes.

Regular Payment Updates: OPPS Fact Sheet

The first pink tab in the report, the OPPS Fact Sheet tab, shows how your OPPS payment is computed by walking through your hospital-specific payment rates and illustrates how those payment rates are used to compute your total OPPS payment.



Regular Payment Updates: Hospital Payment

The second pink tab in the report, the Hospital Payment tab, shows year-over-year changes to your OPPS payment based on proposed or finalized payment policies and rates. It builds from the Fact Sheet tab by isolating the total OPPS payment in that tab and breaks it down into the individual factors used to compute the total OPPS payment. It also provides a benchmark comparisons alongside your hospital's impacts.

		Your Hospital			Benchmark Comparison ¹						
		CY2026	CY2025	Percent Change	Teaching Status ²			Your State	Your System ⁵		
Overall Impact					National	AAMC Member ⁴	Major	Minor	Non-Teaching	N/A	N/A
A	Estimated Total OPPS Payment ⁵	\$162,301,664	\$160,948,230	0.84%	1.99%	1.82%	1.82%	2.11%	2.05%	N/A	N/A
Conversion Factor (equivalent to payment base rate)											
B1	Conversion Factor ⁶	\$91.415	\$89.169	2.52%							
B2	Conversion Factor (incl. 0.5% claw back) ⁷	\$90.967	\$89.169	2.02%							
C	Are you a Rural Sole Community hospital or Essential Access Community Hospital?	No	No								
D	Conversion Factor after Adjusting for Rural Sole Community Hospital Status or Essential Access Community Hospital Status	\$90.967	\$89.169	2.02%							
Wage Index (Labor-related portion of the Conversion Factor is adjusted for wage index)											
E	Wage Index ⁸	0.8255	0.8376	-1.44%	0.41%	0.60%	0.41%	0.37%	0.46%	N/A	N/A
F	Labor-related Portion	60%	60%								
G	Wage Index Adjusted Conversion Factor (D*F+E+D*(1-F)) ⁹	\$81.443	\$80.480	1.20%	2.27%	2.38%	2.26%	2.26%	2.29%	N/A	N/A

Blue Tabs: Policy Changes

The next slide outlines the blue tabs in the report, which highlight the hospital-specific impacts of proposed or finalized policy changes.

Table of Contents		
■ Regular payment updates ■ Policy changes ■ Your frequently paid services		
Worksheet tab name	Worksheet tab topic	Content
Documentation	Documentation of Data Sources	This tab identifies the data source for each value used in the Hospital Payment tab. Hyperlinks for each of these sources are provided in the notes of this tab.
2026_OPPTS_Factsheet	How Your OPPTS Payment is Computed	This tab uses your hospital's CY2026 payment factors (e.g. wage index) to illustrate the basic structure of the OPPTS payment system and to describe how your CY2026 payment is computed.
Hospital Payment	Your CY2026 OPPTS Payment Compared to CY2025	This tab shows your projected CY2026 OPPTS payment and payment changes between CY2025 and CY2026 due to different finalized policy changes. Finalized changes of individual payment factors between CY2025 and CY2026 are presented and benchmarked against different hospital cohorts.
Policy Changes	Impact of Policy Changes in the CY2026 Rule	This tab provides an estimate of the impact of CMS's finalized policy changes on your hospital's CY2026 OPPTS payment, including the finalized site neutral payment cuts and wage index changes.
IPO List Removal	Impact of the Removal of Services from the Inpatient Only List	This tab provides an estimate of the impact of the finalized removal of select musculoskeletal (MSK) and non-MSK services from the Inpatient Only (IPO) list starting in CY2026.
ASC CPL Update	Impact of the Updates to the ASC Covered Procedures List	This tab provides an estimate of the impact of the finalized additions to the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL) for CY2026.
APC	Your Hospital's Most Frequently Paid APCs	This tab shows policy and payment changes to your most frequently paid APCs.
APC Families	Your Hospital Payment at the APC Family Level	This tab presents payment impacts at the APC family level that may match hospital operational units, such as departments.
HCPCS	Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes	This tab shows policy and payment changes to your most frequent separately payable HCPCS and most common comprehensive APC J1 codes.

