

2026 CPT Code Changes

Overview of New, Revised & Deleted CPT Codes

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New CPT Codes: Key Focus Areas

Major Areas with New Codes:

Digital Health & Remote Monitoring

Short-duration remote physiologic monitoring codes added.

Augmented Intelligence (AI) Services

New codes for AI-assisted analysis (e.g., cardiac risk, burn imaging).

Hearing Device Services

New audiology codes replacing legacy codes for hearing aid services.

Lower Extremity Revascularization

Major code structure overhaul for vascular procedures.

2026 CPT Code Set Overview

2026 CPT Highlights

- 288 Added – between 01/01/2026-12/31/2026
- 84 Deletions
- 46 Revisions

Total changes: **418** updates

Why These Updates Matter

Purpose of Updates

- Reflect medical and technological advancements
- Improve coding accuracy and reimbursement alignment
- Support digital health, AI, and modern procedures
- Ensure CPT remains the universal language of medicine

Appendix O – 27% Of Additions, Deletions and changes for 2026

Appendix O in the CPT (Current Procedural Terminology) manual covers [Multianalyte Assays with Algorithmic Analyses \(MAAA\)](#) and [Proprietary Laboratory Analyses \(PLA\)](#), providing a list of specific tests, their proprietary names, and associated codes (like Category I codes or 4-digit 'M' codes) for billing complex lab tests, ensuring accurate coding when standard codes don't fit. It helps coders differentiate between similarly described tests by requiring an exact match to the proprietary name and manufacturer.

Purpose and Content

Proprietary Names: It provides the proprietary (brand) name of a laboratory test alongside its specific CPT code and clinical laboratory or manufacturer.

Identification: Codes in this section are often unique to a single lab or manufacturer. Using these codes ensures that the exact proprietary test performed is accurately reported, rather than a general category code

92 new codes were added

4 codes were changed

20 codes were deleted

What it contains:

MAAA Administrative Codes: These are represented by a four-digit number followed by the letter "M" (e.g., 0002M).

Category I MAAA Codes: These are permanent codes found in the 81490–81599 range of the Pathology and Laboratory section.

PLA Codes: These are alpha-numeric codes ending in "U" (e.g., 0450U) created to fulfill requirements of the Protecting Access to Medicare Act (PAMA).

[Multianalyte Assays with Algorithmic Analyses \(MAAA\)](#) and [Proprietary Laboratory Analyses \(PLA\)](#),

Why it's important:

Accuracy: Exact match required. Ensures the right code is used for unique, complex lab tests, as some descriptors are identical, and only the proprietary name distinguishes them.

Prioritization: PLA codes take precedence over other CPT codes for proprietary services, requiring exact matches.

Guidance: Provides essential information for coding new and evolving laboratory procedures, especially in molecular diagnostics and genomic testing

Quarterly Updates: Unlike many other CPT sections, PLA codes are updated **quarterly** by the American Medical Association (AMA) to keep pace with rapid laboratory technology advancements.

Category III Codes – 27% of Additions, Deletions and Changes

Category III CPT codes are temporary, alphanumeric codes used by the [American Medical Association \(AMA\)](#) to track new and emerging medical technologies, services, and procedures (like robotics, telemedicine, or new therapies) that are under clinical evaluation, helping to collect data for potential future Category I (permanent) status, though they often have limited insurance coverage.

78 codes added

21 codes deleted

6 codes changed

Key Characteristics:

- **Temporary:**

These codes are short-term, designed for data collection, and typically remain in use for a maximum of five years.

- **Alphanumeric:**

They consist of four numbers and the letter "T" (e.g., 0042T).

- **Emerging Tech:**

They identify new services that lack widespread acceptance or strong evidence for permanent codes.

- **Data Collection:**

Their primary purpose is to gather utilization and outcome data for the FDA approval process and for potential valuation.

- **Limited Reimbursement:**

Payers often consider these codes experimental, so they may not be covered unless part of a study or specific payer program.

