Updated codes: Looking ahead to what's new in 2026

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The CPT code set is reviewed and updated each year in an effort to remain aligned with the latest medical practices and technologies. These annual revisions – which include introducing new codes, revising existing ones and retiring outdated codes – ensure accurate reporting, appropriate reimbursement and alignment with modern healthcare delivery.

Staying up to date with these changes is crucial for plastic surgeons to ensure compliance and accuracy in medical coding. For 2026, there are 418 notable updates to the CPT codes set, including 288 new codes added, 84 deletions and 46 revisions. The updated CPT 2026 code set was released Sept. 9, with new Category I codes scheduled to take effect on Jan. 1, 2026.

TABLE I: CPT CODING UPDATES FOR CATEGORY I AND CATEGORY III CODES

Code	Descriptor	wRVU
64728*	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	2.70
1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (e.g., first carpometacarpal total joint)	N/A
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity	N/A
1020T	Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk derived by algorithmic analysis of data from each lesion	N/A

Only Category I codes are assigned an RVU value.

Category I CPT coding updates

Percutaneous Release of Carpal Tunnel – A new Category I code, **64728**, has been established to report decompression of the median nerve at the carpal tunnel percutaneously.

Percutaneous carpal tunnel release is an alternative to and distinct from traditional endoscopic or open surgical approaches. Real-time ultrasound guidance allows preoperative visualization to assess the critical anatomy, and it provides intraoperative visualization of all critical anatomy – as well as precise navigation and placement of a single-use device with integrated inflatable balloons. Intracarpal tunnel balloon dilation is included in this procedure; this allows the physician to create additional space to protect all critical anatomy and visually confirm proper device placement prior to transecting the transverse carpal ligament to decompress the median nerve.

An exclusionary parenthetical note has been added to restrict the reporting of code **64728** in conjunction with codes **29848**, **64721**, **76942** and **76998**. In addition, the current exclusionary parenthetical note in this code family has been revised to restrict the reporting of code **64728** with code **11960**.

Unlike the other codes used to report other carpal tunnel procedures, code **64728** has a 0-day global period and is valued only for the day of service. Subsequent post-procedure visits would be reported with the standard established patient E&M codes (**99211-99215**) since this care would be outside of the 0-day global period.

Surgery Guidelines – A new subsection has been added to the surgery guidelines to alleviate confusion about the work of harvesting a graft in codes that include obtaining the graft. Within this section, a guideline has been added to clarify that the codes include procuring the graft from the patient during the same operative session. For example, code **21154** Reconstruction midface, LeFort III extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I states it includes obtaining autografts. To clarify, this means that the autografts are obtained from the patient during the same operative session.

Category III CPT coding updates

It's important to note that Category III codes are intended for data collection on emerging technology or services and they may not yet be widely covered by payers and do not have assigned RVUs (work value units) in the same way Category I codes do, meaning reimbursement and payer recognition can vary widely. Even though a code is listed, coverage is not guaranteed. It's strongly advisable to verify with individual payers ahead of time (especially Medicare/Medicaid and private insurers) whether they will accept the code and what documentation may be required.

Carpometacarpal Joint Prosthetic Arthroplasty – CPT code **1003T** is a new Category III code for 2026. This code is designated for reporting placement of a distal trapezial and proximal first metacarpal prosthetic replacement (e.g., first carpometacarpal total joint), a surgical intervention aimed at treating arthritis or other degenerative conditions affecting the first carpometacarpal (CMC) joint, commonly known as the basilar joint. Table I outlines the new Category I and III codes.

Lymphovenous Bypass – A new Category III code, **1019T** for lymphovenous bypass, has been established. This code is designated for reporting lymphovenous bypass procedures, which are advanced microsurgical techniques aimed at treating lymphedema and other lymphatic disorders. These procedures involve lymphovenous anastomosis, facilitating the rerouting of lymphatic fluid from obstructed or damaged lymphatic vessels to nearby veins. An exclusionary parenthetical was added to indicate that **1019T** should not be reported in conjunction with **38308**, **38790**, **38900** or **69990**. Category III code **1019T** will be active only in 2026 as better-defined Category I codes for microvascular lymphovenous bypass surgery have been created through the CPT process for 2027, with concurrent deletion of the above-mentioned Category III code.

Raman Spectroscopy of Skin Lesion – CPT code **1020T** is a new Category III code designated for the Raman spectroscopy of one or more skin lesions. Specifically, it's intended to report the use of Raman spectroscopy technology, which utilizes laser-induced light scattering to analyze the molecular composition of skin tissue – aiding in the assessment and diagnosis of skin lesions. This technology is a tool for distinguishing between malignant and benign skin lesions without the need for invasive procedures.