Policy Changes: Policy Impacts

- The Policy Changes tabs show how individual policy changes will impact your OPSS payment by isolating the impact of specific major policy changes (proposed or finalized) to your total OPSS payment in the calendar year. Examples of policy changes impacting OPSS payment that may be reflected as blue policy tabs include changes to 340B, Site-Neutral, Wage Index, the ASC Covered Procedures List, and the Inpatient Only (IPO) List. Policy tabs change each Rule season depending on the proposed and finalized policies.

Impact of Policy Changes in the CY2026 Final Rule	
Key Policy Issues Included in the Tab	
Table	Policy Change
1	Finalized "Site Neutral" Cuts
2	Finalized Changes to Wage Index

Impact of the Finalized "Site Neutral" Cuts			
<p>Background: CMS finalized the elimination of the IPO list over a three-year transition period starting CY2026, with complete phase-out by January 1, 2029. For CY2026, this includes the removal of 285 (mostly musculoskeletal) services along with a new 7-level MSK APC series affecting grouping and payment. CMS also finalized the continuation of exempting procedures removed from the IPO list from medical review activities related to the 2-midnight rule until sufficient data indicate they are more frequently performed in the outpatient setting. The associated volume shifts are expected to occur gradually over the phase-out period.</p> <p>This tab allows you to assess the potential impact of the finalized removal of select musculoskeletal (MSK) services and other non-MSK services from the Inpatient Only (IPO) list. It starts with DRG assignments with mapping of DRGs to corresponding APC assignments by clinical coding experts. Procedures included in the IPO list are identified using HCPCS codes. Because there is not a readily available mapping table between HCPCS codes and ICD-10 codes, on which DRG assignments are based, we are not able to provide DRG assignments and APC assignments for each procedure code to be removed from the IPO list.</p> <p>To use this tab: Input your own assessment of number of inpatient admissions per each DRG that may be subject to the 2-midnight rule [Column I] and the percent of the cases that might shift to be paid under OPSS for your hospital [Column K] in the purple-shaded cells. The cells are pre-populated with default values and may be adjusted as needed.</p>			
Impact on your CY2026 OPSS Payments	CY2026 OPSS payment under current policy	CY2026 OPSS payment after "Site Neutral" cut	Impact
Main campus HOPD sites¹			
Main campus: E&M services (G0463)	\$9,888,239	*No cut finalized; com	
Main campus: other services		*No cut finalized; com	
Off-campus HOPD sites²			
Payment at off-campus sites have been cut in prior Medicare site neutral policies, with the exception of off-campus EDs and non-E&M services started billing Medicare for HOPD services furnished before Nov. 2, 2015 (excepted sites). The below scenario projects a policy where excepted payment at the currently excepted payments are cut by 60%.			
Off-campus: non-excepted sites		*Already cut*	
Off-campus: excepted sites			
Off-campus excepted: E&M services (G0463)		*Already cut*	
Off-campus excepted: Drug administration APCs ³	\$422,437	\$168,975	
Off-campus excepted: Imaging w/o contrast			
Off-campus excepted: Other	\$201,142	*No cut finalized; com	

Notes and sources: Based on analysis by Watson Policy Analysis of CY2024 Medicare claims data, and includes fee-for-service Medicare pay assumes no volume change compared to the CY2024 reference year. Dollar figures assume no budget neutrality and include a trending factor market basket and other adjustments to the standardized OPSS amounts through CY2026.

- Main campus is defined by CMS as a location that is "on the campus" or within 250 yards of the hospital or a remote location of the hospital a PO, PN or ER claim modifier.
- Off-campus is defined by CMS as all sites other than the main campus site(s). Services at these sites are identified using claims modifiers ER (for off-campus excepted sites), and PN (for off-campus non-excepted sites).
- Drug administration APCs were defined as APCs 5691, 5692, 5693, and 5694.

