



# 2026 CPT<sup>®</sup> Code Updates (HIM Focused)

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# Disclaimer Statement

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# 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

# Changes to Surgery Code Sections



Concept by Taylor Scott. Image generated by ChatGPT (OpenAI), 2025.

# Overall Changes to Surgery Code Sections

CPT® Section	Additions	Deletions	Revisions
General/Integumentary (10021-19499)	0	0	1
Musculoskeletal (20005-29999)	2	2	2
Respiratory (30000-32999)	0	0	0
Cardiovascular (33010-37799)	48	20	4
Hemic & Lymphatic (38100-38999)	0	0	0
Mediastinum & Diaphragm (39000-39599)	0	0	0
Digestive (40490-49999)	2	0	0
Urinary (50010-53899)	2	1	0
Male Genital (54000-55899)	12	1	1
Female Genital (56405-58999)	0	0	0
Maternity Care & Delivery (59000-59899)	0	0	0
Endocrine (60000-60699)	0	0	0

# Overall Changes to Surgery Code Sections

CPT® Section	Additions	Deletions	Revisions
Nervous (61000-64999)	11	0	3
Eye & Ocular Adnexa (65091-68899)	0	0	0
Auditory (69000-69979)	0	0	0



# Changes to Integumentary Section



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# Revised Code – Integumentary Section

Code	2026 Long Description	2025 Long Description
10040	<b>Extraction</b> (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	<b>Acne surgery</b> (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)



# Changes to Musculoskeletal Section



Concept by Taylor Scott. Image generated by ChatGPT (OpenAI), 2025.

# Added Codes – Musculoskeletal Section

- 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
  - *Do not report 27458 in conjunction with 27450, 27466, 27470, 27472, or 27506*
- 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
  - *Do not report 27713 in conjunction with 27705, 27709, 27712, 27715, 27720, 27722, 27724, or 27759*

# Deleted Codes – Musculoskeletal Section

Deleted Code	Suggested Replacement Code(s)
27445 – Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	27447, 27487
27468 – Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	

- Deleted due to low utilization

# Revised Codes – Musculoskeletal Section

Code	2026 Long Description	2025 Long Description
27278	Arthrodesis, sacroiliac joint, percutaneous <b>or minimally invasive</b> , with image guidance, includes <b>obtaining bone graft when performed, unilateral; placement of intra-articular device(s)</b> , without <b>cortical piercing</b>	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including <b>placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])</b> , without <b>placement of transfixation device</b>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, <b>unilateral</b> ; placement of <b>transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum</b>	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive <b>(indirect visualization)</b> , with image guidance, includes obtaining bone graft when performed, <b>and</b> placement of <b>transfixation device</b>

# Revision Rationale – Arthrodesis

- Revisions to 27278 and 27279 clarify reporting for percutaneous or minimally invasive sacroiliac (SI) joint arthrodesis
- Historically, the codes differed based on whether the device transfixes the joint (27279) or is placed intra-articularly without transfixation (27278)
- Advancements in technology produced devices that blur line between “intra-articular” and “transfixation”
  - New guidelines eliminate term “transfixation” and instead standardize terminology to “intra-articular” (device stays within joint) vs. “transarticular” (device crosses joint/cortices)
- 27278 now clearly applies to intra-articular devices that **do NOT pierce** the cortices of the ilium or sacrum
- 27279 covers intra-articular, transarticular, *or hybrid devices*—as long as the device **pierces** the ilium (medial/lateral cortex) and the lateral cortex of the sacrum
- Both codes now share a standardized parent descriptor describing percutaneous/minimally invasive SI joint arthrodesis, including image guidance and unilateral bone graft harvest (*do NOT report 27278 and 27279 together for same joint*)



# Changes to Cardiovascular Section



Concept by Taylor Scott. Image generated by ChatGPT (OpenAI), 2025.

