

# CPT® Changes for the New Year

It's important to keep up with changes.

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**A** new CPT® code set<sup>1</sup> took effect January 1, 2026. This new code sets include additions, deletions, and modifications pertinent to care of the lower extremity. Some of the more pertinent 2026 CPT changes are shared here.

## Limb Lengthening

The new code set adds multiple codes representing procedures intended to achieve limb lengthening, including this new code involving work performed on the tibia:

CPT® 27713—Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device.<sup>1</sup>

## Remote Physiologic Monitoring

CPT coding for remote physiologic monitoring includes codes that represent three aspects of the service: equipment set-up/patient education, device supply with recording/alert transmission, and monitoring treatment management services. Prior to January 1, 2026, the set-up/patient education codes and device supply codes could not be submitted unless monitoring lasted 16 or more days. Allowing more versatility in the provision of the service, the new code set allows for submission of those set-up/patient education codes and device supply codes if monitoring lasts 2 or more days. The new

and revised codes that allow this versatility are:

CPT® 99445—Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period<sup>1</sup>

CPT® 99454—Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oxim-

revised codes are:

CPT® 99470—Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes<sup>1</sup>

CPT® 99457—Remote physiologic monitoring treatment management

**Prior to January 1, 2026, the remote physiologic monitoring treatment management services codes could only be submitted if monitoring treatment management lasted 20 or more minutes.**

**In 2026, codes are revised and added that allow submission of this service if monitoring treatment management services last 10 or more minutes.**

etry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period<sup>1</sup>

Prior to January 1, 2026, the remote physiologic monitoring treatment management services codes could only be submitted if monitoring treatment management lasted 20 or more minutes. In 2026, codes are revised and added that allow submission of this service if monitoring treatment management services last 10 or more minutes. Those new and

services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes<sup>1</sup>

CPT® 99458—Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver

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er during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)<sup>1</sup>

### Real-time Fluorescence Wound Imaging

The code descriptor for CPT<sup>®</sup> 0598T is changing from “Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity)” to “Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; first anatomic site (e.g., lower extremity, right leg).”<sup>1</sup> With this change, code submission no longer requires that the real-time fluorescence wound imaging be “noncontact.” The revised code descriptor adds the work involved to achieve clinical darkness and accounts for the measurement of wound size. The add-on code for this service, CPT 0599T, mirrors these changes in the new code set.

### Enzymatic Debridement of Burns

CPT 97602 is used to represent non-selective enzymatic debridement. Prior to 2026, there was no coding option to represent selective enzymatic debridement. In 2026, new codes are added that specify selective enzymatic debridement of burn eschar:

**CPT<sup>®</sup> 0973T**—Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (i.e., general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm.<sup>1</sup>

**CPT<sup>®</sup> 0975T**—Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (i.e., general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm.<sup>1</sup>

Each of these two codes also has an add-on code to represent each additional 100 sq. cm. of debridement, CPT 0974T and CPT 0976T, respectively.

### Remote Therapeutic Monitoring

CPT coding for remote therapeutic monitoring includes codes that represent three aspects of the service: equipment set-up/patient education, device(s) supply for data access/transmission, and monitoring treatment management services. Prior to January 1, 2026, the CPT codes that represent the equipment set-up/patient education and device supply could not be submitted unless monitoring lasted 16 or more days. The new code set

services, physician or other qualified healthcare professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes.<sup>1</sup>

**CPT<sup>®</sup> 98980**—Remote therapeutic monitoring treatment management services, physician or other qualified healthcare professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during

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**Prior to January 1, 2026, the CPT codes that represent the equipment set-up/patient education and device supply could not be submitted unless monitoring lasted 16 or more days. The new code set allows submission of those set-up/patient education and device supply codes if monitoring lasts 2 or more days.**

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allows submission of those set-up/patient education and device supply codes if monitoring lasts 2 or more days. When remote therapeutic monitoring is performed for the musculoskeletal system, the new and revised codes that allow this versatility are:

**CPT<sup>®</sup> 98985**—Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period<sup>1</sup>

**CPT<sup>®</sup> 98977**—Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period<sup>1</sup>

Prior to January 1, 2026, the remote therapeutic monitoring treatment management services codes could only be submitted if monitoring treatment management lasted 20 or more minutes. In 2026, codes are revised and added that allow submission of this service if monitoring treatment management services last 10 or more minutes. Those new and revised codes are:

**CPT<sup>®</sup> 98979**—Remote therapeutic monitoring treatment management

the calendar month; first 20 minutes.<sup>1</sup>

**CPT<sup>®</sup> 98981**—Remote therapeutic monitoring treatment management services, physician or other qualified healthcare professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure).<sup>1</sup>

These are some of the CPT changes that take effect January 1, 2026. All providers should be using the new CPT code set as of January 1, 2026. **PM**

### Reference:

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