



2026 CPT[®] Code Updates (CDM Focused)

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CPT Overview

What We Will Cover

- There are two presentations this year

1. HIM and Surgical Code Changes

- 10000 – 69999 code range

2. CDM Focused

- 70000 – 99999 code range
- Category II codes – used as supplemental tracking for performance measurement, quality reporting and outcome tracking (ex. MIPS and HEDIS)
 - Four digits followed by the letter **F**
- Category III codes - these are temporary codes for emerging technology, procedures, services that are not yet fully validated
 - Four digits followed by the letter **T**

This presentation will focus solely on the CDM Focused CPT changes

Operational Significance of CPT Updates

Concept	Description	Why It Matters
Annual CPT Updates	AMA releases CPT updates every January 1, including additions, revisions, and deletions.	Impacts reimbursement, compliance, and coding accuracy.
Appendices Role	Appendices A–T provide essential reference for modifiers, telehealth, AI taxonomy, and more.	Critical for correct coding and understanding new categories.
CMS Alignment	CMS MPFS final rule aligns with CPT changes and sets RVUs and payment policies.	Ensures Medicare compliance and accurate payment calculations.
Compliance & Documentation	Updated guidelines affect medical necessity, modifier use, and bundling rules.	Prevents denials and audit risks.
Technology Trends	Includes AI taxonomy, digital medicine, telehealth expansions, and proprietary lab codes.	Prepares organizations for emerging services and reimbursement.
Operational Impact	Charge master updates, denial management, and staff education are required.	Smooth transition to new code set and reduced revenue disruption.

Know The Symbols - Example

Symbol	Meaning	Appendix
● (Red Dot)	New code for the current CPT year.	Appendix B
▲ (Blue Triangle)	Revised code descriptor.	Appendix B
■ ■	New or revised guideline / instructional text.	Front Matter + Appendix B
#	Resequenced code (out of numeric order).	Appendix N
+ (Add-on Code)	Add-on code that must be reported with a primary service.	Appendix D
—	Vaccine code pending FDA approval.	Appendix K
★ (Star Symbol)	Code eligible for synchronous AUDIO–VIDEO telemedicine.	Appendix P
◆ (Audio-Only Symbol)	Code eligible for AUDIO-ONLY telemedicine.	Appendix T
PLA Notes (no printed symbol)	Duplicate, replaced, or administratively updated PLA codes.	Appendix O

This enhanced reference includes all major CPT® symbols appearing in the 2025–2026 manual across Appendices A–T. Colors reflect common CPT® printing conventions (red, blue, green, gray, orange, purple, teal).

Appendix Roster 2026

Appendix Name	Description	Purpose
Appendix A	Modifiers	Complete list of CPT modifiers with definitions and usage guidance.
Appendix B	Summary of Additions, Deletions, and Revisions	Quick reference of all changes for 2026 without comparing editions.
Appendix C	Clinical Examples	Provides real-world examples for Evaluation & Management (E/M) coding.
Appendix D	Add-on Codes	Identifies codes that must be reported with a primary procedure.
Appendix E	Codes Exempt from Modifier 51	Lists procedures that should not be reported with multiple procedure reduction.
Appendix F	Codes Exempt from Modifier 63	Pediatric-specific exemptions.
Appendix G	Codes Requiring Moderate Sedation	Indicates procedures where moderate sedation is inherent.
Appendix H	Alphabetical Clinical Topics	Provides an alphabetical index of clinical topics for quick reference.
Appendix I	Genetic Testing and Molecular Pathology	Details genetic and molecular pathology coding guidance.
Appendix J	Electrodiagnostic Medicine	Includes coding guidance for electrodiagnostic procedures.
Appendix K	Product-Specific Codes	Identifies codes tied to specific products or devices.
Appendix L	Vascular Families	Defines vascular families for interventional radiology coding.
Appendix M	Re-sequenced Codes	Lists codes that have been re-sequenced for organizational clarity.
Appendix N	Proprietary Laboratory Analyses (PLA)	Contains codes for proprietary laboratory analyses.
Appendix O	Multianalyte Assays with Algorithmic Analyses (MAAA)	Includes codes for multianalyte assays with algorithmic analyses.
Appendix P	CPT Codes for Synchronous Telemedicine (Audio-Video)	Identifies codes that may be used for synchronous telemedicine services.
Appendix Q	COVID-19 Vaccine Codes	Includes vaccine and administration codes.
Appendix R	Digital Medicine Services Taxonomy	Categorizes remote monitoring, AI-based services, and telehealth codes.
Appendix S	AI Taxonomy for Medical Services and Procedures	Defines taxonomy for artificial intelligence applications in medical services.
Appendix T	CPT Codes for Audio-Only Telemedicine Services	Lists codes that may be used for audio-only telemedicine services.

AMA Overview of 2026: 418 Changes

	Added	Deleted	Revised	Code Count
Evaluation & Management	2	0	4	173
Anesthesia	0	0	0	276
Surgery	77	24	12	5,933
Radiology Procedures	8	9	3	662
Laboratory and Pathology	7	0	2	1,667
Medicine Services & Procedures	37	17	18	1,091
Category II Codes	0	0	0	565
Category III Codes	78	21	4	607
PLA Codes	79	13	3	537
MAAA	0	0	0	14
Total	288	84	46	11,525