# Added Codes – Cardiovascular Section

- 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



# Added Codes – Cardiovascular Section

- 35602 – Bypass graft, with other than vein; carotid-contralateral carotid

# Revision Rationale– Revascularization

- The AMA/RUC identified several existing endovascular revascularization codes (37225, 37227, 37229) for review
  - Due to high-volume growth and high-cost supplies, prompting a comprehensive update
- The entire code family **37220–37235 has been deleted**
  - Replaced with **46 new codes (37254–37299)** to better reflect current clinical practice
- New coding structure is organized into **four vascular territory–based subsections**, with updated guidelines explaining procedures and proper reporting
- Previous codes did not explicitly describe essential procedural components (access, catheterization, lesion crossing, imaging guidance, and S&I)
  - New codes explicitly include and describe all this work

# Revision Rationale– Revascularization

- Coding now:
  - Focuses on **vascular territories** rather than individual arteries
  - Introduces a **new inframalleolar territory (37296–37299)** that previously had no codes
- The new system introduces **lesion complexity levels**:
  - **Straightforward** = Stenosis
  - **Complex** = Occlusion
    - (Note: Must be **100% occluded to be Complex**)
- Within each vascular territory, codes follow a consistent structure:
  - **Primary Codes**
    - Treatment of the initial vessel
  - **Add-on Codes**
    - Each additional vessel treated

# Added Codes – Cardiovascular Section

## Vascular Territory 1: Iliac Territory

### Arteries Included:

- Common Iliac Artery (CIA)
- External Iliac Artery (EIA)
- Internal Iliac Artery (IIA)

Code Range	Lesion Complexity	Intervention Type	Arteries Included	Notes
37254-37255	Straightforward	Angioplasty/Stent/Atherectomy	CIA, EIA, IIA	Primary Vessel
37256-37257	Complex	Angioplasty/Stent/Atherectomy	CIA, EIA, IIA	Primary Vessel
37258-37259	Straightforward	Additional Intervention	Additional Iliac Vessels	Additional Vessel
37260-37261	Complex	Additional Intervention	Additional Iliac Vessels	Additional Vessel
37262-37263	Mixed Interventions	Additional Intervention	Any Iliac Artery	Combo Therapy

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37254 with modifier 50*
- 37255 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37255 in conjunction with 37254, 37256, 37258, and 37260*
  - *For bilateral procedure, report 37255 twice (do NOT report modifier 50 in conjunction with 37255)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37256 with modifier 50*
- 37257 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37257 in conjunction with 37256, 37258, and 37260*
  - *For bilateral procedure, report 37257 twice (do NOT report modifier 50 in conjunction with 37257)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37258 with modifier 50*
- 37259 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37259 in conjunction with 37258, 37260*
  - *For bilateral procedure, report 37259 twice (do NOT report modifier 50 in conjunction with 37259)*



# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37260 with modifier 50*
- 37261 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37261 in conjunction with 37260*
  - *For bilateral procedure, report 37261 twice (do NOT report modifier 50 in conjunction with 37261)*

# Added Codes – Cardiovascular Section

- **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)
  - *Add-on Code; Use 37262 in conjunction with 37254, 37255, 37256, 37257, 37258, 37259, 37260, and 37261*
  - *For bilateral procedure, report 37262 twice (do NOT report modifier 50 in conjunction with 37262)*

# Added Codes – Cardiovascular Section

## Vascular Territory 2: Femoral-Popliteal Territory

Arteries Included:

- Common Femoral Artery (CFA)
- Profunda Femoris (Deep Femoral)
- Superficial Femoral Artery (SFA)
- Popliteal Artery (P1, P2, P3 Segments)

Code Range	Lesion Complexity	Intervention Type	Arteries Included	Notes
37264-37267	Straightforward	Angioplasty/Stent/Atherectomy	CFA, Profunda, SFA, Popliteal	Primary Vessel
37268-37271	Complex	Angioplasty/Stent/Atherectomy	CFA, Profunda, SFA, Popliteal	Primary Vessel
37272-37275	Straightforward	Additional Intervention	Additional Fem-Pop Vessels	Additional Vessel
37276-37279	Complex	Additional Intervention	Additional Fem-Pop Vessels	Additional Vessel

