

March 7, 2025

David Rice  
The Centers for Medicare and Medicaid Services  
Division of Outpatient Care  
7500 Security Blvd  
Baltimore, MD 21244

Dear Mr. Rice:

The American College of Radiology (ACR), representing over 40,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services' (CMS) Division of Outpatient Care regarding the APC placement and reimbursement of new and revised CPT codes active for the calendar year (CY) 2026 Hospital Outpatient Prospective Payment System (HOPPS).

#### **Recommendation for Endovascular Therapy Services**

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	5193 – Level 3 Endovascular Procedures	\$11,340.57

CPT code 61626 for endovascular therapy services was revised for CY2026 to include all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention. In the CY2025 final rule, CPT code 61626 was placed in APC 5193 (Level 3 Endovascular Procedures) with a status indicator of J1. **The ACR recommends that CMS place the revised code 61626 in the same APC with the same status indicator of J1 for CY2026.**

### Recommendation for Prostate Biopsy Services

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
5XX08	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	5373 – Level 3 Urology & Related Services	\$2,048.51
5XX09	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	5373 – Level 3 Urology & Related Services	\$2,048.51

For CY 2026, newly established CPT codes 5XX08 and 5XX09 will replace the deleted CPT code 55700. The new CPT codes, 5XX08 and 5XX09 were established to report prostate biopsies using a transrectal approach while using MR or CT guidance in a technically challenging anatomic region and equipment environment. **ACR recommends that codes 5XX08 and 5XX09 be placed in the same APC as their predecessor code (55700): APC 5373 (Level 3 Urology & Related Services) with status indicator J1 and payment rate of \$2,048.51.**

### Recommendation for CT Cerebral Perfusion & CT Angiography

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
70XX1	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	5572 – Level 2 Imaging with Contrast	\$357.13
70XX3	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	5572 – Level 2 Imaging with Contrast	\$357.13

Newly established Category I CPT codes 70XX1 and 70XX3 were converted from Category III code 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). In CY 2025, 0042T had a status indicator of N and no corresponding APC placement. The ACR believes these newly developed codes should be paid under the HOPPS to increase access of these

services to Medicare beneficiaries in hospital outpatient departments. **The ACR recommends that these services should be paid for under the HOPPS with a status indicator of S and placed in APC 5572 (Level 2 Imaging with Contrast) with payment of \$357.13.**

### **Recommendation for Radiation Oncology Treatment Delivery**

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
77402	Radiation treatment delivery; Level 1 (eg, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed	5621 – Level 1 Radiation Therapy	\$109.50
77407	Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	5622 – Level 2 Radiation Therapy	\$262.98
77412	Radiation treatment delivery; 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	5622 – Level 2 Radiation Therapy	\$262.98

CPT codes 77402, 77407, and 77412 for radiation oncology treatment delivery were revised for CY2026 to consolidate services for treatment delivery. The ACR recommends that the revised codes referenced above should remain in the APCs from CY2025. The resource use remains the same for hospitals performing this service.

### **Recommendation for Lower Extremity Vascular Procedures**

A vascular territory is a collection of anatomically related arteries considered together for coding purposes. Codes 37XX1-37X46 are divided into four vascular territories: iliac, femoral and popliteal, tibial and peroneal, and inframalleolar. These new codes were established to more appropriately recognize the variation in resources when lower extremity vascular services are performed for a stenosis (a straightforward lesion) versus an occlusion (a complex lesion), when these procedures are performed in multiple vessels in the same territory, and to recognize that certain services require specific supplies and devices (balloons, stents, catheters and/or atherectomy devices) depending on what vessel is being treated.

As both techniques and technology have developed over the years, the shift of procedures from open surgical bypass to endovascular has continued. The expansion of endovascular

techniques has allowed for the treatment of smaller, more calcified vessels than previously possible. Patients who were previously thought to be poor candidates for revascularization (either through surgical or endovascular methods) are now being routinely treated with documented safety. Advanced age, extensive arterial occlusive disease and advanced limb ischemia are no longer exclusion criteria for endovascular revascularization and for that reason the patient population has significantly changed.

