



# CPT® 2026 Code Set

A Strategic Guide for Revenue Cycle,  
Coding & Compliance Leaders

**288 New • 84 Deleted • 46 Revised • 418 Total**

Effective January 1, 2026

12 min read • For RCM Decision Makers

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## EXECUTIVE SUMMARY

# This isn't your typical annual update

CPT® 2026 reflects a fundamental shift in healthcare delivery. With 418 changes effective January 1, 2026, this update touches nearly every service line. The scale of changes—288 new codes, 84 deletions, and 46 revisions—demands immediate attention from revenue cycle leaders.



## Bottom Line

Organizations relying on manual processes will face revenue leakage. CPT readiness is now a revenue imperative.



## Operational Risk

If coding fails to keep pace with new requirements



## Strategic Opportunity

For organizations that leverage automation

**418 Total | 288 New | 84 Deleted | 46 Revised**

Effective January 1, 2026

## Key Impact Areas

- Urology: Complete restructuring of prostate biopsy codes with new MRI-fusion specific codes
- Vascular Surgery: 46 new endovascular codes organized by anatomical territory
- Radiology: AI-assisted diagnostic codes and radiation oncology simplification
- Pathology: 86 new codes including advanced molecular testing
- Remote Monitoring: Significant updates to RPM and RTM frameworks

## STRATEGIC IMPORTANCE

# Why CPT 2026 Matters to Your Bottom Line

The 2026 CPT update represents the most significant revision cycle in recent years. These changes reflect the healthcare industry's shift toward precision medicine, technology-enabled care, and value-based reimbursement.



## Revenue Impact

Failing to implement these changes by January 1, 2026 can result in claim denials, delayed payments, and audit exposure. Organizations that prepare early gain competitive advantage.

## Critical Compliance Considerations

- Deleted codes must be mapped to replacement codes before January 1, 2026
- New codes require documentation template updates and charge master additions
- Revised codes may have changed clinical requirements or bundling rules
- Category III codes require tracking for potential future Category I conversion

## Payer Considerations

While CPT codes become effective January 1, 2026, payer recognition and coverage policies may vary. Contact major payers to confirm coverage for new codes, especially for emerging technologies like AI-assisted diagnostics and advanced molecular testing.

**CHANGES OVERVIEW**

# CPT 2026 Changes by Chapter

The following table summarizes all CPT 2026 changes organized by chapter. Use this as your roadmap for implementation planning.

| Chapter                        | New        | Deleted   | Revised   | Total      |
|--------------------------------|------------|-----------|-----------|------------|
| Evaluation & Management        | 4          | 0         | 4         | 8          |
| Anesthesia                     | 0          | 0         | 1         | 1          |
| Surgery – Integumentary        | 1          | 3         | 2         | 6          |
| Surgery – Musculoskeletal      | 1          | 2         | 0         | 3          |
| Surgery – Cardiovascular       | 50         | 4         | 9         | 63         |
| Surgery – Digestive            | 4          | 1         | 3         | 8          |
| Surgery – Urinary/Male Genital | 12         | 5         | 5         | 22         |
| Surgery – Nervous System       | 6          | 2         | 3         | 11         |
| Radiology                      | 24         | 8         | 6         | 38         |
| Pathology & Lab                | 86         | 42        | 5         | 133        |
| Medicine                       | 22         | 13        | 6         | 41         |
| Category III                   | 78         | 4         | 2         | 84         |
| <b>TOTAL</b>                   | <b>288</b> | <b>84</b> | <b>46</b> | <b>418</b> |



## Implementation Priority

Focus first on high-volume service lines and codes with significant revenue impact.

Cardiovascular, Pathology, and Category III codes represent the largest change volumes.

## E&amp;M UPDATES

# Remote Physiologic Monitoring (RPM)

CPT 2026 brings significant changes to Remote Physiologic Monitoring codes, clarifying device requirements and reporting timeframes. These updates reflect the maturation of RPM as a standard care delivery model.