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37263 with modifier 50*
- 37264 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37264 in conjunction with 37263, 37265, 37267, 37269, 37271, 37273, 37275, and 37277*
  - *For bilateral procedure, report 37264 twice (do NOT report modifier 50 in conjunction with 37264)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37265 with modifier 50*
- 37266 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37266 in conjunction with 37265, 37267, 37269, 37271, 37273, 37275, and 37277*
  - *For bilateral procedure, report 37266 twice (do NOT report modifier 50 in conjunction with 37266)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37267 with modifier 50*
  - *Do not report 37267 in conjunction with 0505T*
- 37268 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37268 in conjunction with 37267, 37269, 37271, 37273, 37275, and 37277*
  - *For bilateral procedure, report 37268 twice (do NOT report modifier 50 in conjunction with 37268)*
  - *Do not report 37268 in conjunction with 0505T*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37269 with modifier 50*
  - *Do not report 37269 in conjunction with 0505T*
- 37270 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37270 in conjunction with 37269, 37271, 37273, and 37275, 37277)*
  - *For bilateral procedure, report 37270 twice (do NOT report modifier 50 in conjunction with 37270)*
  - *Do not report 37270 in conjunction with 0505T*



# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37271 with modifier 50*
- 37272 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37272 in conjunction with 37271, 37273, 37275, and 37277*
  - *For bilateral procedure, report 37272 twice (do NOT report modifier 50 in conjunction with 37272)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37273 with modifier 50*
- 37274 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37274 in conjunction with 37273, 37275, and 37277*
  - *For bilateral procedure, report 37274 twice (do NOT report modifier 50 in conjunction with 37274)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37275 with modifier 50*
  - *Do not report 37275 in conjunction with 0505T*
- 37276 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37276 in conjunction with 37275, 37277*
  - *For bilateral procedure, report 37276 twice (do NOT report modifier 50 in conjunction with 37276)*
  - *Do not report 37276 in conjunction with 0505T*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37277 with modifier 50*
  - *Do not report 37277 in conjunction with 0505T*
- 37278 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37278 in conjunction with 37277*
  - *For bilateral procedure, report 37278 twice (do NOT report modifier 50 in conjunction with 37278)*
  - *Do not report 37278 in conjunction with 0505T*

# Added Codes – Cardiovascular Section

- **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)
  - *Add-on Code; Use 37279 in conjunction with 37263-37278*
  - *For bilateral procedure, report 37279 twice (do NOT report modifier 50 in conjunction with 37279)*

# Added Codes – Cardiovascular Section

## Vascular Territory 3: Tibial-Peroneal Territory

### Arteries Included:

- Anterior Tibial Artery (AT)
- Posterior Tibial Artery (PT)
- Peroneal (Fibular) Artery
- Tibioperoneal Trunk (TPT)

Code Range	Lesion Complexity	Intervention Type	Arteries Included	Notes
37280-37283	Straightforward	Angioplasty/Stent/Atherectomy	AT, PT, Peroneal, TPT	Primary Vessel
37284-37287	Complex	Angioplasty/Stent/Atherectomy	AT, PT, Peroneal, TPT	Primary Vessel
37288-37291	Straightforward	Additional Intervention	Additional Fem-Pop Vessels	Additional Vessel
37292-37295	Complex	Additional Intervention	Additional Fem-Pop Vessels	Additional Vessel

# Added Codes – Cardiovascular Section

- 37280 – 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**, initial vessel
  - *For bilateral procedure, report 37280 with modifier 50*
- 37281 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37281 in conjunction with 37280, 37282, 37284, 37286, 37288, 37290, 37292, and 37294*
  - *For bilateral procedure, report 37281 twice (do NOT report modifier 50 in conjunction with 37281)*



# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37282 with modifier 50*
- 37283 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37283 in conjunction with 37282, 37284, 37286, 37288, 37290, 37292, and 37294*
  - *For bilateral procedure, report 37283 twice (do NOT report modifier 50 in conjunction with 37283)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37284 with modifier 50*
- 37285 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37285 in conjunction with 37284, 37286, 37288, 37290, 37292, and 37294*
  - *For bilateral procedure, report 37285 twice (do NOT report modifier 50 in conjunction with 37285)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37286 with modifier 50*
- 37287 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37287 in conjunction with 37286, 37288, 37290, 37292, and 37294*
  - *For bilateral procedure, report 37287 twice (do NOT report modifier 50 in conjunction with 37287)*

