

CPT 2026 Anticipated Code Changes

Several new and revised radiology Category I codes will be available, including computed tomography angiography (CTA) of the head and neck, computed tomography cerebral perfusion (CTP), irreversible electroporation (IRE), thoracic branch endograft services, prostate biopsy, lower extremity (LE) vascular procedures, radiation oncology treatment delivery, endovascular therapy, and sacroiliac (SI) arthrodesis. This article provides an overview of the anticipated code changes in radiology for 2026.

Additionally, new Category III codes that describe new technologies for hemodynamic inferior vena cava (IVC) monitoring, benign prostate ablation with high-intensity focused ultrasound (HIFU), and laser ablation of breast tumors will be available for reporting on July 1, 2025.

The new codes and their descriptors will be included in the Sept/Oct issue of [Coding Source](#). The ACR encourages its members to review them and consider how the anticipated changes may impact their practices.

CPT 2026 CODE SET: NEW CATEGORY I CODES

New Category I codes will be available January 1, 2026, and are summarized below.

Head and Neck Computed Tomographic Angiography (CTA)

Codes 70496 and 70498 were identified by the Relativity Assessment Workgroup (RAW) of the AMA/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) as being reported together 75% of the time or more. Therefore, these codes were referred to the CPT Editorial Panel (the Panel) for bundling. There will now be a new code in the CPT 2026 code set to report combined CTA head and neck.

Computed Tomography Cerebral Perfusion (CTP)

Recent published literature has demonstrated the utility of CTP in clinical decision-making related to neuroendovascular intervention in patients who are in the acute stroke phase. For 2026, two new Category I codes will be available to report CTP. Code 0042T will be deleted.

Prostate Biopsy

Codes 55700 and 76872 were identified by the RAW screen, indicating that the services represented by these codes are being performed by the same physician on the same date of service more than 75% of the time. The RAW referred these codes to the Panel for bundling. Therefore, new guidelines and nine new codes will be available to report prostate biopsy services. Code 55705 will be editorially revised to only include “non-imaging guided” procedures, and code 55700 will be deleted.

Irreversible Electroporation (IRE)

Published literature and widespread utilization for some IRE procedures have met the criteria to qualify for Category I status. Therefore, two new codes will be created to report percutaneous IRE ablation of liver and prostate tumors with imaging guidance, and existing Category III code 0600T will be revised.

Thoracic Branch Endograft Services

Two new codes will be available to report thoracic branch endograft services. Additionally, the Endovascular Repair of Descending Thoracic Aorta guidelines and codes 33880, 33881, 33883, and 33886 will be revised. Codes 33884, 33889, 33891, and 75956-75959 will be deleted.

Lower Extremity (LE) Vascular Procedures

The LE vascular procedure codes were referred to the Panel for revision as they were identified by several RAW screens. As a result, forty-six new codes will be available to report LE vascular procedures. The Endovascular Repair of Abdominal Aorta and/or Iliac Arteries guidelines and the Endovascular Revascularization (Open or Percutaneous, Transcatheter) guidelines will be revised to reflect these changes. Codes 37220-37235 will be deleted.

Radiation Oncology Treatment Delivery

The RAW referred radiation treatment delivery services codes 77014, 77402, 77407, 77412, and 77385-77387 to the Panel for clarification and updates. Codes 77402, 77407, and 77412 will be revised to more clearly specify the services provided for radiation treatment delivery. Guidelines will be revised to clarify the definitions of “level 1,” “level 2,” and “level 3.” Codes 77014, 77385, and 77386 and previous definitions for “simple, intermediate, and complex” will be deleted.

CATEGORY III CODES

The following Category III codes will be available for reporting on July 1, 2025.

Benign Prostate Ablation with HIFU

A new code will be available to report HIFU ablation for benign prostatic hyperplasia.

Hemodynamic Inferior Vena Cava (IVC) Monitoring

A new code will be created to report the implantation of a hemodynamic (volume) monitoring device in the IVC.

Laser Ablation of Breast Tumor

A new code will be established to report the treatment of breast fibroadenomas and benign tumors in soft tissue using laser ablation.

REVISED CODES

The following revised codes and guidelines will be effective on January 1, 2026.

Endovascular Therapy

Code pairs 61624/75894 and 61624/75898 were identified on a RAW screen for services performed together 75% of the time or more, and therefore both code pairs were referred to the Panel for bundling. Codes 61624 and 61626 will be revised to include all RS&I guidance necessary to complete the intervention. In addition, the Vascular Embolization and Occlusion guidelines will be revised, and new guidelines will be added to the Endovascular Therapy subsection.

Sacroiliac (SI) Arthrodesis

Codes 27278 and 27279 and the Arthrodesis guidelines will be revised to clarify the intended use for both codes. Additional instructions on reporting hybrid SI joint fusion procedures will be added to the guidelines.

DELETED CODES

The codes below will be deleted from the CPT 2026 code set:

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| 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 |
| 33884 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) |

- 33889** Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
- 33891** Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
- 37220** Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
- 37221** Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 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)
- 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)
- 37224** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
- 37225** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
- 37226** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 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
- 37228** Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
- 37229** Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed

- 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
- 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
- 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)
- 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)
- 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)
- 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)
- 55700** Biopsy, prostate; needle or punch, single or multiple, any approach
- 77014** Computed tomography guidance for placement of radiation therapy fields
- 77385** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
- 77386** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
- 75956** Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation



- 75957** Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
- 75958** Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
- 75959** Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation