Errata and Technical Corrections – CPT® 2026
Date: June 2, 2026

The information that follows is sourced to either a publication errata or a technical correction by the CPT Editorial Panel. An errata (denoted as **E**) for the current edition of the CPT code set will publish information that was approved by the CPT Editorial Panel and inadvertently excluded from the current code set. Technical corrections (denoted as **T**) are clarifications of original Panel intent for the current code structure. All items below are errata if they are not designated as a technical correction in the right-hand column. The order of the entries on this document is by code order. Additionally, each entry shows the date of publication to this document. The links immediately following are provided as a guide to the most recently added items. **The effective date for each item is January 1, 2026**. Updates to this document are made as issues surface requiring clarification.

Most recent entries added to *Errata and Technical Corrections - CPT® 2026*

- Revise the Radiation Treatment Delivery subsection by: 1) adding "to a single isocenter" to the Level 1 definition; 2) updating the Level 3 definition by moving "2D" to the second row of the definition with multiple isocenters to align with the code descriptor (77412) and replacing the term "two separate" with the term "multiple"; 3) removing "or" to specify a "single isocenter" for code 77402; and 4) adding an exclusionary parenthetical note following code 77412 to instruct users how to appropriately report radiation treatment services.
- Revise Index by replacing NUDT15 term "hydroxlase" with the term "hydrolase" for genomic sequencing procedures.

Surgery **Cardiovascular System** **Arteries and Veins** **Endovascular Revascularization (Open or Percutaneous, Transcatheter)** **►Endovascular Revascularization of Lower Extremities for Arterial Occlusive Disease◄** **►*Iliac Vascular Territory*◄**		**Posted 12/12/25 E**
#●37258	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 ►(For bilateral procedure, report 37258 with modifier 50)◄	
#+●37259	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) ►(Use 37259 in conjunction with 37258, 37260)◄ ►(For bilateral procedure, report 37259 twice. Do not report modifier 50 in conjunction with 37259)◄	

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Correct code 37259 in the Iliac Vascular Territory subsection by adding the add-on (+) symbol in the printed publication of CPT® 2026 codebook.	
Radiology **Radiation Oncology** **Radiation Treatment Delivery** **Definitions** Radiation Treatment Delivery, megavoltage (≥ 1 MeV), any energy. ►***Level 1:*** Any photon 2D radiation therapy delivered to a single isocenter with uniform radiation beam intensities and radiation delivery set-up, either by surface anatomic landmarks or bony landmarks with kV or MeV imaging **or** any electron therapy not meeting Level 3 criteria. ***Level 2:*** Any photon therapy delivered with 3D CRT or IMRT to a single isocenter. Note: Does not include active motion management. ***Level 3:*** Any photon therapy with active motion management, including ~~2D, ~~3D CRT or IMRT **or** any photon delivery with 2D, 3D CRT or IMRT to ~~two separate~~multiple isocenters **or** total skin electrons **or** mixed electron and photon fields. Codes 77402, 77407, 77412 include the technical services for imaging guidance. To report stereotactic body radiation therapy, treatment delivery, use 77373.◄ ►(77401 has been deleted. For surface radiation therapy, see 77436, 77437, 77438, 77439)◄ ▲77402 Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, ~~or~~single isocenter 2D photons), including imaging guidance, when performed ▲77407 Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed ▲77412 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 ►(Do not report 77402, 77407 in conjunction with 77412)◄ ►(Do not report 77402, 77407, 77412 in conjunction with 77373)◄ ►(Do not report technical component [TC] with 77371, 77372, 77373, 77402, 77407, 77412)◄ **Revise the Radiation Treatment Delivery subsection by:** Revise the Radiation Treatment Delivery subsection by: 1) adding "to a single isocenter" to the Level 1 definition; 2) updating the Level 3 definition by moving "2D" to the second row of the definition with multiple isocenters to align with the code descriptor (77412) and replacing the term "two separate" with the term "multiple"; 3) removing "or" to specify a "single isocenter" for code 77402; and 4) adding an exclusionary parenthetical note following code 77412 to instruct users how to appropriately report radiation treatment services.	**Posted 6/1/26 T**
Radiology **Radiation Oncology** **►Surface Radiation Therapy (SRT)◄** ►Surface radiation therapy (SRT) is a type of external radiation therapy that utilizes low-energy radiation, <500 kilovoltage (kV), that limits penetration to tissues beyond the skin. Radiation therapy of skin cancers is principally performed with X rays. X rays can be generated with different energies. Low-energy X rays do not penetrate deep into the body and transmit most of their energy into the skin, and are therefore used for the	**Posted 12/12/25 E**