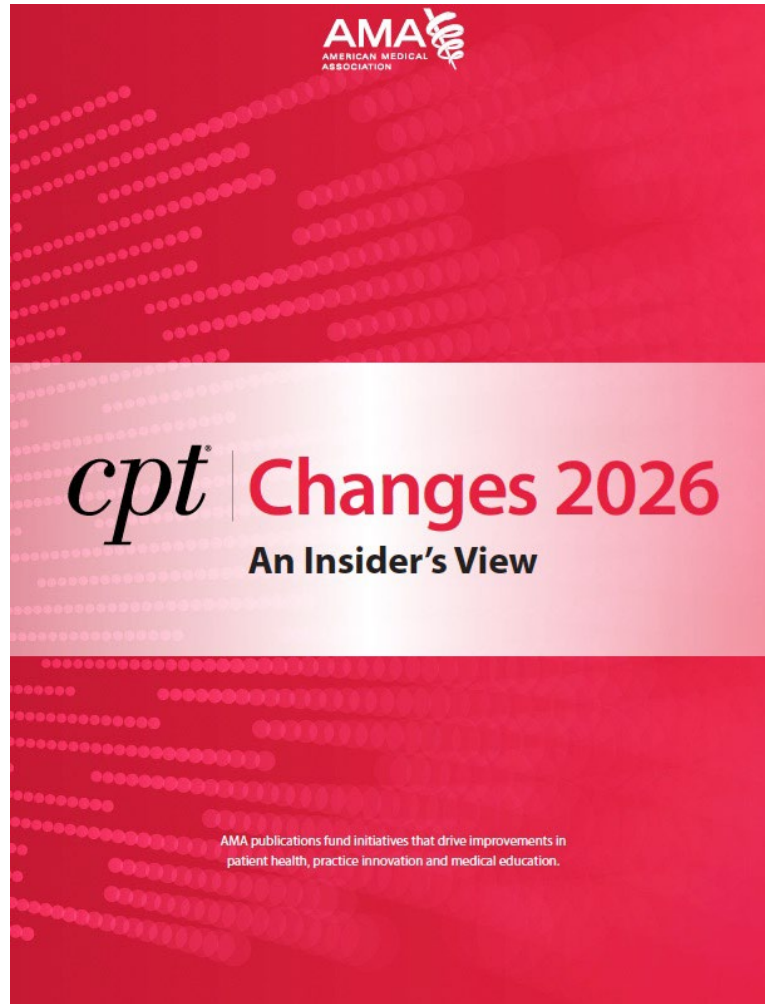
Source – American Medical Association – CPT and RBRVS Symposium November 2025

Overview of Q1 2026 Changes

CPT® Section	Additions	Deletions	Revisions
Evaluation & Management	2	0	4
Anesthesia	0	0	0
Surgery	77	24	11
Radiology	8	9	3
Pathology & Laboratory	7	0	2
PLA	0	0	0
Medicine	30	17	17
Category II	0	0	0
Category III	38	21	3
Totals	162	71	39

- Totals do not include codes added, deleted, or revised in CY 2025 but appearing for the first time in the CY 2026 book
- Revised totals do not include codes with changes to short or medium descriptions only

Must Have References from AMA



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Radiology

70000-79999



Radiology Statistics

- Additions - 8
- Changes - 3
- Deletions - 9
- Total Section Code Count – 662
- Note these will vary from Vitalware counts as the AMA includes not just year end but any changes, additions or deletions during the year.
- Will be using AMA for this presentation

Radiology Changes Overview

- Both Category I and III codes were added, changed or deleted
- Category I focused on:
 - Irreversible Electroporation
 - Cerebral Perfusion and CTA
 - Radiation Oncology and Treatment Plans
 - Coronary Plaque Assessment by CT scan
- Category III (Emerging Technology) focused on:
 - Tumor treatment dosimetry
 - Breast tumor laser ablation
 - Tissue displacement for ablation (thermal) procedures

Irreversible Electroporation

- Used for solid tumor ablation percutaneously
- Uses two sets of codes to report
 1. The type of ablation delivery system such as cryoablation, ultrasound, radiofrequency
 2. The organ where the ablation is being performed such as the lungs, bone, thyroid, prostate etc.
- Two new specific organ codes created
 - 47384 – IRE for liver
 - 55877 – IRE for prostate

Irreversible Electroporation

- ▲ **0600T** Ablation, irreversible electroporation; 1 or more tumors per organ, other than liver or prostate, including imaging guidance, when performed, percutaneous
 - (Do not report 0600T in conjunction with 76940, 77002, 77013, 77022)
 - (For ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous, use 47384)
 - (For ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous, use 55877)

Added Codes - Radiology

- Next set of new codes are specific to **Surface Radiation Therapy (SRT)**
- This is a type of radiation that is low energy
- Less than 500 Kilovoltage (kV)
 - Orthovoltage X-rays are 150-500kV (Deep Xray)
 - Low Voltage X-rays are less than 150kV (Superficial Xray)
- Limits penetration to tissue beyond the skin
- Used for things like skin cancers

Added Codes - Radiology

- # ● **77436** Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting
 - (Do not report 77436 in conjunction with 77261, 77262, 77280)
- # ● **77437** superficial, delivery, ≤ 150 kV, per fraction (eg, electronic brachytherapy) (Technical Only)
- # ● **77438** orthovoltage, delivery, >150 -500 kV, per fraction (Technical Only)

Added Codes - Radiology

- **#+ ● 77439** 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) (add on code)
 - (Use 77439 in conjunction with 77437, 77438)
 - (Do not report 77436, 77437, 77438, 77439 in conjunction with 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77306, 77307, 77316, 77317, 77318, 77331, 77332, 77333, 77334, 77387, 77402, 77407, 77412, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77600, 77605, 77610, 77615, 77620, 77761, 77262, 77263, 77767, 77768, 77770, 77771, 77772, 77778, 77789)
 - (For high-energy treatment of skin cancer [eg, electrons, photons, gamma rays], see 77402, 77407, 77412)
 - (For high-dose rate radionuclide surface brachytherapy, see 77767, 77768)

Added Codes - Radiology

- **70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing**
 - (Do not report 70471 in conjunction with 70450, when performed during the same session)
 - Do not report 70471 in conjunction with 70460, 70470, 70473, 70490, 70491, 70492, 70496, 70498, 76376, 76377)
 - For noninvasive arterial plaque analysis using software processing of data from computerized tomographic angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)b

Added Codes - Radiology

- **+ ● 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)**
 - (Use 70472 in conjunction with 70450, 70460, 70470, 70471, 70496) – this is an add on code
 - Do not report 70472 in conjunction with 70473, 76376, 76377)

Added Codes - Radiology

- 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
 - Do not report 70473 in conjunction with 70450, 70460, 70470, 70471, 70472, 70496, 76376, 76377)

CPT Rationale:

- 0042T has been deleted and replaced by these new codes (70471-70473)
- Have been identified to represent procedures done on the head, neck and brain
- 70472 and 70473 are created to report the analysis as an (+) add on procedure or as a standalone
- Parenthetical notes provide guidance on what can and cannot be reported in conjunction with these new codes