Augmented Intelligence (AI) Codes

AI & Augmentative Services

New codes recognizing clinician support via AI for:

- Cardiac risk from perivascular fat analysis (0992T & 0993T)
- Multispectral burn imaging (0972T)
- Detection of cardiac dysfunction via algorithmic analysis (0962T)

Augmented Intelligence (AI) Codes

0992T - Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat **without** concurrent computed tomography (CT) scan of the heart, including patient-specific clinical factors, with interpretation and report by a physician or other qualified health care professional

CPT CodeBook Guidelines:

(Use [0992T](#) only once per CT scan of the heart)

0993T - Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat **with** concurrent computed tomography scan of the heart, including patient-specific clinical factors, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)

CPT CodeBook Guidelines:

(Use [0993T](#) in conjunction with [75572](#), [75573](#), [75574](#))

0972T - Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report

Common Language Description

An artificial intelligence (AI) assistive algorithm (DeepView System) is employed to classify burn healing, predict healing potential and identify non-healing tissue. The system utilizes non-invasive multispectral imaging, and the algorithm processes the images against a tested proprietary dataset of billions of clinically valid data points. The results offer immediate, predictive advice to clinicians using an AI-assisted objective assessment of a burn wound's healing or non-healing before treatment or medical intervention is undertaken. The system is moved to the patient and set up to acquire non-contact, radiation-free images. The technician selects and transmits the images to run through the algorithm and a simple yes or no healing trajectory is predicted within seconds by distinguishing tissue characteristics that the human eye cannot see.

Description of the Technology

These systems use various imaging techniques and computer vision to help clinicians, who often face challenges in accurately assessing burn depth through visual inspection alone. [🔗](#)

- **DeepView System:** This commercial system uses multispectral imaging (capturing images at multiple wavelengths of light) and AI algorithms trained on a large database of burn biopsy tissues to predict whether a burn wound will heal on its own or require surgical intervention (grafting). It provides an objective, immediate assessment to guide early treatment decisions.
- **BURN-AID Algorithm:** This is a novel, research-based multimodal AI system that integrates standard digital photographs and ultrasound tissue Doppler imaging (TDI) data within an electronic medical record (EMR) framework. The AI, powered by a vision-language model (e.g., GPT-4 architecture), uses the different imaging modalities to classify burns as first, second, or third degree.
- **Skin Abnormality Tracking Algorithm (SATA):** This system uses computer vision and deep learning with standard smartphone camera images (and a fiducial marker for scale) to track wound size and color composition over time, assisting in remote monitoring of the healing process. [🔗](#)



0962T - Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional

How Eko works in your practice.

STEP 1

Conduct exam as usual.

Place the stethoscope on a patient's chest and listen like you normally would. Eko's digital stethoscopes work like you're used to — but you'll hear **heart and lung sounds with greater clarity** because amplification and noise cancellation reduce distracting background noise.



STEP 2

AI analyzes as you listen.

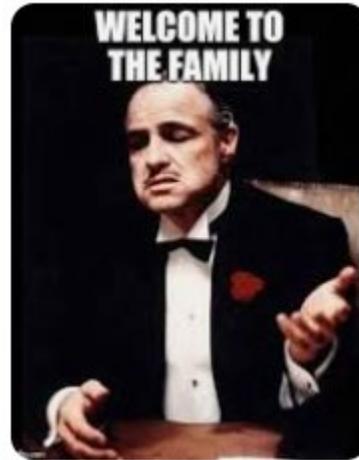
Eko's **FDA-cleared AI** processes a patient's heart sound and ECG data while allowing you to visualize heart rhythm instantly, on the device, for a more complete picture of cardiac health.

STEP 3

Insights, instantly.

Crucial heart disease indicators — murmurs, AFib, and low ejection fraction — are **flagged in 15 seconds**, giving you faster answers and more confidence in your diagnosis.

