

February 27, 2026

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) 2027 Hospital Outpatient Prospective Payment System (HOPPS).

Recommendation for Interosseous Fiducial Marker Placement

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
209X1	Placement of localization marker(s) (eg, fiducial marker[s]), intraosseous, percutaneous, including imaging guidance, when performed; first target site	5073 - Level 3 Excision/ Biopsy/ Incision and Drainage	\$2,967.63

Newly established for CY 2027, Category I CPT code 209X1 reports percutaneous intraosseous fiducial marker placement. Surgeons have increasingly opted to use presurgical fiducial markers for guidance in select cases to decrease the rate of wrong level and wrong site surgeries, as well as to decrease operating room time. Trends such as the rising prevalence of obesity and the ability to perform minimally invasive complex surgeries at difficult to access sites have further solidified the importance of fiducial marker guidance. **ACR recommends that code 209X1 be placed in APC 5073 (Level 3 Excision/Biopsy/Incision and Drainage) with status indicator S and reimbursement of \$2,967.63 due to similarities in resource use with other procedures in this APC.**



Recommendation for Prostate Biopsy Services

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
5XX09	Biopsy, prostate, including imaging guidance, in-bore CT- or MRI-guided; first targeted lesion	5375 - Level 5 Urology & Related Services	\$5,477.93

For CY 2027, newly established CPT code 5XX09 will replace the deleted CPT code 55714 to clarify reporting for prostate biopsy services. The new CPT code 5XX09 is being established to report in-bore 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 5XX09 be placed in the same APC as its predecessor code (55714): APC 5375 (Level 5 Urology & Related Services) with status indicator J1 and payment rate of \$5,477.93.**

Recommendation for MRA Head and Neck Services

CPT Code	Long Descriptor	ACR Proposed APC	ACR Proposed Payment
70544	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s)	5523 – Level 3 Imaging without Contrast	\$243.77
70545	Magnetic resonance angiography, head, including image postprocessing; with contrast material(s)	5572 – Level 2 Imaging with Contrast	\$356.43
70546	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	5572 – Level 2 Imaging with Contrast	\$356.43
70547	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s)	5523 – Level 3 Imaging without Contrast	\$243.77
70548	Magnetic resonance angiography, neck, including image postprocessing; with contrast material(s)	5572 – Level 2 Imaging with Contrast	\$356.43
70549	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	5572 – Level 2 Imaging with Contrast	\$356.43



70XX4	Magnetic resonance angiography, head and neck, including image postprocessing; without contrast material(s)	5523 – Level 3 Imaging without Contrast	\$243.77
70XX5	Magnetic resonance angiography, head and neck, including image postprocessing; with contrast material(s)	5572 – Level 2 Imaging with Contrast	\$356.43
70XX6	Magnetic resonance angiography, head and neck, without contrast material(s) in 1 or both body regions, followed by contrast material(s) and further sequences in one or both body regions, including image postprocessing	5572 – Level 2 Imaging with Contrast	\$356.43

For CY 2027, CPT codes 70544-70549 are being revised to include image postprocessing for magnetic resonance angiography (MRA) services, and CPT codes 70XX4-70XX6 have been newly established to report MRAs of the head and/or neck.

ACR recommends that CPT codes 70544 through 70549 should remain in their existing: CPTs 70544 and 70577 in APC 5523 (Level 3 Imaging without Contrast) with payment rate of \$243.77. CPTs 70545, 70546, 70548, and 70549 should remain in APC 5572 (Level 2 Imaging with Contrast) with payment rate of \$356.43.

Newly established code 70XX4 to report MRA of the head and neck without contrast materials bundles existing CPT codes 70544 and 70547 together. **ACR recommends that CMS place 70XX4 into the same APC as its predecessors: APC 5523 (Level 3 Imaging without Contrast) and payment rate of \$243.77.**

Newly established code 70XX5 to report MRA of the head and neck with contrast materials bundles existing CPT codes 70545 and 70548 together. **ACR recommends that CMS place 70XX5 into the same APC as its predecessors: APC 5572 (Level 2 Imaging with Contrast) with payment rate of \$356.43.**

Newly established code 70XX6 to report MRA of the head and neck with and without contrast materials bundles existing CPT codes 70546 and 70549 together. **ACR recommends that CMS place 70XX5 into the same APC as its predecessors: APC 5572 (Level 2 Imaging with Contrast) with payment rate of \$356.43.**

The ACR looks forward to continuing to work with CMS on issues relating to APC assignment for newly established CPT codes for CY2027. For any questions, please contact Kimberly Greck (kgreck@acr.org) or Christina Berry (cberry@acr.org).



American College
of Radiology™

Sincerely,

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