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treatment of skin cancers. These low-energy X rays are often called superficial (SXT) or orthovoltage (DXT) X rays. Superficial and orthovoltage radiotherapy utilize low-energy ionizing radiation to treat cancer and other conditions that occur either on or close to the skin surface. Superficial radiation therapy ~~SRT~~ utilizes ≤150 kV X rays to treat various benign and malignant skin lesions on or near the surface of the skin. They penetrate tissue <1.5-2 cm from the skin surface. The shielding requirements and machinery used to generate superficial radiation differ from orthovoltage radiation. Orthovoltage X rays (>150-500 kV) are sometimes called deep X rays (DXR). They cover the upper limit of energies used for surface radiation therapy to treat cancer and tumors. Orthovoltage X rays penetrate tissue to a therapeutic depth of <4 cm from the skin surface. **Revise guideline by replacing the acronym "SRT" with the term "Superficial radiation therapy" in the Surface Radiation Therapy (SRT) subsection.**	
Radiology **Radiation Oncology** **►Surface Radiation Therapy (SRT)◄** #●77436 Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting ►(Do not report 77436 in conjunction with 77261, 77262, 77280)◄ #●77437 superficial, delivery, ≤150 kV, per fraction (eg, electronic brachytherapy) #●77438 orthovoltage, delivery, >150-500 Kv, per fraction #✚●77439 superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure) ►(Use 77439 in conjunction with 77437, 77438)◄ ►(Do not report 77436, 77437, 77438, 77439 in conjunction with 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77306, 77307, 77316, 77317, 77318, 77331, 77332, 77333, 77334, 77387, 77402, 77407, 77412, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77600, 77605, 77610, 77615, 77620, 77761, ~~7726~~77762, ~~7726~~3763, 77767, 77768, 77770, 77771, 77772, 77778, 77789)◄ ►(For high-energy treatment of skin cancer [eg, electrons, photons, gamma rays], see 77402, 77407, 77412)◄ ►(For high-dose rate radionuclide surface brachytherapy, see 77767, 77768)◄ **Revise exclusionary parenthetical note following code 77439 by replacing code "77262" with code "77762" and code "77263" with code "77763" in the Surface Radiation Therapy (SRT) subsection.**	**Posted 12/12/25 E**
Medicine **Special Otorhinolaryngologic Services** **Evaluative and Therapeutic Services** ●92628 Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes ►(Do not report 92628 in conjunction with ~~92631, 92632,~~ 92636, 92637, 92642)◄	**Posted 3/10/26 T**

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	►(Do not report 92628 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear)◄ ►(For hearing testing, see 92550-92588)◄	
✚●92629	each additional 15 minutes (List separately in addition to code for primary procedure) ►(Use 92629 in conjunction with 92628)◄ ►(Do not report 92628, 92629 in conjunction with 92631, 92632, if performed within the same 30 minutes)◄	
#●92631	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes ►(Do not report 92631 in conjunction with ~~92628, 92629,~~ 92636, 92637, 92642)◄ ►(Do not report 92631 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear)◄ ►(For hearing testing, see 92550-92588)◄	
#✚●92632	each additional 15 minutes (List separately in addition to code for primary procedure) ►(Use 92632 in conjunction with 92631)◄ ►(Do not report 92631, 92632 in conjunction with 92628, 92629, if performed within the same 30 minutes)◄	
Revise the Evaluative and Therapeutic Services subsection by: 1) deleting codes "92631 and 92632" from the exclusionary parenthetical note following code 92628 and codes "92628 and 92629" from the exclusionary parenthetical note following code 92631; and 2) adding two new exclusionary parenthetical notes following codes 92629 and 92632 to instruct users how to appropriately report hearing aid services within the same 30 minutes.		
Medicine **Neurology and Neuromuscular Procedures** **Electrocorticography**		**Posted 12/12/25 E**
#95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days (Report 95836 only once per 30 days) ►(Do not report 95836 in conjunction with 95957, 1007T)◄ (For programming a brain neurostimulator pulse generator/transmitter when performed in conjunction with ECoG [95836], see 95983, 95984) ►(For programming of implanted sub-scalp continuous bilateral electroencephalography monitoring system when performed in conjunction with electrocorticogram, see 1004T, 1005T, 1006T)◄	
Revise cross-reference parenthetical note following code 95836 by adding "co" to the term "electrocortigram" in the Electrocorticography subsection.		
Category III Codes **Adaptive Behavior Assessments and Treatment**		**Posted 12/12/25**