### **Recommendation for Lower Extremity Vascular Procedures – Iliac Vascular Territory**

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
37XX1	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	5192 – Level 2 Endovascular Procedures	\$5,701.52
37X03	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	5192 – Level 2 Endovascular Procedures	\$5,701.52
37X05	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	5193 – Level 3 Endovascular Procedures	\$11,340.57
37X07	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty	5193 – Level 3 Endovascular Procedures	\$11,340.57

	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		
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The initial vessel in the iliac vascular territory treated with angioplasty alone is reported with code 37XX1 for straightforward lesions or 37X03 for complex lesions. These newly established codes are replacing deleted code 37220 (Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty). **ACR recommends that CMS place new codes 37XX1 and 37X03 in the same APC as the predecessor CPT code 37220: APC 5192 (Level 2 Endovascular Procedures) with a J1 status indicator and payment rate of \$5,701.52 for CY2026 due to clinical similarity and comparable resource utilization.**

The initial vessel treated with stent placement and angioplasty (when performed) is reported with code 37X05 for straightforward lesions or 37X07 for complex lesions. These newly established codes are replacing deleted code 37221 (Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed). **ACR recommends that CMS place new codes 37X05 and 37X07 in the same APC as the predecessor CPT code 37221: APC 5193 (Level 3 Endovascular Procedures) with a J1 status indicator and payment rate of \$11,340.57 for CY2026 due to clinical similarity and comparable resource utilization.**

#### **Recommendation for Lower Extremity Vascular Procedures – Femoral & Popliteal Vascular Territory**

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
37X10	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	5193 – Level 3 Endovascular Procedures	\$11,340.57

	within the same artery, unilateral; straightforward lesion, initial vessel		
37X12	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X14	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	5193 – Level 3 Endovascular Procedures	\$11,340.57
37X16	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X18	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	5194 – Level 4 Endovascular Procedures	\$17,956.72

	guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		
37X20	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X22	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X24	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	5194 – Level 4 Endovascular Procedures	\$17,956.72

The initial vessel in the femoral and popliteal vascular territory treated with angioplasty alone is reported with 37X10 for straightforward lesions or 37X12 for complex lesions. These newly established codes are replacing deleted code 37224 (Revascularization,



endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty).

In recent years, technical advancements have been made which have fundamentally changed the standard of care for endovascular procedures. The advent of drug eluting technology has been shown to deliver improved long-term vessel patency, using balloons coated with drugs.

Femoropopliteal angioplasty treatment is done with drug-coated balloons which deliver paclitaxel to the intima of the vessel wall, and the vessel must be pre-dilated with a standard low-profile balloon prior to use of the drug-coated balloon. For both straightforward and complex procedures, the drug-coated balloons can only be used on one segment of vessel (single inflation) and the treatment of a typical femoropopliteal diseased segment requires two drug-coated balloons. **ACR believes it is appropriate for new code 37X10 to be placed in APC 5193 (Level 3 Endovascular Procedures) with a J1 status indicator and payment rate of \$11,340.57 for CY2026 due to the complexity of these procedures.**

To treat complex total occlusions (new CPT code 37X12), additional supplies are needed. For example, the use of a crossing catheter and steerable microwire is typical. A stiff, small caliber support wire is also commonly used once the lesion is crossed for delivering the angioplasty balloon through complex occlusions. It is also typical to use a distal protection device to prevent embolization of fibrofatty plaque and thrombus. **Due to the increased clinical complexity as well as the additional resources needed, ACR recommends that CMS place new code 37X12 in APC 5194 (Level 4 Endovascular Procedures) with a J1 status indicator and payment rate of \$17,956.72.**

The initial vessel treated with angioplasty and stent placement is reported with code 37X14 for straightforward lesions or 37X16 for complex lesions. These newly established codes are replacing deleted code 37226 (Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed). **ACR recommends that CMS place code 37X14 in APC 5193 (Level 3 Endovascular Procedures).** It is most appropriate to place 37X14 in APC 5193 due to its resource use being similar to that of the predecessor code it was based on.

In complex cases where a total occlusion is being treated with angioplasty and stent placement (new CPT code 37X16), it is typical to enter the subintimal space and require a reentry device to gain wire access across the occlusion. Covered stents are preferred to improve patency in lieu of uncovered metal stents for these long segment chronic total



occlusions. Given the typical length of chronic total occlusions in the femoropopliteal segment, two covered stents are necessary.

Additional supplies such as a crossing catheter, steerable microwire, and small caliber support wire are used once the lesion is crossed for delivering the angioplasty balloon and stent through complex occlusions. It is also typical to use a distal protection device to prevent embolization of fibrofatty plaque and thrombus in these cases. **ACR recommends that 37X16 be placed in APC 5194 (Level 4 Endovascular Procedures) due to its increased complexity and resource use over straightforward lesions in the same vascular region.**

The initial vessel treated with angioplasty and atherectomy is reported with code 37X18 for straightforward lesions or 37X20 for complex lesions. These newly established codes are replacing deleted code 37225 (Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed). **ACR recommends that CMS place new codes 37X18 and 37X20 in the same APC as the predecessor CPT code 37225: APC 5194 (Level 4 Endovascular Procedures) with a J1 status indicator and payment rate of \$17,956.72 for CY2026 due to clinical similarity and comparable resource utilization.**