Added Codes - Radiology

- ● **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
 - (Use 75577 **only once per coronary computed tomography** angiogram)
 - (When 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 tomography angiography with interpretation and report by a physician or other qualified health care professional is performed on the same day as the coronary computed tomography angiography, use 75577 in conjunction with 75574)
- Note: Augmentive is Artificial Intelligence using CT data

Radiation Oncology – Treatment Delivery

- It is imperative that you read the section notes
- Refined definitions have been created
- Simple, Intermediate and Complex are now Level 1, 2 and 3
- There is one set of codes for the technical component – the treatment delivery itself
- There is another set of codes for the professional component – the treatment management
- Parenthetical notes / section notes have been revised to go into detail on each type of treatment delivery

Changed Codes – Radiology / Rad Oncology

- ▲ **77402** Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed
- ▲ **77407** Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed
- ▲ **77412** Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) **or** a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, **or** total skin electrons, **or** mixed-electron/photon field(s), including imaging guidance, when performed
 - (Do not report 77402, 77407, 77412 in conjunction with 77373)
 - (Do not report technical component [TC] with 77371, 77372, 77373, 77402, 77407, 77412)

Radiation Treatment Levels Revised

Radiation Treatment Delivery, megavoltage (≥ 1 MeV), any energy.

- *“**Level 1:** Any photon 2D radiation therapy delivered with uniform radiation beam intensities and radiation delivery set-up, either by surface anatomic landmarks or bony landmarks with kV or MeV imaging **or** any electron therapy not meeting Level 3 criteria.*
- ***Level 2:** Any photon therapy delivered with 3D CRT or IMRT to a single isocenter. Note: Does not include active motion management.*
- ***Level 3:** Any photon therapy with active motion management, including 3D CRT or IMRT **or** any photon delivery with 3D CRT or IMRT to two separate isocenters **or** total skin electrons **or** mixed electron and photon fields.”*
 - Source CPT Professional Edition, 2026, P. 563

Added Table for Radiation Management and Treatment

- As part of the clarification in 2026, a table has been added to CPT
- On page 564 of the CPT Professional Edition there is a table with the following data:
 - Category
 - Code
 - Descriptor
 - IGRT – TC Bundling
 - IGRT – PC Bundling
 - Professional or Technical Code

Category	Code	Descriptor	IGRT TC (77387-TC) Bundled into Code?	IGRT PC (77387-PC) Bundled into Code?	Code Type (Technical/Professional)
SRS: Stereotactic radiosurgery			SBRT: Stereotactic body radiation therapy		
IMRT: Intensity modulated radiation therapy			IGRT: Image guided radiation therapy		
TC: Technical component			PC: Professional component (modifier 26)		
Radiation Treatment Management	77427	Treatment Management, 1–5 Treatments	N	N	Professional

Changed Codes - Radiology

- Note: All codes include imaging guidance
 - Specific Level Guidance 1 – 3 replaces the simple, intermediate and complex designations previously found in CPT

Deleted Codes Radiology

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	
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	
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	
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	
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	
77014	Computed tomography guidance for placement of radiation therapy fields	77387
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	77402, 77407, 77412
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	77402, 77407, 77412
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	77436, 77437, 77438, 77439

Breast Tissue Ablation – Category III

- Two new codes based on being benign or malignant
- ● **0970T** Ablation, **benign breast tumor** (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor
 - (Report 0970T only once per tumor)
 - (Do not report 0970T in conjunction with 76641, 76642, 76940, 76942)
 - (For cryosurgical ablation of breast fibroadenoma[s], use 19105)
 - (For cryosurgical ablation of malignant breast tumor[s], use 0581T)
 - (For laser ablation of malignant breast tumor[s], use 0971T)

Breast Tissue Ablation – Category III

- ● **0971T** Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral
 - (Report 0971T only once per breast)
 - (Do not report 0971T in conjunction with 76641, 76642, 76940, 76942)
 - (For cryosurgical ablation of breast fibroadenoma[s], use 19105)
 - (For cryosurgical ablation of malignant breast tumor[s], use 0581T)
 - (For laser ablation of benign breast tumor, use 0970T)

Displacement for Thermal Ablation (III)

- This is a procedure to move or displace tissue away from the site of the thermal ablation
- Displaced using a fluid or carbon dioxide
- This displacement ensures that there is access to the target while protecting the tissue and/or critical structures around the ablation site.
- Represents different work from the ablation itself

Displacement for Thermal Ablation (III)

- **+ ● 1022T** Percutaneous tissue displacement, any method, including imaging guidance; intra-abdominal/pelvic structures (List separately in addition to code for primary procedure)
 - (Use 1022T in conjunction with 20982, 20983, 47000, 47382, 47383, 48102, 49180, 49405, 49411, 50200, 50592, 50593, 64625)
- **+ ● 1023T** intrathoracic structures (List separately in addition to code for primary procedure)
 - (Use 1023T in conjunction with 20982, 20983, 32400, 32408, 32553, 32554, 32555, 32556, 32557, 32994, 32998, 49405)

Displacement for Thermal Ablation (III)

- **+● 1024T** soft tissue (List separately in addition to code for primary procedure)
 - (Use 1024T in conjunction with 10030, 10035, 10036, 19081, 19082, 19083, 19084, 19085, 19086, 19105, 19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 60100, 60660, 60661, 0581T, 0673T)
 - (Do not report 1022T, 1023T, 1024T in conjunction with 76940, 76942, 77001, 77012, 77013, 77021, 77022)

High Level Comments - Radiology

- Not a significant amount of changes noted
- Change to a more specific description from simple, intermediate and complex in Radiation Oncology
- Irreversible Electroporation - new additions
- CTA for head / brain and perfusion added
- Expansion of Surface Radiation Treatments
- New codes for thermal ablation displacements

Laboratory

80000-89999



MEDICAL LABORATORY AND PATHOLOGY SERVICES

- Chemistry
- Hematology
- Immunology
- Microbiology
- Anatomical Pathology
- Cytopathology
- Cytogenetic Studies
- Surgical Pathology
- Other Pathology and Laboratory Procedures