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0373T	**Adaptive behavior treatment with protocol modification,** each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: ▪ administration by the physician or other qualified health care professional who is on site; ▪ with the assistance of two or more technicians; ▪ for a patient who exhibits destructive behavior; ▪ completion in an environment that is customized to the patient's behavior. (0373T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians) (Do not report 0373T in conjunction with 90785-90899, 96105, 96110, 96116, 96121, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171) (For total disc arthroplasty [artificial disc], anterior approach, including discectomy with end-plate preparation [includes osteophytectomy for nerve root or spinal cord decompression and microdissection], cervical, 3 or more levels, use 22899) ~~(For anoscopy with directed submucosal injection of bulking agent for fecal incontinence, use 46999)~~ **Delete cross-reference parenthetical note following code 0373T in the Category III Adaptive Behavior Assessments and Treatment subsection.**	**T**
Appendix O **Multianalyte Assays with Algorithmic Analyses and Proprietary Laboratory Analyses** The list includes a proprietary name and clinical laboratory or manufacturer in the first column, an alpha-numeric code in the second column and code descriptor in the third column. The format for the code descriptor usually includes (in order): ▪ Disease type (eg, oncology, autoimmune, tissue rejection), ▪ Chemical(s) analyzed (eg, DNA, RNA, protein, antibody), ▪ Number of markers (eg, number of genes, number of proteins), ▪ Methodology(s) (eg, microarray, real-time [RT]-PCR, in situ hybridization [ISH], enzyme linked immunosorbent assays [ELISA]), ▪ Number of functional domains (if indicated), ▪ Specimen type (eg, blood, fresh tissue, formalin-fixed paraffin-embedded), ▪ Algorithm result type (eg, prognostic, diagnostic), ▪ Report (eg, probability index, risk score). MAAA procedures that have been assigned a Category I code are noted in the list below and additionally listed in the Category I MAAA section (~~81500~~81490-81599). The Category I MAAA section introductory language and associated parenthetical instruction(s) should be used to govern the appropriate use for Category I MAAA codes. If a specific MAAA procedure has not been assigned a Category I code, it is indicated as a four-digit number followed by the letter M. When a specific MAAA procedure is not included in either the list below or in the Category I MAAA section, report the analysis using the Category I MAAA unlisted code (81599). The codes below are specific to the assays identified in Appendix O by proprietary name. In order to report an MAAA code, the analysis performed must fulfill the code descriptor **and**, if proprietary, must be the test represented by the proprietary name listed in Appendix O. When an analysis is performed that may potentially fall within a specific descriptor, however the proprietary name is not included in the list below, the MAAA unlisted code (81599) should be used. **Correct guideline by replacing code "81500" with code "81490" in the Appendix O introductory guidelines.**	**Posted 12/12/25 E**

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Index **Genomic Sequencing Procedures (GSPs)** NUDT15 (nudix ~~hydroxlase~~hydrolase 15)……..……..0034U **Revise Index by replacing NUDT15 term "hydroxlase" with the term "hydrolase" for genomic sequencing procedures.**	**Posted 6/1/26 E**
Index **Home Services** Respiratory Therapy……..…..99503 Sleep Studies…….~~95805-95811~~95800, 95801, 95806 Actigraphy Testing……..……....95803 Stoma Care……..99505 **Revise Index by replacing Sleep Studies code range "95805-95811" with codes "95800, 95801, 95806" for home services.**	**Posted 12/12/25 E**
Medium Descriptor File 84466 ASSAY OF ~~L7383~~TRANSFERRIN **Revise the medium descriptor file for code 84466.**	**Posted 3/10/26 E**
Medium Descriptor File 93565 NJX DRG C-CATHJ SLCTV L VNTRC/~~R~~L ATRIAL ANGRPHS&I **Revise the medium descriptor file for code 93565.**	**Posted 12/12/25 E**

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