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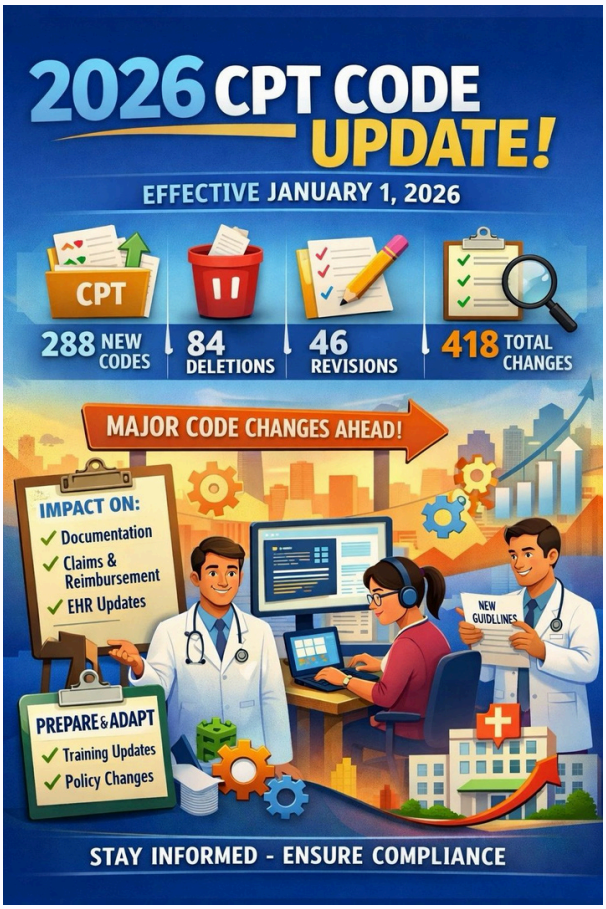
2026 CPT Code Updates:
What Providers Need to Know



Each year, the American Medical Association (AMA) releases updates to the Current Procedural Terminology (CPT) code set to reflect advancements in medical care, technology, and clinical practice. The 2026 CPT code updates, effective January 1, 2026, introduce a substantial number of changes that will directly impact how healthcare services are documented, coded, and reimbursed.

For providers, coders, and billing teams, early preparation is essential to ensure compliance and avoid revenue disruption. **Medical billing outsourcing companies** that use AI-enabled medical coding technologies are well-positioned to manage CPT code changes efficiently, reducing audit risk and ensuring compliance as the 2026 updates take effect.

Overview of 2026 CPT Code Changes

The 2026 CPT update includes a significant volume of new, deleted, and revised codes. These changes are designed to improve reporting accuracy but also increase the complexity of coding workflows.

Effective January 1, 2026, there are:

- A total of 418 CPT code changes
- 288 new CPT codes introduced to capture emerging procedures and services
- 84 CPT codes deleted due to obsolescence or consolidation
- 46 CPT codes revised with updated descriptors or guidelines

Key 2026 CPT Code Updates by Section

Remote Patient Monitoring (RPM)

The two new primary codes for RPM are:

- **99445** – Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial 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 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.

The new RPM codes address long-standing limitations caused by the earlier 16-day and 20-minute thresholds, which often restricted reimbursement for patients requiring shorter monitoring durations or lower-intensity management. Providers can now select 2–15 days or 16–30 days for device supply and report management time in 10- or 20-minute increments, enabling more precise billing.

These foundational CPT codes remain: 99453, 99454, 99457, and 99458.

Interventional Radiology and Diagnostic Imaging

- **46 new revamped codes** for **Lower Extremity Revascularizations**
- **Electroporation**: **4738**4 Liver ablation irreversible electroporation liver 1 or more tumors, including imaging guidance percutaneous and **55877** Prostate ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous
- **55707-55711** for prostate biopsy

Breast Laser Ablation: There are two new Category 3 codes for breast laser ablation

- **0970T** for benign tumors
- **0971T** for malignant tumors

Diagnostic Imaging:

- **70471:** CTA head and neck code with contrast material(s), including noncontrast images, when performed, and image postprocessing

Medicine

- New time-based codes **90482–90484** - immunization counseling by a physician or QHP, consisting of no less than 3 minutes of counseling, when recommended immunizations are not administered on the same date of service (also referred to as stand-alone immunization counseling).
- New immunization codes for RSV, COVID-19, and influenza.
- New codes **93415-93416** to report interrogation and programming of baroreflex activation therapy (BAT) modulation systems

Category III Codes

In this section, there are 78 new codes, 21 codes deleted and 4 revised codes.