Impact of the Finalized Removal of Services from the Inpatient Only List											
<p>Background: CMS finalized the elimination of the IPO list over a three-year transition period starting CY2026, with complete phase-out by January 1, 2029. For CY2026, this includes the removal of 285 (mostly musculoskeletal) services along with a new 7-level MSK APC series affecting grouping and payment. CMS also finalized the continuation of exempting procedures removed from the IPO list from medical review activities related to the 2-midnight rule until sufficient data indicate they are more frequently performed in the outpatient setting. The associated volume shifts are expected to occur gradually over the phase-out period.</p> <p>This tab allows you to assess the potential impact of the finalized removal of select musculoskeletal (MSK) services and other non-MSK services from the Inpatient Only (IPO) list. It starts with DRG assignments with mapping of DRGs to corresponding APC assignments by clinical coding experts. Procedures included in the IPO list are identified using HCPCS codes. Because there is not a readily available mapping table between HCPCS codes and ICD-10 codes, on which DRG assignments are based, we are not able to provide DRG assignments and APC assignments for each procedure code to be removed from the IPO list.</p> <p>To use this tab: Input your own assessment of number of inpatient admissions per each DRG that may be subject to the 2-midnight rule [Column I] and the percent of the cases that might shift to be paid under OPSS for your hospital [Column K] in the purple-shaded cells. The cells are pre-populated with default values and may be adjusted as needed.</p>											
<p>AAMC Estimated Inputs for Payment Rate Calculations¹</p> <p>Your CY2026 OPSS Final Rule Wage-Index Adjusted Conversion Factor (incl. 0.5% claw back): \$81.44</p> <p>Your FY2026 IPPS Final Rule Adjusted Base Payment Rate per Case with DRG Weight 1.000 (incl. IME, DSH, Readmission and VBP Adjustments): \$7,664</p> <p>Your FY2026 IPPS Final Rule UCP Adjustment per Case: \$3,368</p> <p>*Note: Inputs are pre-populated with AAMC's estimates, but you may replace them with your own estimates. If your hospital is not paid under IPPS, there will be a payment rate of 0 shown.</p>											
<p>Estimated Payment Impact on Your Hospital: -\$33,052,626</p>											
DRG Assignments Based on the 285 Musculoskeletal Services to Be Removed from the IPO List					Mapping APC Assignment						
DRG	DRG Name	Weights	Payment Rate at Your Hospital (incl. UCP)	APC	APC Name	Average Weight of APCs Included	Average Payment Rate at Your Hospital	Number of Inpatient Admissions with Fewer than 2 Midnights	% of Inpatient Admissions Expected to Shift to Outpatient	Number of Inpatient Admissions Expected to Shift to OPSS	Payment Impact on Your Hospital
402	SINGLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL	4.02	\$34,181	S114, S115, S116, S117	Level 4-7 Musculoskeletal Procedures	180.95	\$14,737	100	10%	10	-\$194,437
426	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL WITH MCC OR CUSTOM-MADE ANATOMICALLY DESIGNED INTERBODY FUSION DEVICE	11.02	\$87,839	S113, S114, S115, S116, S117	Level 3-7 Musculoskeletal Procedures	152.07	\$12,385	100	10%	10	-\$754,482
427	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL WITH CC	7.22	\$56,691	S114, S115, S116, S117	Level 4-7 Musculoskeletal Procedures	180.95	\$14,737	100	10%	10	-\$439,536
428	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	5.62	\$46,454	S114, S115, S116, S117	Level 4-7 Musculoskeletal Procedures	180.95	\$14,737	100	10%	10	-\$317,174
429	COMBINED ANTERIOR AND POSTERIOR CERVICAL SPINAL FUSION WITH MCC	9.01	\$72,417	S114, S115, S116	Level 4-6 Musculoskeletal Procedures	140.18	\$11,417	100	10%	10	-\$610,000
430	COMBINED ANTERIOR AND POSTERIOR CERVICAL SPINAL FUSION WITHOUT MCC	5.77	\$47,566	S114, S115, S116	Level 4-6 Musculoskeletal Procedures	140.18	\$11,417	100	10%	10	-\$361,497
447	MULTIPLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITH MCC OR CUSTOM-MADE ANATOMICALLY DESIGNED INTERBODY FUSION DEVICE	6.68	\$54,575	S114, S115, S116, S117	Level 4-7 Musculoskeletal Procedures	180.95	\$14,737	100	10%	10	-\$398,381
448	MULTIPLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	4.24	\$35,861	S114, S115, S116, S117	Level 4-7 Musculoskeletal Procedures Level 4 Endovascular Procedures	180.95 204.88	\$14,737 \$16,686	100 10%	10%	10	-\$211,320 -\$193,833