# Added Codes – Cardiovascular Section

- 37288 – 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**, initial vessel
  - *For bilateral procedure, report 37288 with modifier 50*
- 37289 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37289 in conjunction with 37288, 37290, 37292, and 37294*
  - *For bilateral procedure, report 37289 twice (do NOT report modifier 50 in conjunction with 37289)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37290 with modifier 50*
- 37291 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37291 in conjunction with 37290, 37292, and 37294*
  - *For bilateral procedure, report 37291 twice (do NOT report modifier 50 in conjunction with 37291)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37292 with modifier 50*
- 37293 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37293 in conjunction with 37292 and 37294*
  - *For bilateral procedure, report 37293 twice (do NOT report modifier 50 in conjunction with 37293)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37294 with modifier 50*
- 37295 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37295 in conjunction with 37294*
  - *For bilateral procedure, report 37295 twice (do NOT report modifier 50 in conjunction with 37295)*



# Added Codes – Cardiovascular Section

## Vascular Territory 4: Inframalleolar Territory

Arteries Included:

- Dorsalis Pedis Artery (DP)
- Plantar Arteries (Medial and Lateral)
- Pedal Arch / Deep Plantar Artery
- Digital Arteries

Code Range	Lesion Complexity	Intervention Type	Arteries Included	Notes
37296-37297	Straightforward	Revascularization	DP, Plantar Arteries, Pedal Arch	Primary Vessel
37298-37299	Complex	Revascularization	DP, Plantar Arteries, Pedal Arch	Primary Vessel/ Additional Vessel

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37296 with modifier 50*
- 37297 – **straightforward lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37297 in conjunction with 37296 and 37298*
  - *For bilateral procedure, report 37297 twice (do NOT report modifier 50 in conjunction with 37297)*

# Added Codes – Cardiovascular Section

- 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
  - *For bilateral procedure, report 37298 with modifier 50*
- 37299 – **complex lesion**, *each additional vessel* (List separately in addition to code for primary procedure)
  - *Add-on Code; Use 37299 in conjunction with 37298*
  - *For bilateral procedure, report 37299 twice (do NOT report modifier 50 in conjunction with 37299)*

# Deleted Codes – Cardiovascular Section

Deleted Code	Suggested Replacement Code(s)
<b>33884 – Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); <i>each additional proximal extension</i> (List separately in addition to code for primary procedure)</b>	33883 (Note: Revision to report 33883 <b>once</b> , regardless of number prostheses placed)
<b>33889 – Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral</b>	35694
<b>33891 – Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision</b>	35602
<b>37220 – Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty</b>	37254, 37256

# Deleted Codes – Cardiovascular Section

Deleted Code	Suggested Replacement Code(s)
37221 – Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	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)	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)	37259, 37261
37224 – Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	37263, 37265

# Deleted Codes – Cardiovascular Section

Deleted Code	Suggested Replacement Code(s)
37225 – Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	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	37267, 37269
37227 – Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	37275, 37277
37228 – Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	37280, 37282

# Deleted Codes – Cardiovascular Section

Deleted Code	Suggested Replacement Code(s)
37229 – Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	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	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	37292, 37294



# Deleted Codes – Cardiovascular Section

Deleted Code	Suggested Replacement Code(s)
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)	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)	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)	37285, 37287

# Deleted Codes – Cardiovascular Section

Deleted Code	Suggested Replacement Code(s)
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)	37293, 37295
37500 – Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	

# Revised Codes – Cardiovascular Section

Code	2026 Long Description	2025 Long Description
33880	Endovascular repair of thoracic aorta, <u>including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed</u>	Endovascular repair of <b>descending</b> thoracic aorta <del>(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</del>

