



DMEPOS Fee Schedule: CY 2026 Update

Related Change Request (CR) Information	
Number: 14326 Revised	Release Date: January 30, 2026
Effective Date: January 1, 2026	Implementation Date: January 5, 2026
Transmittal Numbers: R13519CP & R13610CP	
Title: Calendar Year 2026 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule	

What's Changed?

We made no substantive changes to this article other than to update the CR release date, CR link, and transmittal numbers.

Affected Providers

- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for DMEPOS services

Action Needed

Make sure your billing staff knows about the updated payment policies to the DMEPOS fee schedule, effective January 1, 2026, including:

- Fees for new codes
- Annual covered item fee updates

Key Updates

Updates to the DMEPOS fee schedule files are available as [Public Use Files](#) for state Medicaid agencies, managed care organizations, and other interested parties.

Codes Added & Deleted

New DMEPOS codes added to the HCPCS file, starting January 1, 2026, are listed in [Business Requirement 8](#) of this CR.

Starting January 1, 2026, we revised the descriptors for HCPCS codes A4351 and A4352. There are no changes to the existing fee schedule amounts for these codes.

We didn't delete any codes with this update.

New & Deleted Fee Schedule Amounts

We added fee schedule amounts to the DMEPOS fee schedule file for new HCPCS codes, including:

- A4295
- A4296
- A4297

Per regulations for DMEPOS items and services found at [42 CFR 414.114](#) and [414.240](#), we obtained public consultation on national Medicare benefit category determinations and payment determinations for these codes during our First Biannual 2024 Non-Drug and Non-Biological Items and Services HCPCS code application review cycle. See a [narrative summary](#) for the Medicare benefit category and payment determinations for more information on these items.

Instructions for gap-filling DMEPOS fees are found in [Medicare Claims Processing Manual, Chapter 23](#), section 60.3. For gap-filling purposes, the deflation factors in the updated manual section by payment category are:

- 0.339 for oxygen
- 0.342 for capped rental
- 0.343 for prosthetics and orthotics
- 0.435 for surgical dressings
- 0.473 for parenteral and enteral nutrition (PEN)
- 0.724 for splints and casts
- 0.711 for intraocular lenses (IOLs)

The January 2026 update also includes the removal of the "R" indicator from HCPCS code B4148 for areas outside the contiguous United States on the cloud file.

2026 Fee Update Factor

For CY 2026, we apply an update factor of 2% to certain DMEPOS fee schedule amounts that we didn't adjust using information from Competitive Bidding Programs (CBPs).

Per sections 1834(a)(14) and (h)(4) and section 1842(s)(1)(B) of the [Social Security Act](#), certain DMEPOS fee schedule amounts are updated for 2026 by the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) for the 12-month period ending June 30, 2025, adjusted by the change in the economy-wide productivity equal to the 10-year moving average of changes in annual economy-wide private nonfarm business multifactor productivity (MFP).

In the above statutory sections, the productivity measure referenced in section 1886(b)(3)(B)(xi)(II) of the [Social Security Act](#) was published by the U.S. Bureau of Labor Statistics (BLS) as a private, non-farm business MFP. Starting with the November 18, 2021, release of productivity data, BLS replaced MFP with total factor productivity (TFP).

For CY 2026, the TFP adjustment is 0.7%, and the CPI-U percentage increase is 2.7%, creating a 2% net increase for the update factor when we subtract the TFP from the CPI-U. We updated fees adjusted using information from CBPs pursuant to the applicable adjustment methodologies outlined in [42 CFR 414.210\(g\)](#).

Fee Schedule Amounts for Lymphedema Compression Treatment Items

Regulations at [42 CFR 414.1650](#) establish national payment amounts for lymphedema compression treatment items. For CY 2026, we apply an update factor of 2.7% to the national payment amounts for lymphedema compression treatment items, which we increase annually starting on January 1 of the year after the year in which the payment amounts are initially established on the percent change in the CPI-U for the 12-month period ending with June of the previous year.

Note: Lymphedema compression treatment items aren't subject to pricing floors or ceilings. Additional claims processing instructions are available in MLN Matters® article [MM13286](#).