Impact of the Finalized Updates to the ASC Covered Procedures List									
<p>Background: CMS finalized revisions to the ASC CPL criteria under 42 CFR 416.165 by modifying the general standard criteria and eliminating five of the general exclusion criteria. Using these revised criteria, CMS added 276 surgery or surgery-like codes to the CPL. Additionally, CMS added 271 codes that were removed from the IPO list for CY 2026.</p> <p>This tab allows you to estimate the impact of procedures added to the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL) for CY2026 based on 1) your own estimates of volume loss, 2) APC counts from CY2024 claims data, and 3) computed payment rates at your hospital for the separately payable procedures.</p> <p>To use this tab: Input your hospital's APC paid counts [column G]. Cells are pre-populated with estimates where available; purple-shaded cells indicate paid counts that are fewer than 11 or not available. You may replace any values with your own estimates. Input your own assessment of the percent of volume expected to shift from the outpatient setting to the ASC setting [column H] in the purple-shaded cells. Cells are pre-populated with default values and may be adjusted as needed.</p>									
Your CY2026 OPSS Final Rule Wage-Index Adjusted Conversion Factor:		\$81.44	Estimated Payment Impact on Your Hospital:		-\$1,008,131				
Impact of CMS's CY2026 ASC CPL Additions on Your Hospital									
HCPCS Code	HCPCS Code Description	APC Assignment	APC Weight	Your Hospital's APC Payment Rate	Your Hospital's APC Paid Counts	% Volume Expected to Shift from Outpatient to ASC	Your Hospital's Total Payment for the APC	Your Hospital's Total Payment for the APC with Projected Volume Loss	Net Impact of the Policy on Your Hospital
23.06				\$1,878	166	5%	\$311,750	\$296,163	-\$15,588
7.91				\$645	261	5%	\$168,227	\$159,615	-\$8,611
18.46				\$1,503	590	5%	\$886,949	\$842,602	-\$44,347
32.46				\$2,644	107	5%	\$282,898	\$268,753	-\$14,145
74.21				\$5,044	17	5%	\$85,747	\$87,610	\$1,863
17.97				\$1,464	20	5%	\$29,272	\$27,809	-\$1,464
36.57				\$2,978	123	5%	\$366,320	\$348,004	-\$18,316

Green Tabs: Frequently Paid Services

The next set of slides outline the green tabs in the report, which show the impact of proposed or finalized policy and payment changes to your most frequently paid services.