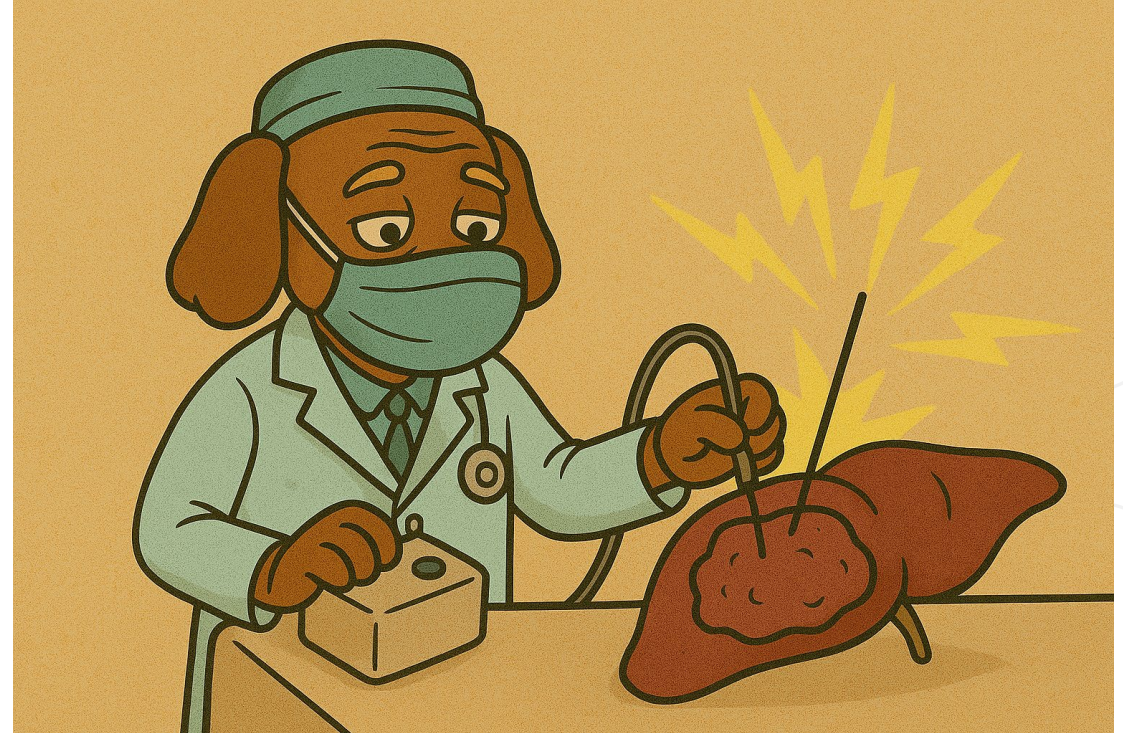
# Revised Codes – Cardiovascular Section

Code	2026 Long Description	2025 Long Description
33881	Endovascular repair of thoracic aorta, <u>including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft</u> not involving coverage of <u>the</u> left subclavian artery origin <u>and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery</u>	Endovascular repair of <b>descending</b> thoracic aorta <del>(eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption);</del> not involving coverage of left subclavian artery origin, <del>initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin</del>

# Revised Codes – Cardiovascular Section

Code	2026 Long Description	2025 Long Description
33883	<b><u>Delayed</u></b> placement of proximal extension prosthesis(es) <b>not involving coverage of the left subclavian artery origin, after</b> endovascular repair of <b><u>the</u></b> thoracic aorta, <b><u>including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed</u></b>	<b>P</b> lacement of proximal extension prosthesis <b>for</b> endovascular repair <b>of descending</b> thoracic aorta ( <b><u>eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption</u></b> ); <b><u>initial extension</u></b>
33886	<b><u>Delayed</u></b> placement of distal extension prosthesis(es) <b><u>from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation</u></b>	<b>P</b> lacement of distal extension prosthesis(s) <b><del>delayed after endovascular repair of descending thoracic aorta</del></b>

# Changes to Digestive Section



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# Added Codes – Digestive Section