Category III codes that have become “real” codes



Code	Description	Please review	CPT 2026 page #
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	For computed tomographic [CT] cerebral perfusion analysis, see 70472, 70473	527
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	(For open implantation of BAT modulation system, including lead placement onto the carotid sinus, with lead tunneling and connection to a pulse generator placed in a distant subcutaneous pocket [ie, total system], use 64654) (0266T, 0267T, 0268T have been deleted) (For revision or replacement of BAT modulation system lead, use 64655) (For revision or replacement of BAT modulation system pulse generator, use 64656)	490
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	(For open implantation of BAT modulation system, including lead placement onto the carotid sinus, with lead tunneling and connection to a pulse generator placed in a distant subcutaneous pocket [ie, total system], use 64654) (0266T, 0267T, 0268T have been deleted) (For revision or replacement of BAT modulation system lead, use 64655) (For revision or replacement of BAT modulation system pulse generator, use 64656)	490
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	(For open implantation of BAT modulation system, including lead placement onto the carotid sinus, with lead tunneling and connection to a pulse generator placed in a distant subcutaneous pocket [ie, total system], use 64654) (0266T, 0267T, 0268T have been deleted) (For revision or replacement of BAT modulation system lead, use 64655) (For revision or replacement of BAT modulation system pulse generator, use 64656)	490

Code	Description	Please review	CPT 2026 page #
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	64659) (For revision or replacement of BAT modulation system lead, use 64655. For removal of BAT modulation system lead, use 64658) (For revision or replacement of BAT modulation system pulse generator, use 64656. For removal of BAT modulation system pulse generator, use 64659)	490
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	64659) (For revision or replacement of BAT modulation system lead, use 64655. For removal of BAT modulation system lead, use 64658) (For revision or replacement of BAT modulation system pulse generator, use 64656. For removal of BAT modulation system pulse generator, use 64659)	490
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	64659) (For revision or replacement of BAT modulation system lead, use 64655. For removal of BAT modulation system lead, use 64658) (For revision or replacement of BAT modulation system pulse generator, use 64656. For removal of BAT modulation system pulse generator, use 64659)	490

Code	Description	Please review	CPT 2026 page #
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)	(For interrogation device evaluation [in person], carotid sinus BAT modulation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report, see 93145, 93146)	785
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	(For interrogation device evaluation [in person], carotid sinus BAT modulation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report, see 93145, 93146)	785
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287) (For percutaneous interlaminar lumbar decompression without laminotomy/laminectomy, see 62287, 62330, 62331)	471, 472
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	(For surface radiation therapy, superficial, delivery, $\leq 150\text{ kV}$, per fraction, use 77437)	564
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	(For transurethral robotic-assisted waterjet resection of prostate, use 52597)	418
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	(For cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, use 52443)	417

Code	Description	Please review	CPT 2026 page #
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	(For quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set using data from coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional, use 75577)	540
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	(For quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set using data from coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional, use 75577)	540
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	(For quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set using data from coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional, use 75577)	540
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	(For quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set using data from coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional, use 75577)	540
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	(For transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, use 93998)	812
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	(For mechanical scalp cooling, see 97007, 97008, 97009)	855
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	(For mechanical scalp cooling, see 97007, 97008, 97009)	855
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	(For percutaneous electrical nerve field stimulation utilizing noninvasive, non-implanted stimulation of a cranial nerve field [ie, PENFS], use 64567)	488



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Short and Medium Descriptions changed...

In a CPT code book, the notation that a code's "**short and medium descriptions changed**" means the descriptive text for that specific code has been updated or revised in the current edition compared to the previous one.

These descriptions are used for efficient data processing and display in electronic systems and billing. The changes typically signify:

Clarification of service: The revised language provides more accurate or clear information about the procedure or service the code represents.

Alignment with medical practice: The updates ensure the code description reflects current medical practices, new technologies, or the latest clinical understanding.

Editorial updates: The changes may be made to align with current CPT editorial panel standards for the maintenance of the code set, ensuring consistency across the manual.

While the full (long) descriptor of the code might also be revised (indicated by a triangle symbol ▲ next to the code number), this specific notation confirms that the condensed short and medium versions have been specifically modified for the new publication year. Coders and billers must use the new, updated descriptions to ensure accurate reporting and billing for services provided.

Evaluation and Management 99202-99499*

2 Additions

0 Deletions

4 Short and Medium Description Changes

Guideline changes within this section

Major Theme: Digital Health & Remote Monitoring

Remote Patient Monitoring (RPM) Updates

- New codes for shorter duration monitoring (2-15 days)
- New lower threshold for RPM treatment management (10 min/month)
- Reduces barriers for reporting short but meaningful monitoring activity

Code	Description	Date/Notes	CPT 2026 PAGE #
99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period	1/1/2026 Code Added.	42
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes	1/1/2026 Code Added.	44

Let's take a look at some of the changes.....