Table of Contents		
■ Regular payment updates ■ Policy changes ■ Your frequently paid services		
Worksheet tab name	Worksheet tab topic	Content
Documentation	Documentation of Data Sources	This tab identifies the data source for each value used in the Hospital Payment tab. Hyperlinks for each of these sources are provided in the notes of this tab.
2026_OPPTS_Factsheet	How Your OPPTS Payment is Computed	This tab uses your hospital's CY2026 payment factors (e.g. wage index) to illustrate the basic structure of the OPPTS payment system and to describe how your CY2026 payment is computed.
Hospital Payment	Your CY2026 OPPTS Payment Compared to CY2025	This tab shows your projected CY2026 OPPTS payment and payment changes between CY2025 and CY2026 due to different finalized policy changes. Finalized changes of individual payment factors between CY2025 and CY2026 are presented and benchmarked against different hospital cohorts.
Policy Changes	Impact of Policy Changes in the CY2026 Rule	This tab provides an estimate of the impact of CMS's finalized policy changes on your hospital's CY2026 OPPTS payment, including the finalized site neutral payment cuts and wage index changes.
IPO List Removal	Impact of the Removal of Services from the Inpatient Only List	This tab provides an estimate of the impact of the finalized removal of select musculoskeletal (MSK) and non-MSK services from the Inpatient Only (IPO) list starting in CY2026.
ASC CPL Update	Impact of the Updates to the ASC Covered Procedures List	This tab provides an estimate of the impact of the finalized additions to the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL) for CY2026.
APC	Your Hospital's Most Frequently Paid APCs	This tab shows policy and payment changes to your most frequently paid APCs.
APC Families	Your Hospital Payment at the APC Family Level	This tab presents payment impacts at the APC family level that may match hospital operational units, such as departments.
HCPCS	Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes	This tab shows policy and payment changes to your most frequent separately payable HCPCS and most common comprehensive APC J1 codes.

Frequently Paid Services: APCs

This tab shows the impact of proposed or finalized policy and payment changes to your most frequently paid APCs by isolating the APC payment factor and applying it to your claims data. The tab includes two tables separately illustrating frequently paid non-drug APCs and frequently paid drug-related APCs.

Most Frequently Paid Non-Drug APCs Provided at Your Hospital										
Non-Drug APC and Counts		As % of All Your APC Services		APC Description		Status Indicator		APC Payment Rate		
APC	Paid Counts	% of APC Volume	% of APC Payment	CY2026	CY2025	CY2026	CY2025	CY2026	CY2025	% Change
5012	76,511	3.0%	6.0%	Clinic Visits and Related Services	Clinic Visits and Related Services	V	V	\$136.02	\$128.87	5.5%
5691	16,541	0.7%	0.4%	Level 1 Drug Administration	Level 1 Drug Administration	S	S	\$47.84	\$46.14	3.7%
5521	11,245	0.4%	0.5%	Level 1 Imaging without Contrast	Level 1 Imaging without Contrast	S	S	\$88.91	\$88.05	1.0%

Most Frequently Paid Drug-Related APCs Provided at Your Hospital										
Drug-Related APCs and Counts		As % of All Your APC Services		APC Description		Status Indicator		APC Payment Rate*		
APC	Paid Counts	% of APC Volume	% of APC Payment	CY2026	CY2025	CY2026	CY2025	CY2026	CY2025	% Change
9157	287,704	11.4%	0.2%	Inj, lecanemab-irmb, 1 mg	Inj, lecanemab-irmb, 1 mg	G	G	\$1.32	\$1.34	-0.9%
1490	214,530	8.5%	8.4%	Inj pembrolizumab	Inj pembrolizumab	K	K	\$60.29	\$58.22	3.6%
9378	155,178	6.2%	5.6%	Daratumumab, hyaluronidase	Daratumumab, hyaluronidase	K	K	\$55.57	\$51.41	8.1%

Frequently Paid Services: APC Families

This tab presents your estimated total OPPS payment at the APC family level and provides a mapping logic between APCs and APC families which may match hospital operation units like departments.