The initial vessel treated with angioplasty, stent, and atherectomy is reported with code 37X22 for straightforward lesions or 37X24 for complex lesions. These newly established codes are replacing deleted code 37227 (Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed). **ACR recommends that CMS place new codes 37X22 and 37X24 in the same APC as the predecessor CPT code 37227: APC 5194 (Level 4 Endovascular Procedures) with a J1 status indicator and payment rate of \$17,956.72 for CY2026 due to clinical similarity and comparable resource utilization.**

#### **Recommendation for Lower Extremity Vascular Procedures – Tibial & Peroneal Vascular Territory**

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
37X27	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	5193 – Level 3 Endovascular Procedures	\$11,340.57

	interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		
37X29	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	5193 – Level 3 Endovascular Procedures	\$11,340.57
37X31	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X33	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X35	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	5194 – Level 4 Endovascular Procedures	\$17,956.72

	guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		
37X37	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X39	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	5194 – Level 4 Endovascular Procedures	\$17,956.72
37X41	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	5194 – Level 4 Endovascular Procedures	\$17,956.72

The initial vessel in the tibial and peroneal vascular territory treated with angioplasty alone is reported with code 37X27 for straightforward lesions and 37X29 for complex lesions. These newly established codes are replacing deleted code 37228 (Revascularization,

endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty). **ACR recommends that CMS place new codes 37X27 and 37X29 in the same APC as the predecessor CPT code 37228: APC 5193 (Level 3 Endovascular Procedures) with a J1 status indicator and payment rate of \$11,340.57 for CY2026 due to clinical similarity and comparable resource utilization.**

The initial vessel treated with angioplasty and stent placement is reported with code 37X31 for straightforward lesions or 37X33 for complex lesions. These newly established codes are replacing deleted code 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).

The initial vessel treated with angioplasty and atherectomy is reported with code 37X35 for straightforward lesions or 37X37 for complex lesions. These newly established codes are replacing deleted code 37229 (Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed).

The initial vessel treated with angioplasty, stent placement, and atherectomy is reported with code 37X39 for straightforward lesions or 37X41 for complex lesions. These newly established codes are replacing deleted code 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).

**ACR recommends that CMS place new codes 37X31, 37X33, 37X35, 37X37, 37X39, and 37X41 in the same APC as their respective predecessor CPT codes: APC 5194 (Level 4 Endovascular Procedures) with a J1 status indicator and payment rate of \$17,956.72 for CY2026 due to clinical similarity and comparable resource utilization.**

#### **Recommendation for Lower Extremity Vascular Procedures – Inframalleolar Vascular Territory**

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
37X43	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	5193 – Level 3 Endovascular Procedures	\$11,340.57

	guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		
37X45	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	5193 – Level 3 Endovascular Procedures	\$11,340.57

CPT codes 37X43 and 37X45 are newly established codes for CY2026 to report services treating the initial vessel in the inframalleolar vascular territory with angioplasty. The expansion of endovascular techniques for the revascularization of the lower extremities has allowed for the treatment of smaller, more calcified vessels than previously possible. Also, smaller devices now exist that can treat these more distal vessels, including those below the ankle. **As there are no current predecessor codes in the current CPT code set, ACR recommends that these codes would most appropriately be placed in APC 5193 (Level 3 Endovascular Procedures) with a J1 status indicator and payment rate of \$11,340.57 for CY2026 due to clinical similarity and comparable resource utilization to other endovascular procedure codes within APC 5193.**

#### Recommendation for Coronary Atherosclerotic Plaque Assessment

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
75XX6	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	1511 – New Technology Level 11	\$950.50

Newly established Category I CPT code 75XX6 will be used in CY2026 to evaluate coronary artery disease where automated coronary analysis is performed to gain additional information regarding the severity of coronary atherosclerosis and for improved risk stratification. This service is currently described by Category III code 0625T, which is



placed in APC 1511 (New Technology Level 11) with payment rate of \$950.50 for CY2025. ACR believes that the newly established Category I code 75XX6 should be placed in APC 1511 for CY2026 with a status indicator of S, as the code has similar resource use to its Category III predecessor.

The ACR looks forward to continuing to work with CMS on issues relating to APC assignment for newly established CPT codes for CY2026. For any questions, please contact Kimberly Greck ([kgreck@acr.org](mailto:kgreck@acr.org)) or Christina Berry ([cberry@acr.org](mailto:cberry@acr.org)).

Sincerely,

Andrew K. Moriarity, MD  
Chair, ACR HOPPS/APC Committee

CC:

Mitali Dayal, CMS  
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