Laboratory & Pathology Statistics

- Additions - 7
- Changes – 2
- Deletions - 0
- Total Section Code Count – 1,667
- Note these will vary from Vitalware counts as the AMA includes not just year end but any changes, additions or deletions during the year.
- Will be using AMA for this presentation

Added Codes – Laboratory & Pathology

- *Molecular Pathology Additions:*
- # ● **81354** interrogation of structural and copy number variants, optical genome mapping (OGM)
 - Note: this is out of sequence
 - Comes with new guidance on how to report optical genome mapping (OGM)
 - Per CPT Code Changes 2026 the AMA states:
 - “Code 81354 enables the reporting of the evaluation of balanced and unbalanced structural variants, like those detected through a combination of chromosomal microarray, fluorescence in situ hybridization, and karyotyping, but at a higher resolution.”
 - [CPT Code Changes 2026, An Insiders View, p.124 - copyright American Medical Association 2026]

Added Codes – Laboratory & Pathology

Multianalyte Assays with Algorithmic Analyses Additions (MAAA)

- ● **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
 - (If *MGMT* promoter methylation analysis is performed separately, use 81287)

Added Codes – Laboratory & Pathology

Microbiology Additions

- ● 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
- ● 87183 - Susceptibility studies, antimicrobial agent; carbapenem resistance genes (eg, *blaKPC*, *blaNDM*, *blaVIM*, *blaOXA-48*, *blaIMP*), amplified probe technique, per isolate

Added Codes – Laboratory & Pathology

Microbiology Additions

- Infectious agent detection by nucleic acid (DNA or RNA);
 - **# ● 87494 Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique**
- (Do not report 87494 in conjunction with 87491, 87591)
- Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation;
 - **# ● 87627 joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets**
 - (Do not report 87627 in conjunction with 87481, 87500, 87591, 87640, 87641, 87651, 87653, 87798)

Added Codes – Laboratory & Pathology

Microbiology Additions

- Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation;
 - **#●87812** severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B
 - (Do not report 87812 in conjunction with 87804, 87811)

Changed and Deleted Codes-Lab / Path

- There are several revised codes within **Chemistry**
- ▲ **83015** Heavy metal (eg, antimony, arsenic, barium, beryllium, bismuth, gadolinium, mercury); qualitative, any number of analytes
- ▲ **83018** quantitative, each, not elsewhere specified
 - (Use an analyte-specific heavy metal quantitative code, instead of 83018, when available)

High Level Comments – Lab / Pathology

- There were very few changes to Lab and Path
- The majority of the changes are in the **Proprietary Laboratory Analyses (PLA)**
 - Note – MAAA codes fall under the PLA guidelines



Proprietary Laboratory Analyses



PROPRIETARY LAB ANALYSIS PLA

Proprietary laboratory analyses (PLA) codes describe proprietary clinical laboratory analyses and can be provided either by a single ("sole-source," including the same or different locations, owned and operated by the same entity) laboratory or licensed or marketed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration (FDA), PLA codes do not have a physician work component.

PLA Definition

Per CPT Code Changes, An insiders view 2026:

“Proprietary laboratory analyses (PLA) codes describe proprietary clinical laboratory analyses and can be provided either by a single (“sole-source,” including the same or different locations, owned and operated by the same entity) laboratory or licensed or marketed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration [FDA]). PLA codes do not have a physician work component.

This subsection includes advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs), as defined under the Protecting Access to Medicare Act (PAMA) of 2014.”

- [CPT Professional Edition, CPT Code Changes and Insiders View; Copyright AMA, 2026]

PLA Code Overview

- *When a PLA code is available to report a given proprietary laboratory service, that PLA code takes precedence. The service should not be reported with any other CPT code(s) and other CPT code(s) should not be used to report services that may be reported with that specific PLA code*
- *“The PLA Code section includes (but is not limited to) Advanced Diagnostic Laboratory Tests (ADLTs) and Clinical Diagnostic Laboratory Tests (CDLTs) as defined under the Protecting Access to Medicare Act of 2014 (PAMA). These analyses may include a range of medical laboratory tests including, but not limited to, Multianalyte Assays with Algorithmic Analyses (MAAA), Genomic Sequencing Procedures (GSP), Infectious Disease/Microbiology, and Chemistry. The descriptor nomenclature follows, where possible, existing code conventions (e.g., MAAA, GSP).”*
 - *Source - <https://www.ama-assn.org/practice-management/cpt/cpt-pla-codes>*

PLA Code Additions, Changes & Deletions

- Due to the extensive number of additions, changes and deletions we are providing a link directly to the AMA publication.
- AMA: <https://www.ama-assn.org/practice-management/cpt/cpt-pla-codes>

PLA Additions as of Q1-2026

CPT-HCP	CodeType	Long Description
0600U	PLA	Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism
0601U	PLA	Infectious disease (periprosthetic joint infection), analysis of 11 biomarkers (alpha defensins 1&2, C-reactive protein, microbial antigens for Staphylococcus [SPA, SPB], Enterococcus, Candida, and C. acnes, total nucleated cell count, percent neutrophils, RBC count, and absorbance at 280 nm) using immunoassays, hematology, clinical chemistry, synovial fluid, and diagnostic algorithm reported as a probability score
0602U	PLA	Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C-peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score
0603U	PLA	Drug assay, presumptive, 77 drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS), results reported as positive or negative
0604U	PLA	Allergy and immunology (chronic recurrent angioedema), 4 bradykinin peptides, liquid chromatography and tandem mass spectrometry (LC-MS/MS), whole blood, quantitative
0605U	PLA	Allergy and immunology (hereditary alpha-tryptasemia), DNA, analysis of TPSAB1 gene copy number variation using digital PCR, whole blood, results reported with genotype-specific interpretation of alpha-tryptase copy number and algorithmic classification as normal or abnormal
0606U	PLA	Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative
0607U	PLA	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations
0608U	PLA	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 10 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations (Do not report 0608U in conjunction with 0607U)
0609U	PLA	Oncology (prostate), immunoassay for total prostate-specific antigen (PSA) and free PSA, serum or plasma, combined with clinical features, algorithm reported as a probability score for clinically significant prostate cancer
0610U	PLA	Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical susceptibility (susceptible, susceptible dose dependent, intermediate, resistant), minimum inhibitory concentration, and interpretive comments
0611U	PLA	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0612U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)
0612U	PLA	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0611U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)
0613U	PLA	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma

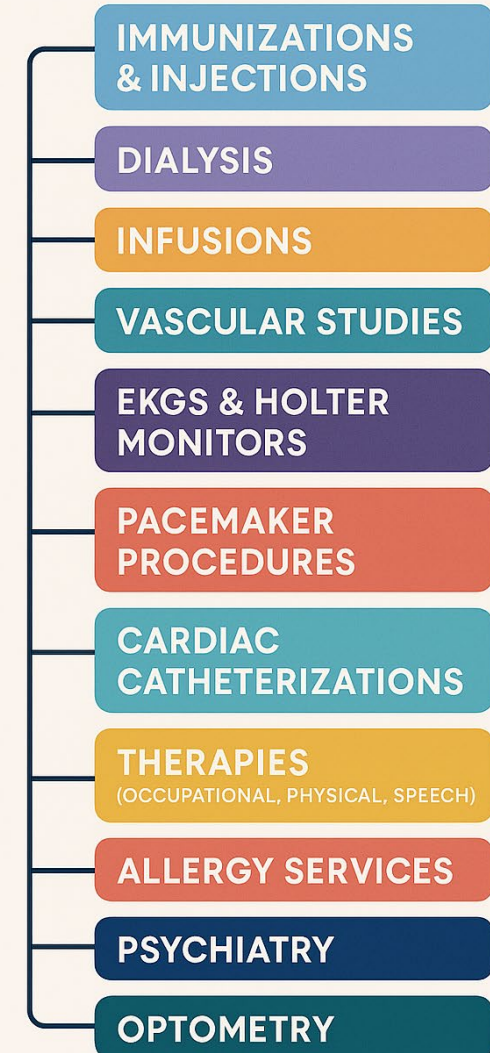
PLA Ending 12/31/2025

CPT-HCP	CodeType	Long Description	Start Date	End Date
0033U	PLA	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	01/01/2018	31/12/2025
0131U	PLA	Hereditary breast cancer related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	01/10/2019	31/12/2025
0135U	PLA	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	01/10/2019	31/12/2025
0361U	PLA	Neurofilament light chain, digital immunoassay, plasma, quantitative	01/01/2023	31/12/2025
0508U	PLA	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	01/10/2024	31/12/2025
0509U	PLA	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	01/10/2024	31/12/2025
0544U	PLA	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	01/04/2025	31/12/2025
0550U	PLA	Oncology (prostate), enzyme-linked immunosorbent assays (ELISA) for total prostate-specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	01/04/2025	31/12/2025
0551U	PLA	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	01/04/2025	31/12/2025

Medicine Services & Procedures

MEDICINE SERVICES AND PROCEDURES

CPT PROFESSIONAL EDITION 90000-99999






Medicine & Procedures Statistics

- Additions - 37
- Changes - 18
- Deletions - 17
- Total Section Code Count – 1,091
- Note these will vary from Vitalware counts as the AMA includes not just year end but any changes, additions or deletions during the year.
- Will be using AMA for this presentation

Added Codes – Medicine - Immunizations

- Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine;
- **+● 90481 each additional component administered (List separately in addition to code for primary procedure)**
 - (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)

Added Codes – Medicine - Immunizations

- *  ● **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
 - May be provided remotely using either telemedicine or audio-only means, the telemedicine (*) and audio-only) symbols have been added to provide additional user information
- *  ● **90483** - greater than 10 minutes up to 20 minutes
- *  ● **90484** - greater than 20 minutes

Added Codes – Medicine - Immunizations

- (When reporting 90482, 90483, 90484, **do not count time spent** on counseling for immunizations that were administered on the same date of service)
- (When reporting 90482, 90483, 90484, do not include service time reported with 90460, 90461, 90471, 90472, 90473, 90474, 90480, 90481, 96380, 96381)
- (Report 90482, 90483, 90484 once per date of service for cumulative counseling time for immunization[s] not provided, regardless of the number of products)

Added Codes – Medicine - Vaccines

- #● **91323** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use
 - Report 91323 with administration code 90480)
- #● **90593** Chikungunya virus vaccine, recombinant, for intramuscular use
- #● **90631** Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use
 - Note FDA Approval Pending
- #● **90635** Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use
- Note: All the above additions are resequenced codes indicated by (#)

Added Codes – Medicine - Vaccines

- #● **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
 - (Report 90612 with both administration codes 90480, 90481)
- #● **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
 - (Report 90613 with both administration codes 90480, 90481)
- Note both codes above are pending FDA approval and are resequenced

Added Codes – Medicine - Gastroenterology

- ● **91124 Rectal sensation, tone, and compliance study (eg, barostat)**
 - (Do not report 91124 in conjunction with 91117, 91125)
 - (For biofeedback training, see 90912, 90913)
 - (For anorectal manometry, with rectal sensation and rectal balloon expulsion, when performed, use 91125)
- ● **91125 Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed**
 - (Do not report 91125 in conjunction with 91117, 91124)
 - (For rectal sensation, tone, and compliance study [eg, barostat], use 91124)

Added Codes – Medicine - Ophthalmology

- # ● **92288** Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report
 - (For diagnostic dark adaptation examination, use 92284)

Added Codes – Medicine - Audiology

- 12 new codes were added for audiology
- New hearing device codes were added to reflect advances in technology
- CPT Code Changes 2026, an Insiders View (copyright AMA) states:
 - *“The new codes are divided into six major categories:*
 - *evaluation for hearing aid candidacy,*
 - *hearing aid selection,*
 - *hearing aid fitting,*
 - *post-fitting and follow-up services,*
 - *verification, and*
 - *assistive-device services.”*

Hearing Device Evaluative and Therapeutic Services

► "Codes 92628-92642 describe services primarily related to air-conduction hearing aids for the treatment of sensorineural, mixed, and conductive hearing loss. Following a diagnosis of hearing loss, this set of codes would apply to the full range of services specific to air-conduction hearing aids. These services fall into six major categories: (1) hearing aid candidacy determination; (2) hearing aid selection; (3) hearing aid fitting; (4) follow-up services after fitting; (5) verification; and (6) assistive-device services. Objective verification is typically performed either at the time of fitting or post-fitting follow-up, and it can be performed through behavioral verification, probe-microphone measurement, and/or electroacoustic analysis..."