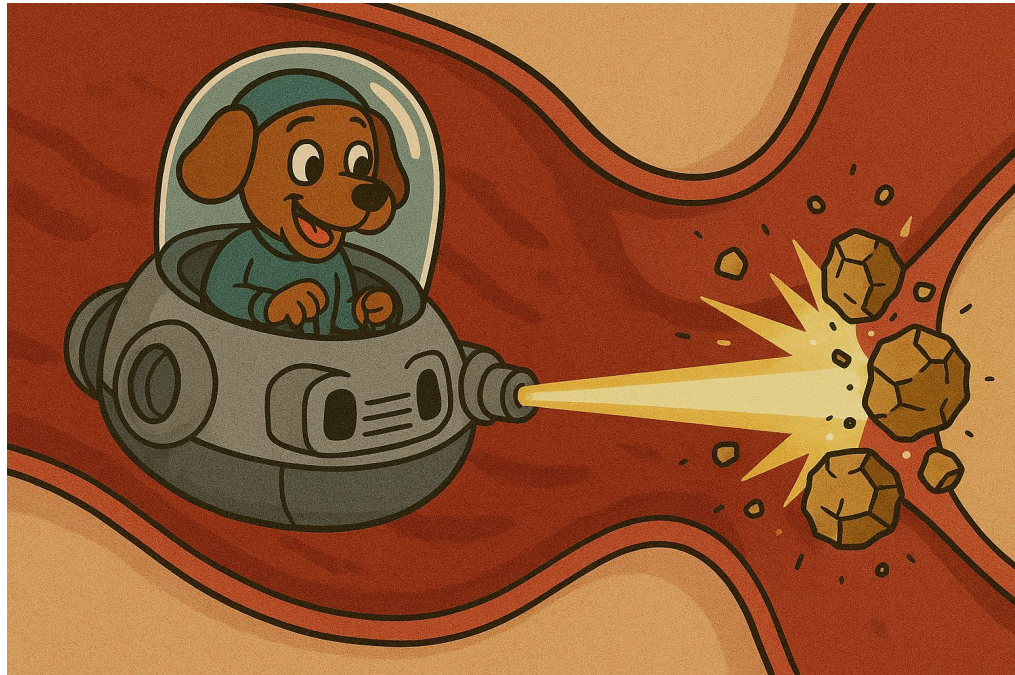
- 43889 – Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
  - *Do not report 43889 in conjunction with 43191, 43197, 43200, or 43235*
- 47384 – Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous
  - *Do not report 47384 in conjunction with 76940, 77002, 77013, or 77022*
  - *For percutaneous irreversible electroporation of organ other than liver or prostate, use 0600T*



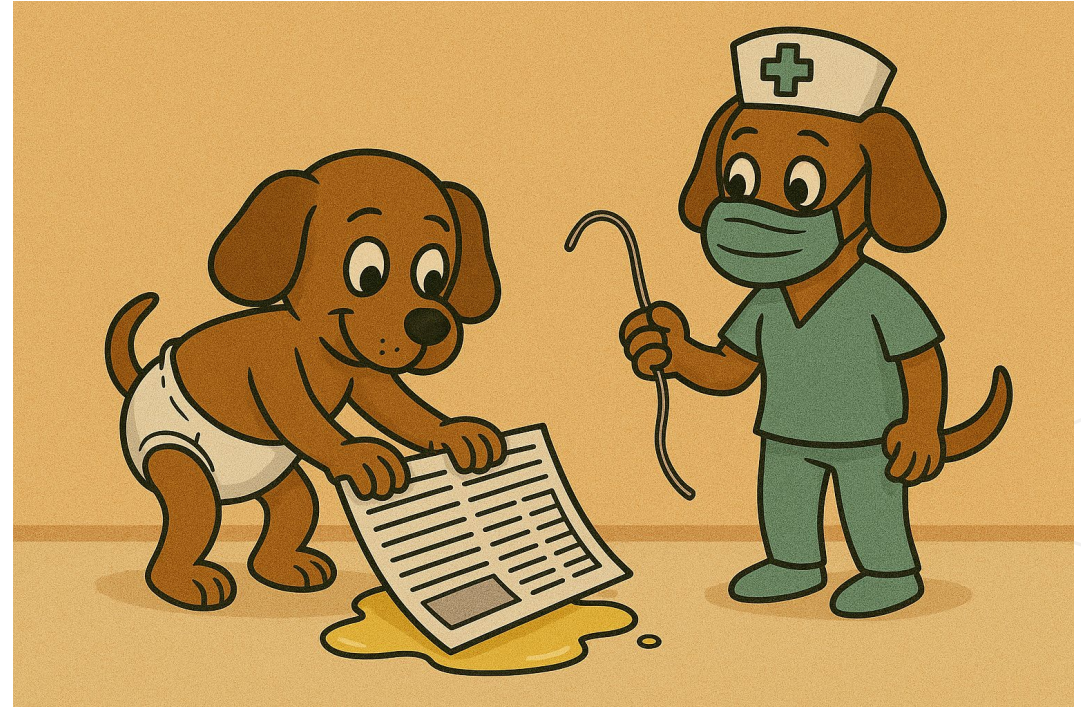
# Revision Rationale – Percutaneous Irreversible Electroporation (IRE) Ablation