Significant new Category III codes:

AI & Digital Diagnostics

- **0992T**: Noninvasive cardiac risk assessment using augmentative software to analyze perivascular fat, including patient factors, with physician interpretation.
- **0993T-0905T**: For algorithmic ECG analysis for cardiac dysfunction.
- **0962T**: AI-assisted analysis of acoustic/ECG recordings (digital stethoscope) for heart failure/arrhythmia detection.
- **X523T–X526T**: For subcutaneous heart failure decompensation monitor procedures.
- **X409T & X434T**: For noninvasive cardiac risk from augmentative software analysis (e.g., CaRi-Heart technology).
- **0999T – 1001T** to report autologous muscle cell therapy.

Surgery

Musculoskeletal: new codes for reporting of femoral and tibial osteotomies:

- **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
- **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

Cardiovascular: new codes for endovascular repair of thoracic aorta:

- **33882** Deployment of branched endograft systems (multi-piece) involving an aorta-aortic tube with fenestrations for subclavian artery stent grafts, including all extensions.
- **35602** Bypass graft with other than vein carotid-contralateral carotid describes distinct work of establishing cross-carotid revascularization when native vein is not used. This code includes

exposure, tunneling, graft placement and anastomosis
- **64654-64659** Baroreflex Activation Therapy (BAT) (describe implantation, replacement, revision, removal, and interrogation/programming and are used to treat resistant hypertension

Revisions: The following codes for vascular surgery were revised:

- **33880** Covers aorta-aortic tube graft deployment covering the left subclavian artery (LSA), with extensions.
- **33881** Covers aorta-aortic tube graft deployment not covering the LSA, with extensions.
- **33883** Placement of the initial proximal extension prosthesis.
- **33886** Placement of a delayed or subsequent distal extension prosthesis.

Hearing Device Services Codes

This section includes new codes for timed services to account for evaluation, assessment, management, and treatment relating primarily to air conduction hearing devices. These codes allow audiologists to bill for these activities based on the total time spent on the patient on the date of encounter

New Time-Based Codes (Air Conduction Hearing Aids)

- **92634**: Hearing aid fitting (first 60 minutes).
- **+92635**: Each additional 15 minutes of fitting.
- **92636**: Hearing aid post-fitting follow-up (first 30 minutes).
- **+92637**: Each additional 15 minutes of post-fitting follow-up.

Related Verification & Other Codes

- **92638 & 92639**: Untimed add-on codes for verification services, used with fitting/follow-up
- **92628-92629**: Candidacy evaluation
- **92631-92632**: Hearing aid selection
- **92642**: Assistive device services

Why the 2026 CPT Updates Matter

CPT code changes have a direct impact on clinical documentation, claims submission, payer adjudication, and reimbursement. Using outdated or incorrect CPT codes can result in claim denials, payment delays, audits, and compliance risks. As payers continue to tighten review processes, accurate coding aligned with updated guidelines is more critical than ever.

Practices must update EHR systems, train staff, and review policies for compliance starting January 1, 2026.

Key Areas Impacted by CPT Changes

- Clinical documentation requirements and specificity
- Medical coding accuracy and code selection
- Claims submission and reimbursement outcomes
- EHR and practice management system configuration

How Practices Should Prepare for 2026 CPT Changes

Preparing for CPT updates should be a structured and proactive process. Waiting until claims are denied can lead to avoidable revenue loss and operational strain. Key steps to get your practice ready for these code updates:

1. **Review** all new, deleted, and revised CPT codes relevant to your specialty.
2. **Educate** physicians, coders, and billing staff on updated code descriptors and guidelines.
3. **Consult** AMA resources like the CPT 2026 Professional Edition for full details.
4. **Ensure** EHR templates, charge capture tools, and billing systems are updated.
5. **Update** internal coding policies and workflows to align with 2026 requirements.
6. **Monitor** early 2026 claims closely to identify trends in denials or underpayments.

Stay Compliant and Protect Revenue

The 2026 CPT code updates reflect evolving payer expectations and care delivery models. Leveraging **AI medical coding services** supported by expert human coders helps practices implement these changes more efficiently while reducing audit risk and protecting reimbursement.

Get CPT-ready for 2026 with AI-powered coding support!

Stay compliant, minimize denials, and optimize reimbursement.

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