- CPT Professional Edition, 2026 p. 767

Added Codes – Medicine - Audiology

- ● **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
 - (Do not report 92628 in conjunction with 92631, 92632, 92636, 92637, 92642)
 - (Do not report 92628 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear)
- # ● **92629** each additional 15 minutes (List separately in addition to code for primary procedure)
 - (Use 92629 in conjunction with 92628)

Added Codes – Medicine - Audiology

- #● **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
 - (Do not report 92631 in conjunction with 92628, 92629, 92636, 92637, 92642)
 - (Do not report 92631 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear)
 - (For hearing testing, see 92550-92588)

Added Codes – Medicine - Audiology

- **#+ ● 92632** each additional 15 minutes (List separately in addition to code for primary procedure)
 - (Use 92632 in conjunction with 92631)
- **# ● 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
 - (Do not report 92634 in conjunction with 92636, 92637, 92642)
- **#+ ● 92635** each additional 15 minutes (List separately in addition to code for primary procedure)
 - (Use 92635 in conjunction with 92634)

Added Codes – Medicine - Audiology

- # ● **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
 - (Do not report 92636 in conjunction with 92628, 92629, 92631, 92632, 92634, 92635, 92642)
- #+● **92637** each additional 15 minutes (List separately in addition to code for primary procedure)
 - (Use 92637 in conjunction with 92636)

Added Codes – Medicine - Audiology

- **#+● 92638** Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (List separately in addition to code for primary procedure)
 - (Use 92638 in conjunction with 92634, 92636)
 - (Do not include the time for 92638 within the overall time used for reporting 92634, 92636)
- **#+● 92639** Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)
 - (Use 92639 in conjunction with 92634, 92636)
 - (Do not include the time for 92639 within the overall time used for reporting 92634, 92636)
 - (For unilateral procedure, report 92639 with modifier 52)

Added Codes – Medicine - Audiology

- #~~Q~~ ● **92641** Hearing device verification, electroacoustic analysis
 - (Do not include the time for 92641 within the overall time used for reporting 92634, 92636)
 - (For unilateral procedure, report 92641 with modifier 52)
- #● **92642** Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)
 - (Do not report 92642 in conjunction with 92631, 92632, 92634, 92635, 92636, 92637, 92638, 92639)

Audiology CPT Code Time Reporting

- Pg 771 – 2026 CPT Professional Edition
- Table that is used to determine time
 - Code
 - Service Description
 - Time in Code (minutes)
 - Minimum time required to report
- This table is designed to simplify the reporting and provide a guide to ensure compliant coding

▶Code	Service	Time in code (minutes)	Minimum time to report (minutes)
92628	Evaluation for hearing aid candidacy	30	16-37
+92629	Evaluation for hearing aid candidacy	15	Each additional 15 minutes starting at 38 minutes
92631	Hearing aid selection	30	16-37
+92632	Hearing aid selection	15	Each additional 15 minutes starting at 38 minutes

Cardiology High Level Changes 2026

- Guidelines have significant revisions for Coronary Therapeutic Services and Procedures - make sure to read the guidelines carefully as they have gotten more detailed.
 - New / revised parenthetical notes
 - Diagrams for specificity
 - Revision to the PCI (Percutaneous Coronary Intervention) Codes
 - Added and/or revised 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 92972, 92973, 93571, 93572)
- Addition of Category III codes (see Cat III section) for:
 - Remote Cardiac Contractility Modulation Services and
 - Hemodynamic Inferior Vena Cava Monitoring

Coronary Angiography / PCI

- New detailed definitions were created for:
 - Coronary Lesion
 - Major Coronary Artery
 - Coronary Artery Branches
 - Coronary Segments
 - Coronary Artery Bypass Grafts
 - Base Code for PCI
- *“Only one base code from the PCI family may be reported for revascularization of a major artery and its branches. Only one code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and branches of the subtended coronary artery” (CPT Professional Edition, 2026 p. 774)*

Added Codes – Medicine - Cardiology

- Important to note that in 2026 the section guidelines have been enhanced to more specificity. This year includes cardiac anatomy pictures and guidelines regarding lesions and the hierarchy.
- 92928 - Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es);
 - # ● **92930** 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

Cardiology Contractility Modulation

- Created two new Category III codes
- One code is for the professional component (0948T)
- One code for the technical component (0949T)
- Both of these are reported for up to 90 days
 - # ● **0948T** Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review, and report(s) by a physician or other qualified health care professional
 - #● **0949T** Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results

Added Codes – Medicine - Cardiology

- #▲**92943** 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; antegrade approach
 - (Do not report 92943 in conjunction with 0913T)
 - (92944 has been deleted)
 - Remember after the ; the new code takes its place for verbiage
- #●**92945** combined antegrade and retrograde approaches
 - (For percutaneous transluminal coronary lithotripsy, use 92972)

Added Codes – Medicine – Implantable Cardiovascular Autonomic Nervous System Device Evaluation

- **#● 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
- **#● 93146** with programming, including optimization of tolerated therapeutic level setting
 - Do not report 93146 in conjunction with 93145)
 - (Do not report 93145, 93146 in conjunction with 64654, 64655, 64656, 64657)

Added Codes – Medicine – Mechanical Scalp Cooling

- ● **97007 Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education**
 - (Report 97007 once per chemotherapy treatment period)
 - **Do not report 97007 for each chemotherapy session**
- ● **97008 Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period**
 - (Report 97008 once per chemotherapy session)
- + ● **97009 provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)**
 - (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)

Added Codes – Medicine – Remote Tx Monitoring

- **98975** Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment
 - #● **98984** device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period
 - #● **98985** device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period
 - #● **98986** device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period

Added Codes – Medicine – Remote Therapeutic Monitoring Treatment Management Services

- ● **98979** Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes
 - (Do not report 98979 for services of less than 10 minutes or more than 19 minutes)
 - (Do not report 98979 in conjunction with 98980, 98981)