Therapeutic Shoe Modification Codes

We're adjusting fee schedule amounts for shoe modification codes A5503–A5507 to reflect the most current allowed service data. Section 1833(o)(2)(C) of the [Social Security Act](#) requires that we establish payment amounts for codes A5503–A5507 to prevent a net increase in expenditures when substituting these items for therapeutic shoe insert codes (A5512, A5513, and A5514).

To establish fee schedule amounts for the shoe modification codes, we weigh the base fees for codes A5512 and A5513 based on the approximate total allowed services for each code for items provided during the second quarter of CY 2004. For 2026, we're updating the weighted average insert fees used to establish the fee schedule amounts for the shoe modification codes with the most current allowed service data for each insert code. We'll weigh the base fees for A5512, A5513, and A5514 based on the approximate total allowed services for each code for items provided during CY 2024. We're revising the fee schedule amounts for shoe modification codes A5503–A5507 to reflect this change starting January 1, 2026.

Diabetic Testing Supplies

We don't update the fee schedule amounts for non-mail order diabetic testing supplies (DTS) (without the KL modifier) for codes A4233–A4236, A4253, A4256, A4258, and A4259 by the annual covered item update. Per section 1834(a)(1)(H) of the [Social Security Act](#), we adjusted the fee schedule amounts for these codes in CY 2013 so they're equal to the single payment amounts (SPAs) for mail-order DTS established in implementing the national mail-order CBP under section 1847 of the [Social Security Act](#). Initial program instructions on these fees are available in:

- Transmittal 2709, [CR 8325](#), dated May 17, 2013
- Transmittal 2661, [CR 8204](#), dated February 22, 2013

The [National Mail-Order Recompete DTS SPAs](#) are available online.

We'll update the non-mail order DTS amounts on the fee schedule each time we update the SPA, which can happen no less often than every time the mail-order CBP contracts are recomputed.

The national mail-order recompete CBP for mail-order diabetic supplies was effective from July 1, 2016 – December 31, 2018. As of January 1, 2026, payment for non-mail order diabetic supplies at the national mail-order recompete SPAs will continue according to section 1834(a)(1)(H) of the Social Security Act, and these rates will remain in effect until we establish new SPA rates under the national mail-order program.

Starting January 1, 2026, we'll adjust the fee schedule amounts for mail-order DTS (with the KL modifier) using methodology for areas that were formerly Competitive Bidding Areas (CBAs) during periods when there's a temporary lapse in the CBP. As of December 31, 2018, we increase the national mail-order recompete DTS SPAs by the projected percentage change in the CPI-U for the 12-month period on the date after the contract periods ended. We increase the fee schedule amounts once annually with the CPI-U on the anniversary date of the first day after the contract period ended.

For CY 2026, we'll increase the 2025 adjusted fee schedule amounts by the projected percentage change to the CPI-U of 2.8% for the 12-month period ending January 1, 2026. We'll use the national mail-order adjusted fee schedule amounts in paying mail-order DTS claims:

- Throughout the United States
- District of Columbia
- Puerto Rico
- U.S. Virgin Islands
- Guam
- American Samoa

This table lists the projected CPI-U used in prior years for updates to the December 31, 2018, National Mail-Order Recompete SPAs.

CY	Projected Percentage Change in CPI-U
2019	2.5%
2020	2.4%
2021	0.6%
2022	5%
2023	6.4%
2024	2.9%
2025	2.9%

CY 2026 Maintenance & Servicing Payment Amount for Certain Oxygen Equipment

We provided instruction for payment for claims for maintaining and servicing oxygen equipment in:

- Transmittal 635, [CR 6792](#), dated February 5, 2010
- Transmittal 717, [CR 6990](#), dated June 8, 2010

Payment for maintaining and servicing certain oxygen equipment can occur every 6 months starting 6 months after the end of the 36th month of continuous use or the end of the supplier's or manufacturer's warranty, whichever is later, for HCPCS codes E1390, E1391, E0433, or K0738 billed with the MS modifier. Payment can't occur more than once per patient regardless of the combination of oxygen concentrator equipment and transfilling equipment used by the patient for any 6-month period.