Code	Description	Date/Notes	CPT 2026 PAGE #
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment	1/1/2026 Long Description changed. 1/1/2024 Guideline information changed.	42
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period	1/1/2026 Short, Medium, and Long Descriptions changed. 1/1/2024 Guideline information changed.	42
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes	1/1/2026 Short, Medium, and Long Descriptions changed. 1/1/2020 Code description changed.	44
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	1/1/2026 Short, Medium, and Long Descriptions changed.	45

Next-Generation Tech for Safety and Support

Using contactless radar and radio wave technology, we continuously monitor each patient's vital signs in real-time and record this data over time. Even the most subtle upticks in pulse or respiratory rate, often unnoticed during periodic rounds, are promptly identified.

With continuous, contact-free tracking of heart rate, respiratory rate, and in-bed movement, the system keeps a watchful eye on every resident. With over tens of thousands of patients already being monitored nationwide, this proven technology is saving lives every day.

Around-the-Clock Visibility

Contact-free sensors track heart rate, respiration, and movement 24/7 — no wearables, no staff input.



Common Types of RPM Devices

- **Blood Pressure Cuffs:** Digital cuffs that automatically send readings to healthcare providers.
- **Blood Glucose Meters (Glucometers):** For diabetes management, tracking sugar levels remotely.
- **Pulse Oximeters:** Measure oxygen saturation and heart rate.
- **Smart Scales:** Track weight and body composition for conditions like heart failure.
- **Wearables (Fitness Trackers, Smartwatches):** Monitor heart rate, sleep, activity, and sometimes falls.
- **Thermometers:** Digital thermometers for temperature monitoring.
- **ECG/EKG Devices:** For cardiac monitoring.
- **Peak Flow Meters:** Help manage asthma and COPD.
- **Activity Trackers:** Monitor movement and physical activity levels. 

How They Work & Benefits

- **Data Collection:** Devices capture patient health metrics automatically. 
- **Wireless Transmission:** Data is sent securely to provider platforms. 
- **Proactive Care:** Providers see trends and can intervene early, preventing hospitalizations. 
- **Patient Engagement:** Patients become more involved in their daily health management. 
- **Chronic Disease Management:** Ideal for ongoing care for conditions like hypertension, diabetes, COPD, and heart disease. 

Examples in Action

- A heart failure patient uses a smart scale and blood pressure cuff daily, and the data alerts the nurse to weight gain, prompting a medication adjustment. 
- An elderly patient wears a smartwatch that detects a fall, automatically notifying their caregiver. 

Anesthesia

00100-01999

0 Additions

0 Deletions

133 Short and Medium descriptions changed.

Integumentary System

10021-19499

0 new codes

0 deleted codes

21 Short and Medium Description Changes

Musculoskeletal System

20100-29999

2 Added

2 Deleted

196 Short or Medium Description Changes

Added codes:

Code	Description	Date/Notes
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	11/2026 Code Added.
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	11/2026 Code Added.

Deleted codes with crosswalk if available:

Code	Description	Please review
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	To report knee arthroplasty, see 27447, 27487
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	No additional information

Respiratory System

30000-32999

0 Added

0 Deleted

0 Short or Medium Description Changes

Cardiovascular System

33016-37799

48 Added

20 Deleted

30 Short or Medium Description Changes

Key Changes & Structure

Complete Redesign: The entire [Lower Extremity Revascularization](#) (LER) code set (codes 37220-37235) has been deleted and replaced.

New Code Family: Around 46 new codes (e.g., 37254-37299) are introduced, categorizing procedures by vascular territory (Iliac, Femoral/Popliteal, Tibial/Peroneal, Inframalleolar).

Granular Detail: Codes now differentiate based on lesion complexity (stenosis vs. occlusion) and technology used (angioplasty, stenting, atherectomy).

Bundling: Many services, like access and imaging, are now bundled into the primary codes.

New Inframalleolar Territory: A new category for inframalleolar interventions (dorsalis pedis, plantar) has been added, with specific codes for angioplasty.