Revised Codes – Medicine (▲) – Q1-2026

CPT/HCPCS Code	New Long Description
90480	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; first or only component of each vaccine administered
92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report
92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 1 lesion involving 1 or more coronary segments
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)
92937	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, single major coronary artery and/or its branches
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches
92943	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; antegrade approach
92973	Percutaneous transluminal coronary mechanical aspiration thrombectomy (List separately in addition to code for primary procedure)

Revised Codes – Medicine (▲) – Q1-2026

CPT/HCPCS Code	New Long Description
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed ; initial vessel (List separately in addition to code for primary procedure)
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed ; each additional vessel (List separately in addition to code for primary procedure)
98976	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, 16-30 days in a 30-day period
98977	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, 16-30 days in a 30-day period
98978	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, 16-30 days in a 30-day period
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
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

Revised Codes – Medicine (▲) – Q1-2026

CPT/HCPCS Code	New Long Description
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
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)

Deleted Codes – Medicine – Q1 - 2026

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	91124
91122	Anorectal manometry	91125
92590	Hearing aid examination and selection; monaural	92628, 92629, 92631, 92632
92591	Hearing aid examination and selection; binaural	92628, 92629, 92631, 92632
92592	Hearing aid check; monaural	92636, 92637
92593	Hearing aid check; binaural	92636, 92637
92594	Electroacoustic evaluation for hearing aid; monaural	92639, 92641
92595	Electroacoustic evaluation for hearing aid; binaural	92639, 92641
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	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)	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)	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)	92933

Deleted Codes – Medicine – Q1 - 2026

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)
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)	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)	
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	93799
92977	Thrombolysis, coronary; by intravenous infusion	93799
94662	Continuous negative pressure ventilation (CNP), initiation and management	

Evaluation & Management

2026 Changes and Additions

	Added	Deleted	Revised	Code Count
Evaluation & Management	2	0	4	173

- New E & M Codes

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
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

Changed E & M

- # ▲ **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
 - (Do not report 99453 more than once per episode of care)
 - (Do not report 99453 for cumulative monitoring of less than 2 days in a 30-day period)
 - (Do not report 99453 in conjunction with 0811T)
- # ▲ **99454** device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period
 - (Do not report 99445, 99453, 99454 in conjunction with codes for more specific physiologic parameters [eg, 93296, 94760])
 - (Do not report 99454 in conjunction with 0812T)

Changed E & M

- # ▲ **99457** first 20 minutes
 - (Report 99457, 99470 once per calendar month, regardless of the number of parameters monitored)
 - (Do not report 99457 for services of less than 20 minutes)
 - (Do not report 99457, 99470 in conjunction with 93264, 99091)
 - (Do not report 99457, 99470 in the same calendar month as 99473, 99474)

Changed E & M

- # + ▲ **99458** each additional 20 minutes (List separately in addition to code for primary procedure)
 - (Use 99458 in conjunction with 99457)
 - (Do not report 99458 for services of less than an additional increment of 20 minutes)
 - (Do not report 99457, 99458 in conjunction with 99470)
 - (For remote therapeutic monitoring treatment management services, see 98979, 98980, 98981)

CPT Category II Codes (“F” Codes)

Category II “F” Codes

- Used for performance measurement and data collection to support national evidenced based performance measures
- These codes are five characters ending with letter “F”
- These codes are not required to be used for correct coding and may not replace a Category I CPT code.
- Have some composite codes that group multiple measures into one description such as:
 - 0001F – Heart failure assessed (includes assessment of blood pressure (2000F), Level of activity assessed (1003F), symptoms of volume overload (1004F), Weight (2001F) and clinical volume overload (2002F)
- **For 2026 there were no additions, changes or deletions**

CPT Category III Codes (“T” Codes)

Category III Codes (“T”) Codes

- These are temporary codes for emerging technologies, services, and procedures that do not yet have a Category I code.
- New codes were added as follows:
 - 0948T – 1025T
 - # 0988T – 0989T (out of sequence)
 - Majority of new additions are for hearing implant and procedures, implantable EEG, neurostimulators, selective enzymatic debridement, remote monitoring inferior vena cava, intravascular imaging of cerebral vessels using optical coherence tomography, non-invasive assessment of cardiac risk through software analysis, percutaneous magnetic stimulation using MRI, autologous muscle cell therapy and more...
 - Due to the sheer volume of additions we will not be covering them during this session in detail.

Category III Codes (“T”) Codes

- Deleted codes = 21
- Changed codes = 4
- The majority of the Category III code changes were for additions of new technology including Artificial Intelligence and done throughout the year. The following slide depicts only those Category III codes issued for Q1 - 2026

Category III Code Additions Q1-2026

CPT/HCPCS
Code

Long Description

0988T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous and subfascial
0989T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial
0990T	Transcervical instillation of biodegradable hydrogel materials, intrauterine
0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging
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
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)
0994T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous
0995T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open
0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed
0997T	Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to determine optimal location, dose, and intensity for magnetic stimulation therapy, derived from evoked potentials from single pulses of electromagnetic energy recorded by 64-channel electroencephalogram, including automated data processing, transmission, analysis, generation of treatment parameters with review, interpretation, and report

Category III Code Additions Q1-2026

0998T	Precuneus magnetic stimulation; personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of evoked potentials within the precuneus, utilizing magnetic resonance imaging-based neuronavigation, with management, per day
0999T	Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed
1000T	Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed
1001T	Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed
1002T	Air displacement plethysmography, whole-body composition assessment, with interpretation and report
1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)
1004T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; without programming
1005T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; with programming, first 15 minutes face-to-face time with physician or other qualified health care professional
1006T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; with programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
1007T	Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video
1008T	Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment

Category III Code Additions Q1-2026

1009T	Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video
1010T	Computerized ophthalmic analysis of monocular eye movements using retinal-based eye-tracking without spatial calibration, including fixation, microsaccades, drift, and horizontal saccades, when performed, unilateral or bilateral, with interpretation and report
1011T	Photobiomodulation (PBM) therapy of oral cavity, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device
1012T	Motorized ab interno trephination of sclera (sclerostomy), or trabecular meshwork (trabeculostomy), 1 or more, including injection of antifibrotic agents, when performed
1013T	Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver, including cruroplasty and/or electronic analysis, when performed
1014T	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes
1015T	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver
1016T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; intraoperative, with programming
1017T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, without reprogramming
1018T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, with reprogramming
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity
1020T	Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk derived by algorithmic analysis of data from each lesion
1021T	Active thoracic irrigation (separate procedure)
1022T	Percutaneous tissue displacement, any method, including imaging guidance; intra-abdominal/pelvic structures (List separately in addition to code for primary procedure)