Your Hospital's OPPS Payment by APC Families

Payment Changes at the APC Family Level		Your Hospital's Projected Payment Based on Historical Data *		
APC Family	APCs Included	CY2026	CY2025	Percent Change
Advanced Imaging	5523 ~ 5525, 5571 ~ 5573, 5593, 5594, 8004 ~ 8008	\$6,771,544	\$6,739,984	0.5%
Airway Endoscopy	5151 ~ 5155	\$2,042,384	\$2,160,599	-5.5%
Blood	9500 ~ 9540	\$578,401	\$580,595	-0.4%
Blood Product Exchange	5241 ~ 5244	\$842,188	\$979,339	-14.0%
Brachytherapy	2613 ~ 2699	\$22,662	\$11,387	99.0%
Cardiac/Pulmonary Rehabilitation	5771, 5781, 5791, 5801, 5811	\$214,824	\$225,136	-4.6%
Clinical Oncology	5691 ~ 5694	\$4,750,869	\$4,383,974	8.4%
Diagnostic tests	5721 ~ 5724, 5731 ~ 5735, 5741 ~ 5743	\$1,914,295	\$1,925,879	-0.6%
Dialysis	5401	\$81,826	\$149,043	-45.1%
Drug	0701 ~ 1490, 1605 ~ 1863, 2731 ~ 2770, 3401, 7000 ~ 7308, 9002 ~ 9499	\$84,807,088	\$62,506,836	35.7%
Ear, Nose, Throat (ENT)	5161 ~ 5166	\$1,814,598	\$1,424,963	27.3%
Gastrointestinal (GI)	5301 ~ 5303, 5311 ~ 5313, 5331, 5342	\$3,446,462	\$3,571,583	-3.5%
General Surgery	5051 ~ 5055, 5061, 5071 ~ 5073, 5091 ~ 5094, 5361, 5362	\$5,830,882	\$5,210,008	11.9%
Gynecology	5411 ~ 5416	\$611,300	\$681,548	-10.3%
Minor Imaging	5521, 5522, 5591, 5592	\$2,003,012	\$2,214,594	-9.6%
Musculoskeletal Surgery	5111 ~ 5116, 5101, 5102	\$3,448,111	\$3,047,273	13.2%
Nervous System Procedures	5431, 5432, 5441 ~ 5443, 5461 ~ 5465, 5471	\$1,759,082	\$2,235,502	-21.3%

Frequently Paid Services: HCPCS

This tab shows the proposed or finalized payment changes for your most frequent separately payable HCPCS and most common comprehensive APC J1 codes. It also includes an APC lookup table to help you look up an APC description when entering an APC number. Cells where you can input your own numbers are shaded in orange.

Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes

Please Enter APC Number

APC Lookup Table	Please Enter APC Number	APC Description
CY2026 APC	5012	Clinic Visits and Related Services
CY2025 APC	5024	Level 4 Type A ED Visits

Most Frequent Separately Payable HCPCS at Your Hospital				Status Indicator		APC		HCPCS Payment Rate		
HCPCS Code	Description	Count	Policy changes to the code?	CY2026	CY2025	CY2026	CY2025	CY2026	CY2025	% Change
G0463	Hospital outpt clinic visit	76,338		J2	J2	5012	5012	\$136.02	\$128.87	5.5%
96413	Chemo iv infusion 1 hr	6,668		S	S	5694	5694	\$337.46	\$331.69	1.7%
96375	Tx/pro/dx inj new drug addon	4,725		S	S	5691	5691	\$47.84	\$46.14	3.7%
99284	Emergency dept visit mod mdm	3,840		J2	J2	5024	5024	\$426.30	\$425.82	0.1%
96365	Ther/proph/diag iv inf init	3,813		S	S	5693	5693	\$217.31	\$210.69	3.1%
C8929	Tte w or wo fol wcon,doppler	3,368		S	S	5573	5573	\$800.90	\$790.06	1.4%
71046	X-ray exam chest 2 views	3,197		Q3	Q3	5521	5521	\$88.91	\$88.05	1.0%
96374	Ther/proph/diag inj iv push	2,309		S	S	5693	5693	\$217.31	\$210.69	3.1%
71045	X-ray exam chest 1 view	2,163		Q3	Q3	5521	5521	\$88.91	\$88.05	1.0%

Please email AHSDData@aamc.org if you have any questions about the OPPS Impact Report.