## Key Code Changes

**NEW 99453** — Remote monitoring onboarding and patient education (initial setup)

**REVISED 99454** — Device supply with daily recording(s) or programmed alert(s), each 30 days

**REVISED 99457** — Remote physiologic monitoring treatment management, first 20 minutes

**REVISED 99458** — Each additional 20 minutes of treatment management

## Device Requirements

RPM devices must be FDA-cleared Class II medical devices capable of:

- Automated data transmission to the monitoring practice
- Daily recording capability with programmed alert thresholds
- Secure data storage compliant with HIPAA requirements



### Billing Requirement

RPM services require a minimum of 16 days of data collection within a 30-day period to bill 99454. Practices must document daily readings and alert responses.





**SURGICAL CODING**

# Cardiovascular Surgery Updates

The 2026 update introduces 50 new cardiovascular codes with major restructuring in thoracic endovascular repair (TEVAR) and peripheral endovascular procedures.

## TEVAR Code Restructuring

TEVAR codes are now organized by anatomical zone, improving specificity for complex aortic repairs:

| Zone   | Description                            | New Codes   |
|--------|----------------------------------------|-------------|
| Zone 0 | Ascending aorta to innominate artery   | 33880-33881 |
| Zone 1 | Innominate to left common carotid      | 33882-33883 |
| Zone 2 | Left common carotid to left subclavian | 33884-33885 |
| Zone 3 | Left subclavian to proximal descending | 33886-33887 |
| Zone 4 | Proximal descending thoracic aorta     | 33888-33889 |

## Endovascular Revascularization: 46 New Codes

| Territory         | Arterial Location                     | Code Range  |
|-------------------|---------------------------------------|-------------|
| Aorto-iliac       | Aorta, common/internal iliac          | 37220-37223 |
| Femoral-popliteal | Common/superficial femoral, popliteal | 37224-37227 |
| Tibial-peroneal   | Anterior/posterior tibial, peroneal   | 37228-37235 |
| Brachiocephalic   | Innominate, subclavian, axillary      | 37236-37239 |

**Documentation Alert**

New endovascular codes require documentation of specific vessel treated, approach (percutaneous vs. open), and all devices deployed.

## Integumentary & Musculoskeletal Updates

**REVISED 10040** — Acne surgery (revised descriptor with clarified technique)

**NEW 27278** — Sacroiliac joint arthrodesis, percutaneous or minimally invasive

**NEW 27279** — Sacroiliac joint arthrodesis, open

## Surgical Terminology Updates

| Term               | Definition                                        | Impact                         |
|--------------------|---------------------------------------------------|--------------------------------|
| Transcatheter      | Device delivered via catheter through vasculature | Used in TAVR, structural heart |
| Endovascular       | Procedure performed within blood vessels          | Replaces 'intravascular'       |
| Percutaneous       | Through skin without open incision                | Distinct from endoscopic       |
| Minimally invasive | Small incision(s) with specialized instruments    | Includes robotic procedures    |

## DIGESTIVE SYSTEM

# New Procedures & Technologies

CPT 2026 introduces codes for emerging digestive system procedures, including endoscopic weight loss interventions and advanced ablation techniques.

## Endoscopic Sleeve Gastropasty (ESG)

**NEW 43889** — Endoscopic sleeve gastropasty (ESG) with transoral suturing

ESG is a minimally invasive weight loss procedure performed entirely through the mouth using an endoscope. The procedure reduces stomach volume by approximately 70%.

- Indications: BMI 30-40 with obesity-related comorbidities
- Approach: Transoral endoscopic with specialized suturing device
- Documentation must include pre-procedure BMI and comorbidity assessment

## Irreversible Electroporation (IRE) for Liver

**NEW 47384** — Ablation of liver tumor(s), irreversible electroporation (IRE)

IRE uses electrical pulses to destroy tumor cells while preserving surrounding blood vessels and bile ducts.

- Indications: Hepatocellular carcinoma, colorectal liver metastases
- Advantage: Preserves bile ducts and blood vessels



### Coding Guidance

IRE (47384) is reported per tumor treated. Multiple tumors require modifier 59 for additional

lesions.

## UROLOGY REDESIGN

# Prostate Biopsy Code Restructuring

CPT 2026 completely restructures prostate biopsy codes to reflect modern techniques including MRI-fusion guidance. Previous codes (55700, 55706) are deleted.