Add-on Codes: Specific add-on codes (e.g., 37264-37278) are used for additional vessels treated in the same session

Impact on Practices

Workflow Updates: Practices must adjust documentation to capture vascular territory, lesion type, and intervention method.

Charge Master/Encoder Adjustments: Charge masters, billing logic, and payer crosswalks need updating.

Focus on Documentation: Clear identification of the treated vessel, lesion complexity, and technology is crucial for accurate coding and compliance.

What to Do

Review Guidelines: Study the updated introductory language and new guidelines.

Train Staff : Ensure coding and clinical staff understand the new territorial definitions and documentation requirements.

Utilize Resources: Consult resources from the AMA, AAPC, ACC, SCAI, and coding experts for detailed cheat sheets and webinars.

Added codes:

Code	Description	Date/Notes
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including pre-procedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation	1/1/2026 Code Added.
35602	Bypass graft, with other than vein; carotid-contralateral carotid	1/1/2026 Code Added.
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.

Code	Description	Date/Notes
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.

Code	Description	Date/Notes
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.

Code	Description	Date/Notes
37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	1/1/2026 Code Added.

Code	Description	Date/Notes
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.

Code	Description	Date/Notes
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.

Code	Description	Date/Notes
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026 Code Added.
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026 Code Added.
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	1/1/2026 Code Added.

Deleted codes with crosswalk if available:

Code	Description	Please review
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	To report, use 33883
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	For open subclavian to carotid artery transposition performed in conjunction with endovascular repair of thoracic aorta, by neck incision, use 35694
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	For bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of thoracic aorta, by neck incision, use 35602
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	To report, see 37254, 37256
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	To report, see 37258, 37260
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	To report, see 37255, 37257
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	To report, see 37259, 37261
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	To report, see 37263, 37265
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	To report, see 37271, 37273
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	To report, see 37267, 37269

Code	Description	Please review
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	To report, see 37280, 37282
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	To report, see 37288, 37290
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	To report, see 37284, 37286
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	To report, see 37292, 37294)
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	To report, see 37281, 37283
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	To report, see 37289, 37291
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	To report, see 37285, 37287
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	To report, see 37293, 37295
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	No additional information

Hemic and Lymphatic System 38100-38999

0 Added

0 Deleted

0 Short or Medium Description Changes

Mediastinum and Diaphragm 39000-39599

0 Added

0 Deleted

0 Short or Medium Description Changes

Digestive System

40490-49999

2 Added

0 Deleted

25 Short or Medium Description Changes

Added Codes:

Code	Description	Date/Notes
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	1/1/2026 Code Added.
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	1/1/2026 Code Added.

CPT CodeBook Guidelines:

(Do not report 43889 in conjunction with 43191, 43197, 43200, 43235)

CPT CodeBook Guidelines:

(Do not report 47384 in conjunction with 76940, 77002, 77013, 77022)

(For percutaneous irreversible electroporation of organ other than liver or prostate, use 0600T)

Urinary System

50010-53899

2 Added

1 Deleted

6 Short or Medium Description Changes

Added codes:

Code	Description	Date/Notes
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	1/1/2026 Code Added.
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	1/1/2026 Code Added.

Deleted codes with crosswalk:

Code	Description	Please review
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	No additional information

Male Genital System

54000-55899

12 Added

1 Deleted

5 Short or Medium Description Changes

Added codes:

Code	Description	Date/Notes
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	1/1/2026 Code Added.
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	1/1/2026 Code Added.
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	1/1/2026 Code Added.
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	1/1/2026 Code Added.
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	1/1/2026 Code Added.
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	1/1/2026 Code Added.
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	1/1/2026 Code Added.
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	1/1/2026 Code Added.
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)	1/1/2026 Code Added.
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	1/1/2026 Code Added.
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	1/1/2026 Code Added.

Deleted codes with crosswalk:

Code	Description	Please review
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	To report biopsy of prostate, see 55705, 55707, 55708, 55709, 55710, 55711, 55712, 55714

Female Genital System

56405 - 58999

0 Added

0 Deleted

2 Short or Medium Description Changes

Endocrine System

60000-60699

0 Added

0 Deleted

1 Short or Medium Description Changes

Nervous System

61000-64999

11 Added

0 Deleted

11 Short or Medium Description Changes

Added codes:

Code	Description	Date/Notes
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	1/1/2026 Code Added.
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	1/1/2026 Code Added.
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	1/1/2026 Code Added.
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	1/1/2026 Code Added.
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	1/1/2026 Code Added.
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	1/1/2026 Code Added.
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	1/1/2026 Code Added.
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	1/1/2026 Code Added.
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	1/1/2026 Code Added.