- Prior to 2026, IRE ablation was reported with Category III code 0600T, which covered one or more tumors per organ but did not specify the organ
- Sufficient evidence now supports assigning Category I status specifically for liver IRE ablation
  - Creation of code 47384
- Imaging guidance is included in code 47384
- New exclusionary parenthetical note prohibits reporting 47384 with imaging codes 76940, 77002, 77013, and 77022
- A cross-reference note directs users to 0600T for IRE ablation of tumors in organs *other than* the liver or prostate

# Changes to Urinary Section



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# Added Codes – Urinary Section

- 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
  - *Do not report 52443 in conjunction with 52000, 52282, 52284, 52441, 52442, 52450, 52500, 52601, 52630, 52640, 52648, 52649, 53850, 53852, 53854, 53855, 76000, or 76872*
  - *For cystourethroscopy with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, use 52284*
- 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
  - *Do not report 52597 in conjunction with 52500, 52601, 52630, or 76872*



# Deleted Code – Urinary Section

Deleted Code	Suggested Replacement Code(s)
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)	

- Deleted due to low utilization

# Revision Rationale – Drug-Coated Balloons

- Category III code 0619T for drug-coated balloons in treating obstructive BPH has shown increased utilization and long-term symptom improvement
- 0619T did not capture the full procedural sequence, which includes:
  - Use of a non-drug-coated balloon to perform anterior commissurotomy, followed by
  - Deployment of a drug-coated balloon to prevent long-term prostate closure
- As a result, code 0619T has been deleted, and a new Category I code 52443 has been created to more accurately represent the procedure
- Exclusionary parenthetical notes for codes 52000 and 52284 have been updated to include 52443
- An instructional cross-reference after code 52284 now directs users to 52443
- Exclusionary and cross-reference parenthetical notes have also been added following new code 52443

# Changes to Male Genital Section



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# Added Codes – Male Genital Section

- 55707 – Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
  - *Do not report 55707 in conjunction with 55705, 55706, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 76872, or 76942*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*
- 55708 – Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
  - *Do not report 55708 in conjunction with 55705, 55706, 55707, 55709, 55710, 55711, 55712, 55713, 55714, 76376, 76377, 76872, 76942, or 77021*
  - *For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*



# Added Codes – Male Genital Section

- 55709 – Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
  - *Do not report 55709 in conjunction with 55705, 55706, 55707, 55708, 55710, 55711, 55712, 55713, 55714, 55715, 76872, or 76942*
  - *For transperineal stereotactic template-guided saturation prostate biopsies, use 55706*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*
- 55710 – Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion
  - *Do not report 55710 in conjunction with 55705, 55706, 55707, 55708, 55709, 55711, 55712, 55713, 55714, 76376, 76377, 76872, 76942, 77002, 77012, or 77021*
  - *For transperineal stereotactic template-guided saturation prostate biopsies, use 55706*
  - *For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*

# Added Codes – Male Genital Section

- 55711 – Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
  - *Do not report 55711 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55712, 55713, 55714, 76376, 76377, 76872, 76942, 77002, 77012, or 77021*
  - *For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*
- 55712 – Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
  - *Do not report 55712 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55713, 55714, 76376, 76377, 76872, 76942, 77002, 77012, or 77021*
  - *For transperineal stereotactic template-guided saturation prostate biopsies, use 55706*
  - *For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*

# Added Codes – Male Genital Section

- 55713 – Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion
  - *Do not report 55713 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55714, 77012, or 77021*
  - *Do not report 55713 in conjunction with 72192, 72193, 72194, 72195, 72196, or 72197 during the same session*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*
- 55714 – Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
  - *Do not report 55714 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 77012, or 77021*
  - *Do not report 55714 in conjunction with 72192, 72193, 72194, 72195, 72196, or 72197 during the same session*
  - *For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715*
  - *For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T*

# Added Codes – Male Genital Section

- 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)
  - *Add-on Code; Use 55715 in conjunction with 55708, 55710, 55711, 55712, 55713, and 55714*

# Added Codes – Male Genital Section

- 55868 – Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)
- 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