ICD-10 coding updates

For the fiscal year that began Oct.1, a total of 487 new ICD-10-CM codes have been added. In addition, 38 existing codes were revised and 28 codes were deleted, reflecting updates to improve specificity and accuracy in medical documentation. These codes are effective for patient encounters and discharges from Oct. 1, 2025, through Sept. 30, 2026, ensuring compliance with the latest ICD-10-CM coding standards.

Chapter 12 – Diseases of the Skin and Subcutaneous Tissue includes new codes for cutaneous abscess of flank, as well as new codes for non-pressure chronic ulcers based on anatomic area.

Chapter 19 – Injury, Poisoning and Certain Other Consequences of External Causes introduces more than 200 new codes that provide greater anatomic and clinical detail for injuries – such as specifying depth and laterality, and whether penetration occurred in areas such as the abdominal wall, flank and groin. These refinements improve the accuracy of documenting trauma, wound complexity and complications. For plastic surgeons, the expanded specificity is especially important for linking reconstructive and repair procedures to the underlying injury or condition, ensuring proper reimbursement, reducing claim denials and enhancing data quality for outcomes reporting and research. The updates also strengthen the ability to capture postoperative complications and external causes, supporting more precise clinical documentation and quality metrics in reconstructive and trauma care.

Conversion factor

For calendar year 2026, CMS will now have two distinct Physician Fee Schedule (PFS) conversion factors. For clinicians participating in qualifying advanced alternative payment models (APMs), the conversion factor will increase to $33.57 – an increase of approximately 3.77 percent (or +$1.22 per RVU) from the current factor of $32.35.

For clinicians not participating in qualifying APMs, the conversion factor will increase to $33.40 – a projected increase of about 3.26 percent (or +$1.05 per RVU) over the current factor of $32.35.

These increases are driven by three components: a statutory update under Medicare Access and CHIP Reauthorization Act of +0.75 percent for APM participants / +0.25 percent for others; a one-year +2.5 percent adjustment included in recent legislation; and an estimated +0.55 percent offset tied to work RVU changes.

However, there are also two very notable changes from CMS that will result in decreased payment for many plastic and reconstructive surgery services.

First, CMS has finalized an "efficiency adjustment" (-2.5 percent applied to the work RVU component of non–time-based services) starting in CY 2026. The efficiency adjustment is being applied to essentially all surgical, procedural and radiology services. This adjustment is based on the assumption that there have been efficiencies in time and intensity for most procedures that lead to persistent over-valuation of these services. This adjustment was not applied to time-based services including E&M, behavioral health or global maternal-care services. There was significant opposition from many societies – including ASPS – to this faulty efficiency adjustment; however, CMS opted to enact this change. The Society will continue to fight against these changes, but implementation is still set by CMS for Jan. 1.

Second, CMS finalized changes to the allocation of indirect practice expense physician costs (e.g., clinic staff time) moving physician reimbursement dollars from when services are provided in a facility (e.g., hospital, ASC) to when the services are provided in a non-facility (e.g., clinic). This change is intended to address concerns about overpayment of practice expense for duplicated services. Although this will, in part, better support a private practice model, it will significantly decrease physician payment for when services are provided in a facility, with estimates between 7-10 percent when combined with other elements of the final rule.

Although we're still analyzing the final rule at this article's press time, an upcoming follow-up article will explain these changes in more detail and assess their impact on our specialty. PSN

21 years of education and counting

On Oct. 15, the Monmouth Society of Plastic Surgeons celebrated its 21st annual educational meeting. It was held at Buona Serra in Red Bank, N.J., and sponsored by Revance. Steve Sanabria, representing Revance, presented updates on new injectables. In attendance were Alan Zaccaria, MD, the society's founding president, and A.K. Bhattacharya, MD, the society's acting president. The society is open to all ASPS members and plastic surgery residents in the New Jersey, New York and Pennsylvania regions. It sponsors eight educational dinner programs per year. In addition to the evening's educational presentation, updates are presented concerning any issues in plastic surgery from the regional medical centers, along with the New Jersey Society of Plastic Surgeons. Any surgeons interested in obtaining additional information should email Dr. Bhattacharya at *mosum@aol.com* or immediate-past President Stephen Chidyllo, MD, DDS, at *sachidyllomd@gmail.com*. PSN