Eye and Ocular Adnexa 65091-68899

0 Added

0 Deleted

0 Short or Medium Description Changes

Auditory System

69000-69979

0 Added

0 Deleted

0 Short or Medium Description Changes

Radiology

70010-79999

8 Added

9 Deleted

0 Short or Medium Description Changes

Added codes:

Code	Description	Date/Notes
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	1/1/2026 Code Added.
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	1/1/2026 Code Added.
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	1/1/2026 Code Added.
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	1/1/2026 Code Added.
77437	Surface radiation therapy; superficial, delivery,	1/1/2026 Code Added.
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	1/1/2026 Code Added.
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)	1/1/2026 Code Added.

Deleted codes with crosswalks:

Code	Description	Please review
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	No additional information
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	No additional information
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	No additional information
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	No additional information
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	No additional information
77014	Computed tomography guidance for placement of radiation therapy fields	To report, use 77387
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	To report, see 77402, 77407, 77412
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	To report, see 77402, 77407, 77412
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	For surface radiation therapy, see 77436, 77437, 77438, 77439

Pathology and Laboratory 80047 - 89999

7 Added

0 Deleted

14 Short or Medium Description Changes

Added codes:

Code	Description	Date/Notes
81354	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	1/1/2026 Code Added.
81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	1/1/2026 Code Added.
87182	Susceptibility studies, antimicrobial agent; carbapenemase enzyme detection (eg, Klebsiella pneumoniae carbapenemase [KPC], New Delhi metallo-beta-lactamase [NDM], Verona integron-encoded metallo-beta-lactamase [VIM]), multiplex immunoassay, qualitative, per isolate	1/1/2026 Code Added.
87183	Susceptibility studies, antimicrobial agent; carbapenem resistance genes (eg, blaKPC, blaNDM, blaVIM, blaOXA-48, blaIMP), amplified probe technique, per isolate	1/1/2026 Code Added.
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	1/1/2026 Code Added.
87627	Infectious agent detection by nucleic acid (DNA or RNA); joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets	1/1/2026 Code Added.
87812	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B	1/1/2026 Code Added.

Medicine

90281-99607*

36 Added

17 Deleted

59 Short or Medium Description Changes

Immune globulins, Serum or Recombinant Products Services

Added codes:

Code	Description	Date/Notes
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	1/1/2026 First appearance of addition in codebook 7/1/2025 Code added.

CPT CodeBook Guidelines:

(Do not report 90382 in conjunction with 96372)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, see 96380, 96381)

Immunization Administration for Vaccines/Toxoids Services

Added codes:

Code	Description	Date/Notes
90481	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes	1/1/2026 Code Added.
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes	1/1/2026 Code Added.
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	1/1/2026 Code Added.

CPT CodeBook Guidelines:

(Use 90481 in conjunction with 90480)

(Report 90481 for immunization administration for all patients greater than 18 years of age and patients 18 years of age or younger without counseling by the physician or other qualified health care professional for the additional vaccine or toxoid component)

Vaccines and Toxoids Services

Added codes:

Code	Description	Date/Notes
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	1/1/2026 First appearance in codebook. 1/1/2025 Code added.
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	1/1/2026 First appearance of addition in codebook 7/1/2025 Code added.
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	1/1/2026 First appearance of addition in codebook 7/1/2025 Code added.
90635	Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	1/1/2026 First appearance of addition in codebook 7/1/2025 Code added.
Code	Description	Date/Notes
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	1/1/2026 First appearance of addition in codebook 7/1/2025 Code added.

Gastroenterology Services

Added codes:

Code	Description	Date/Notes
91124	Rectal sensation, tone, and compliance study (eg, barostat)	1/1/2026 Code Added.
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	1/1/2026 Code Added.