*Note: Category I code 55866 has been converted to a parent code with the addition of a semicolon to accommodate the addition of two child codes (55868, 55869) for reporting laparoscopic prostatectomy.*

# Added Codes – Male Genital Section

- 55877 – Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous
  - *Do not report 55877 in conjunction with 76940, 77002, 77013, or 77022*
  - *For percutaneous irreversible electroporation of organ other than liver or prostate, use 0600T*
    - *(Note: Previously discussed in prior webinar)*
- Rationale:
  - Category III code 0600T did not specify organ
  - Evidence that performance of percutaneous irreversible electroporation (IRE) ablation of **tumors of the prostate** warrants Category I status

# Deleted Code – Male Genital Section

Deleted Code	Suggested Replacement Code(s)
55700 – Biopsy, prostate; needle or punch, single or multiple, any approach	55705, 55707, 55708, 55709, 55710, 55711, 55712, 55714



# Revised Code – Male Genital Section

Code	2026 Long Description	2025 Long Description
55705	Biopsy, prostate, any approach, <u>nonimaging-guided</u>	Biopsy, prostate; <del>incisional</del> , any approach

# Changes to Nervous Section



Concept by Taylor Scott. Image generated by ChatGPT (OpenAI), 2025.

# Added Codes – Nervous Section

- 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
- 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)
  - *Add-on Code; Use 62331 in conjunction with 62330*
  - *For unilateral procedure, report modifier 52 in conjunction with 62330, 62331*
  - *Do not report 62331 more than once per operative session*
  - *Do not report 62330, 62331 in conjunction with 62322, 62323, 62380, 63005, 63030, 63042, 63047, 64483, 64486, 77003, or 77012*

# Added Codes – Nervous Section

- 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)
  - *Add-on Code; Use 63032 in conjunction with 63030*
  - *Report 63032 only once per operative session*
  - *Do not report 63032 in conjunction with 63042*

# Added Codes – Nervous Section

- 64567 – Percutaneous electrical nerve field stimulation, cranial nerves, without implantation

# Added Codes – Nervous Section

- 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
  - *Do not report 64654 in conjunction with 35701, 64655, 64656, 64657, 64658, or 64659*
  - *Do not report 64654 in conjunction with 93145 or 93146, during the same operative session*

# Added Codes – Nervous Section

- 64655 – **Revision or replacement** of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; *lead only*
  - Do not report 64655 in conjunction with 35701, 64654, 64656, 64657, 64658, or 64659
  - *Do not report 64655 in conjunction with 93145 or 93146, during the same operative session*
- 64656 – **Revision or replacement** of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; *pulse generator only*
  - *Do not report 64656 in conjunction with 35701, 64654, 64655, 64657, 64658, or 64659*
  - *Do not report 64656 in conjunction with 93145 or 93146, during the same operative session*



# Added Codes – Nervous Section

- 64657 – **Removal** of baroreflex activation therapy (BAT) modulation system; *total system*, including lead and pulse generator
  - Do not report 64657 in conjunction with 35701, 64654, 64655, 64656, 64658, or 64659
- 64658 – **Removal** of baroreflex activation therapy (BAT) modulation system; *lead only*
  - Do not report 64658 in conjunction with 35701, 64654, 64655, 64656, 64657, or 64659
- 64659 – **Removal** of baroreflex activation therapy (BAT) modulation system; *pulse generator only*
  - Do not report 64659 in conjunction with 35701, 64654, 64655, 64656, 64657, or 64658
  - For interrogation and/or programming of the BAT modulation system at a session separate from implantation, replacement, or revision, see 93145 and 93146

# Added Codes – Nervous Section

- 64728 – Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance
  - *Do not report 64728 in conjunction with 29848, 64721, 76942, or 76998*
  - *Do not report 64722, 64726, 64728 in conjunction with 11960*

# Revised Codes – Nervous Section

Code	2026 Long Description	2025 Long Description
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), <b><u>including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention</u></b> , percutaneous, any method; central nervous system (intracranial, spinal cord)	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)

# Revised Codes – Nervous Section

Code	2026 Long Description	2025 Long Description
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), <b><u>including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention</u></b> , percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)

# Revised Codes – Nervous Section

Code	2026 Long Description	2025 Long Description
62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Decompression <b>procedure</b> , percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

# Questions?

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