Category III Code Additions Q1-2026

- 1023T Percutaneous tissue displacement, any method, including imaging guidance; intrathoracic structures (List separately in addition to code for primary procedure)
- 1024T Percutaneous tissue displacement, any method, including imaging guidance; soft tissue (List separately in addition to code for primary procedure)
- 1025T Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification

Neurology – Sub Scalp EEG and EEG Monitoring

- New category III codes were created to report sub-scalp continuous bilateral electroencephalography (EEG) monitoring for the detection of seizures or other neurological events.
- There are no Category I codes to represent this emerging technology
- ● **0956T** Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance

Neurology – Sub Scalp EEG and EEG Monitoring

- ● **0957T** Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance
 - (Do not report 0957T in conjunction with 0958T, 0960T)
- ● **0958T** Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance
 - (Do not report 0958T in conjunction with 0957T, 0960T)
- ● **0959T** Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance

Neurology – Sub Scalp EEG and EEG Monitoring

- **0960T** Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance
 - (Do not report 0960T in conjunction with 0957T, 0958T)

Neurology – Sub Scalp EEG and EEG Monitoring

- New codes were created to capture the monitoring portion of the procedure 1004T-1009T
- ● **1004T** Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; without programming
- ● **1005T** with programming, first 15 minutes face-to-face time with physician or other qualified health care professional
- +● **1006T** with programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
 - (Use 1006T in conjunction with 1005T)

Neurology – Sub Scalp EEG and EEG Monitoring

- ● **1007T** Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video
 - (Report 1007T once every 30 days)
 - (Do not report 1007T in conjunction with 95836, 95957, 1009T)
- ● **1008T** Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment
 - (Do not report 1008T in conjunction with 98975)

Neurology – Sub Scalp EEG and EEG Monitoring

- **1009T** Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video
 - (Do not report 1009T in conjunction with 95836, 95957, 99454, 1007T)

Neurology – Precuneus Magnetic Stimulation

- This is a non-invasive therapy believed to slow the progression of Alzheimers disease
- The device is applied to forehead and scalp and magnetic energy is passed and the brain response is recorded.

Neurology – Precuneus Magnetic Stimulation

- ● **0997T** Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to determine optimal location, dose, and intensity for magnetic stimulation therapy, derived from evoked potentials from single pulses of electromagnetic energy recorded by 64-channel electroencephalogram, including automated data processing, transmission, analysis, generation of treatment parameters with review, interpretation, and report
 - (For MRI unrelated to this procedure performed on the same day, 0997T may be separately reported)
 - (Do not report 0997T in conjunction with 90867, 95812, 95813, 95816, for the same session)
 - (For transcranial magnetic stimulation, see 90867, 90868, 90869)
 - (For theta-burst stimulation, see 0889T, 0890T, 0891T, 0892T)

Neurology – Precuneus Magnetic Stimulation

- ● **0998T** personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of evoked potentials within the precuneus, utilizing magnetic resonance imaging-based neuronavigation, with management, per day
 - (Do not report 0998T in conjunction with 90868, 90869, for the same day)
 - (For theta-burst stimulation, see 0889T, 0890T, 0891T, 0892T)

Neurology – Neurovascular OCT (Optical Coherence Tomography)

- **+ ● 0984T** Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)
 - (Use 0984T in conjunction with 36221, 36222, 36225, 36226, 37215, 37216)
 - (Report 0984T once per session)
- **+ ● 0985T** each additional vessel (List separately in addition to code for primary procedure)
 - (Use 0985T in conjunction with 0984T)

Neurology – Neurovascular OCT (Optical Coherence Tomography)

- **+● 0986T** Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)
 - (Use 0986T in conjunction with 36223, 36224, 36225, 36226, 61624, 61630, 61635, 61640, 61645, 61650)
 - (Report 0986T once per session)
- **+● 0987T** each additional vessel (List separately in addition to code for primary procedure)
 - (Use 0987T in conjunction with 0986T)

Neurology – Epicranial Neurostimulator Services

- This is for drug resistant epilepsy
- Does not require implantation into the brain and the array sits between the scalp and the skull
- ● **0968T** Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array
 - (For insertion of cranial neurostimulator pulse generator or receiver other than skull-mounted, see 61885, 61886)
 - (For revision of cranial neurostimulator pulse generator or receiver other than skull-mounted, use 61888)
 - (For insertion of skull-mounted cranial neurostimulator pulse generator or receiver, use 61889)

Neurology – Epicranial Neurostimulator Services

- ● **0969T** Removal of epicranial neurostimulator system
 - (For removal of cranial neurostimulator pulse generator or receiver other than skull-mounted, use 61888)
 - For removal of skull-mounted cranial neurostimulator pulse generator or receiver, use 61892)

Category III Code Changes Q1-2026

CPT/HCPCS Code	New Long Description
0598T	Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size , per session; first anatomic site (eg, lower extremity, right leg)
0599T	Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size , per session; each additional anatomic site (eg, upper extremity, left leg) (List separately in addition to code for primary procedure)
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, other than liver or prostate , including imaging guidance, when performed, percutaneous

Category III Code Deletions Q1-2026

CPT/HCPCS Code

Long Description

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
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)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
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)
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
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)
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

Category III Code Deletions Q1-2026

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
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
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)
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed
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
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
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
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

Category III Code Deletions Q1-2026

0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation

Summary

Where to Focus

- As with any year there are significant additions, revisions and deletions
- Focus this year should be on areas of major change such as
 - Laboratory – PLA / MAAA
 - Audiology – Hearing Devices
 - Changes to Radiation Oncology – Level 1,2,and 3
 - Category III
 - Focus on changes to Neurology and Radiology
 - Significant new technology codes
 - Incorporate Artificial Intelligence
 - Expect more Category III codes in the future

Questions?

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