Deleted codes with crosswalk:

Code	Description	Please review
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	To report rectal sensation, tone, and compliance study [eg, barostat], use 91124
91122	Anorectal manometry	To report anorectal manometry with rectal sensation and rectal balloon expulsion, when performed, use 91125

Ophthalmology Services

Added codes:

Code	Description	Date/Notes
92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	1/1/2026 Code Added.

CPT CodeBook Guidelines:

(For diagnostic dark adaptation examination, use 92284)

Otorhinolaryngologic Services

Deleted codes with crosswalk:

Code	Description	Please review
92590	Hearing aid examination and selection; monaural	To report, see 92628, 92629, 92631, 92632
92591	Hearing aid examination and selection; binaural	To report, see 92628, 92629, 92631, 92632
92592	Hearing aid check; monaural	To report, see 92636, 92637
92593	Hearing aid check; binaural	To report, see 92636, 92637
92594	Electroacoustic evaluation for hearing aid; monaural	To report, see 92639, 92641
92595	Electroacoustic evaluation for hearing aid; binaural	To report, see 92639, 92641
	Report on separate line for each additional	

Hearing Device Services Expansion

New Hearing Device Service Codes

- 12 new CPT codes for comprehensive audiologic services
- Replaces older codes (92590–92595)
- Covers candidacy evaluation, selection, fitting, training, and verification
- Time-based and service-based coding depending on activity

Code	Description	Date/Notes
92628	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes	1/1/2026 Code Added.
92629	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; each additional 15 minutes (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
92631	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes	1/1/2026 Code Added.
92632	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; each additional 15 minutes (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
92634	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes	1/1/2026 Code Added.
92635	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
92636	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes	1/1/2026 Code Added.
92637	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
92639	Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)	1/1/2026 Code Added.
92641	Hearing device verification, electroacoustic analysis	1/1/2026 Code Added.
92642	Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)	1/1/2026 Code Added.

Cardiovascular Services

Added codes:

Code	Description	Date/Notes
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	1/1/2026 Code Added.
92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches	1/1/2026 Code Added.
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	1/1/2026 Code Added.
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting	1/1/2026 Code Added.

Cardiovascular Services

Deleted codes with crosswalks:

Code	Description	Please review
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	To report, use 92920
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	To report, use 92924
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	To report, see 92928, 92930
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	To report, use 92933
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	To report, use 92937
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	No additional information
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	To report coronary thrombolysis, use 93799
92977	Thrombolysis, coronary; by intravenous infusion	To report coronary thrombolysis, use 93799

Pulmonary Services

Deleted codes with crosswalk:

Code	Description	Please review
94662	Continuous negative pressure ventilation (CNP), initiation and management	No additional information

Mechanical Scalp Cooling Services

Added Codes:

Code	Description	Date/Notes
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education	1/1/2026 Code Added.
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period	1/1/2026 Code Added.
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)	1/1/2026 Code Added.

CPT CodeBook Guidelines:

(Report 97007 once per chemotherapy treatment period)

(Do not report 97007 for each chemotherapy session)

CPT CodeBook Guidelines:

(Use 97009 in conjunction with 97008)

(Do not report 97009 for scalp cooling of less than 16 minutes)

(For selective head or total body hypothermia in the critically ill neonate, use 99184)

CPT CodeBook Guidelines:

(Report 97008 once per chemotherapy session)

Remote Therapeutic Monitoring

Added Codes:

Code	Description	Date/Notes
98984	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	1/1/2026 Code Added.
98985	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period	1/1/2026 Code Added.
98986	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period	1/1/2026 Code Added.

Coding Tips & Practice Impact

■ Practical Considerations

Update billing systems before Jan. 1, 2026

Train coding/billing staff on new code meanings

Validate RPM and AI code usage with clinical documentation

Review payer policies for code acceptance

■ Educate coding and billing staff

■ Remove deleted codes from charge masters/templates

■ Crosswalk old codes to new where needed

Resources & Next Steps

Helpful Tools & References

- 2026 CPT Codebook (AMA)
- CPT Editorial Panel resources
- AAPC webinars and training sessions [AAPC](#)
- Internal clinic/health system education

Questions

Any Questions or Clarifications?
Open discussion and Q&A

Contact Us



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