## New Prostate Biopsy Codes

**NEW 55707** — Prostate biopsy, transrectal; 1-6 specimens

**NEW 55708** — Prostate biopsy, transrectal; 7-12 specimens

**NEW 55712** — Prostate biopsy, transperineal; 1-12 specimens

**NEW 55715** — Prostate biopsy with MRI-fusion guidance (add-on)

## Advanced Prostate Therapies

**NEW 52597** — Robotic waterjet ablation of prostate (Aquablation)

**NEW 55877** — Prostate ablation, irreversible electroporation (IRE)



### Implementation Note

Map deleted codes 55700 and 55706 to appropriate new codes based on specimen count and approach.

## PATHOLOGY &amp; LAB

# 86 New Codes Reshape Lab Landscape

Pathology receives the largest volume of new codes in CPT 2026, with 86 additions spanning molecular diagnostics and infectious disease testing.

## Multianalyte Assays (MAAA)

**NEW 81524** — CNS tumor methylation profiling

**NEW 81525** — Oncology solid tumor gene expression, 50+ genes

## Infectious Disease Testing

**NEW 87182** — Carbapenem resistance gene detection by molecular

**NEW 87634** — Respiratory pathogen panel, 15+ targets



### Compliance Note

Molecular testing codes require supporting documentation of medical necessity and ordering physician interpretation.

## MEDICINE: RTM

# Remote Therapeutic Monitoring

CPT 2026 expands Remote Therapeutic Monitoring (RTM) with new supply codes and refined treatment management codes.

## New RTM Supply Codes

**NEW 98984** — RTM device supply, first 2 days of month

**NEW 98985** — RTM device supply, days 3-7 of month

## RTM vs. RPM Comparison

| Feature      | RPM (99453-99458)           | RTM (98975-98980)                   |
|--------------|-----------------------------|-------------------------------------|
| Data Type    | Physiologic (vital signs)   | Non-physiologic (therapy adherence) |
| Device Class | FDA Class II medical device | May include non-medical devices     |
| Provider     | Physician/NPP required      | Physician/NPP or therapist          |



### Time Overlap Restriction

RPM and RTM time cannot be counted twice. If a patient receives both services, time must be documented separately.



## CATEGORY III

# 78 New Emerging Technology Codes

Category III codes track emerging technologies and services for potential future Category I conversion.

## Wound Care & Debridement

**NEW 0973T** — Enzymatic debridement, first 20 sq cm

**NEW 0974T** — Enzymatic debridement, each additional 20 sq cm

## Audiology & Implants

**NEW 0951T** — Osseointegrated auditory implant, percutaneous

**NEW 0953T** — Cochlear implant programming, initial



### Payer Coverage

Category III codes may not have established reimbursement. Verify payer policies before billing.

**OPERATIONAL READINESS**

# Your 5-Step Implementation Checklist

Successful CPT 2026 implementation requires coordinated effort across coding, compliance, IT, and clinical operations.

| Step | Action                                    | Owner              | Deadline     |
|------|-------------------------------------------|--------------------|--------------|
| 1    | Coder education on all 418 code changes   | Coding Manager     | Nov 15, 2025 |
| 2    | Documentation template updates            | Health Information | Dec 1, 2025  |
| 3    | Charge master updates and fee schedule    | Revenue Cycle      | Dec 15, 2025 |
| 4    | EHR/PM system updates and testing         | IT                 | Dec 20, 2025 |
| 5    | Compliance audit of high-risk transitions | Compliance         | Dec 31, 2025 |

## High-Priority Code Transitions

- 55700, 55706 (prostate biopsy) → 55707-55715 based on approach/specimens
- 77385, 77386 (IMRT delivery) → 77412 (complex treatment)
- Multiple chemistry panel codes → Updated comprehensive panels
- Legacy endovascular codes → Territory-specific codes (37220-37246)



### Pre-Implementation

Complete by December 15: Staff training, system updates, template revisions



### Post-Implementation

Monitor through Q1 2026: Denial rates, documentation quality, revenue impact

## REFERENCES

# Citations & Sources

This guide incorporates clinical and coding information from the following authoritative sources:

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### Note

This guide is intended for educational purposes. Always verify code selection with the official AMA CPT codebook and current payer policies.



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