Per [42 CFR 414.210\(e\)\(5\)\(iii\)](#), we based the 2010 maintenance and servicing fee for certain oxygen equipment on 10% of the average price of an oxygen concentrator. For CY 2011 and subsequent years, we'll adjust the maintenance and servicing fee by the covered item update for DME as set forth in section 1834(a)(14) of the Social Security Act. We adjust the 2025 maintenance and servicing fee by the 2% TRP-adjusted covered item update factor to yield a CY 2026 maintenance and servicing fee of \$89.58 for oxygen concentrators and transfilling equipment.

CY 2026 Labor Payment Amounts for Repairs & Service Codes

We include the CY 2026 allowed payment amounts for HCPCS labor payment codes K0739, L4205, and L7520 in the January 2026 fee schedule file. Since the percentage increase in CPI-U for the 12-month period ending June 30, 2025, is 2.7%, we apply this change to the 2025 labor payment amounts to update the CY 2026 rates. The 2026 labor payment amounts are effective for claims submitted using HCPCS codes K0739, L4205, and L7520 with dates of service from January 1, 2026 – December 31, 2026.

Background

CMS pays for certain DMEPOS products and surgical dressings on a fee schedule basis per sections 1834(a), (h), and (i) of the [Social Security Act](#). Regulations at [42 CFR 414.102](#) require payment on a fee schedule for PEN, splints, casts, and IOLs inserted in a physician's office.

The DMEPOS fee schedule file includes national payment amounts for lymphedema compression treatment items established in accordance with 42 CFR 414.1650.

Payment for Items Provided in Former CBAs

Effective January 1, 2024, there's a gap period in the DMEPOS CBP. All Medicare Round 2021 DMEPOS CBP contracts for off-the-shelf (OTS) back braces and OTS knee braces expired on December 31, 2023.

During this gap period, payment for items and services included in the CBP are equal to 80% of the lesser of the supplier's charge or the fee schedule amount for the item. Per [42 CFR 414.210\(g\)\(10\)](#), the fee schedules for items and services provided in a former CBA are based on the SPAs in effect in the CBA on the last day before the CBP contract period of performance ended, increased by the projected percentage change in the CPI-U for the 12-month period on the date after the contract periods ended. We increase fee schedule amounts once every 12 months on the anniversary date of the first day after the contract period ended with the CPI-U.

In CY 2026, for items where contracts were awarded in Round 2021, the fee schedule amounts for items provided in areas that were CBAs as of December 31, 2023, are adjusted based on the SPAs for each specific CBA, increased by the projected percentage change in the CPI-U of 2.8% for the 12-month period ending January 1, 2026.

For items included in Round 2021 but where we didn't award contracts in Round 2021 of the CBP, we're increasing the 2025 adjusted fee schedule amounts by the projected CPI-U of 2.8% for CY 2026. The CY 2025 update factor for the fee schedule amounts for items provided in areas that were former CBAs was 2.9%.

Additional information [on the gap period](#) is on the CMS website.

A former CBA ZIP Code file contains the CBA ZIP Codes used in pricing a claim for an item provided in a CBA, and we update it quarterly, as needed. The former CBA ZIP Code file will contain ZIP Codes for the CBAs included in Round 2021.

DMEPOS Rural ZIP Codes

The ZIP Code associated with the address used for pricing a DMEPOS claim determines the rural fee schedule payment applicability for codes with rural and non-rural fee schedule amounts adjusted in accordance with 42 CFR 414.210(g). The DMEPOS ZIP Code file contains the ZIP Codes designated as rural areas. We don't include ZIP Codes for non-contiguous Metropolitan Statistical Areas (MSAs) in the DMEPOS Rural ZIP Code file, which we update quarterly, as necessary.

Regulations at [42 CFR 414.202](#) define a rural area as a geographical area represented by a postal ZIP Code where at least 50% of the total geographical area of the ZIP Code is estimated to be outside any MSA. A rural area also includes any low-population density ZIP Code within an MSA that's excluded from a CBA established for that MSA.

More Information

We issued CR 14326 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
February 2, 2026	We made no substantive changes to this article other than to update the CR release date, CR link, and transmittal numbers.
December 22, 2025	Initial article released.

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