

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13522	Date: December 11, 2025
	Change Request 14302

SUBJECT: NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make contractors aware of coverage for Renal Denervation on October 28, 2025.

EFFECTIVE DATE: October 28, 2025

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/Table of Contents
N	32/415 Renal Denervation (RDN) for Uncontrolled Hypertension - Coverage
N	32/415/1 Coding Requirements
N	32/415/2 Special Intermediary Claims Processing Requirements
N	32/415/3 Special Professional Billing Requirements
N	32/415/4 Messaging

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 13522	Date: December 11, 2025	Change Request: 14302
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SUBJECT: NCD 20.40- Renal Denervation (RDN) for Uncontrolled Hypertension

EFFECTIVE DATE: October 28, 2025

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make contractors aware of coverage for Renal Denervation on October 28, 2025.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to make contractors aware of coverage for radiofrequency renal denervation (rfRDN) and ultrasound renal denervation (uRDN) (collectively, RDN) for uncontrolled hypertension.

B. Policy: Effective October 28, 2025, the Centers for Medicare & Medicaid Services (CMS) covers radiofrequency renal denervation (rfRDN) and ultrasound renal denervation (uRDN) (collectively, RDN) for uncontrolled hypertension under Coverage with Evidence Development (CED) according to the criteria outlined in NCD manual, Chapter 1, Section 20.40.

Consistent with section 1142 of the Act, the Agency for Healthcare Research and Quality (AHRQ) supports clinical research studies that CMS determines meet all the criteria and standards identified above.

Renal denervation (RDN) for uncontrolled hypertension) is not covered for patients outside of a CMS-approved study.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
14302 - 04.1	Contractors shall allow claims for RDN for the treatment of uncontrolled hypertension under Coverage with Evidence Development (CED) according to the criteria outlined above. Please refer to the NCD Manual, Publication (Pub.) 100-03, Chapter 1, Section 20.40 for coverage criteria and Pub. 100-	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	04 Chapter 32, Section 415 for claims processing instructions.									
14302 - 04.2	<p>Contractors shall process RDN claims submitted with the following criteria:</p> <p>Type of Bill (TOB) 11X, and</p> <p>International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes:</p> <p>X051329: Destruction of Renal Sympathetic Nerve(s) using Ultrasound Ablation, Percutaneous Approach, New Technology Group 9</p> <p>Note: Recor Medical's Paradise® Ultrasound Renal Denervation, or</p> <p>X05133A: Destruction of Renal Sympathetic Nerve(s) using Radiofrequency Ablation, Percutaneous Approach, New Technology Group 10</p> <p>Note: Medtronic's Symplicity Spyral™ Renal Denervation System, and</p> <p>ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and</p> <p>Value code D4 with the 8-digit National Clinical Trial (NCT), and</p> <p>Condition code 30, and 04 (if appropriate)</p> <p>ICD-10-CM principal diagnosis is one of the following:</p>	X				X				

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
14302 - 04.3	<p>Contractors shall process RDN claims submitted with the following criteria:</p> <ul style="list-style-type: none"> Place of Service (POS) 21 and ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and The 8-digit National Clinical Trial (NCT), Modifier Q0 <p>CPT Codes:</p> <p>0338T:Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral</p> <p>0339T:Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral</p> <p>0935T:Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral</p>		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<p>approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral</p> <p>HCPCS Codes:</p> <p>C1735:Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components</p> <p>Note: Device code for Medtronic’s Symplicity Spyral™ Renal Denervation System</p> <p>C1736:Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components</p> <p>Note: Device code for Recor Medical’s Paradise® Ultrasound Renal Denervation</p> <ul style="list-style-type: none">• ICD-10-CM principal diagnosis is one of the following:<ul style="list-style-type: none">• I10• I11.0• I11.9• I12.0• I12.9• I13.0• I13.10• I13.11• I13.2• I15.0• I15.1• I15.2• I15.8• I15.9• I16.0• I16.1• I16.9									

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<ul style="list-style-type: none"> I1A.0 <p>Please note:</p> <p>- ICD-10-CM classifies hypertension by type as essential or primary (categories I10-I13), secondary (category I15), hypertensive crisis (category I16), and resistant (category I1A).</p> <p>- ICD-10-CM does not distinguish between controlled vs. uncontrolled hypertension.</p>									
14302 - 04.4	Contractors shall Return to Provider (RTP) RDN claims when TOB is not equal to 11X.	X				X				
14302 - 04.5	Contractors shall return as unprocessable RDN claims when POS is not equal to 21.		X							
14302 - 04.6	<p>Contractors shall return as unprocessable claims for RDN services when services were billed in other than POS 21 and use the following messages:</p> <p>Claim Adjustment Reason Code (CARC) 58: Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.</p> <p>Remittance Advice Remark Code (RARC) N386: “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available</p>		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<p>at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.</p> <p>Group Code: CO (Contractual Obligation)</p>									
14302 - 04.7	Contractors shall RTP RDN claims not submitted with condition code 30.	X				X				
14302 - 04.8	Contractors shall RTP RDN claims not submitted with value code D4 with the 8-digit NCT.	X				X				
14302 - 04.9	<p>Contractors shall return as unprocessable line-items on claims in a clinical research study when billed without the clinical trial number using the following messages:</p> <p>CARC 16: Claim/service lacks information or has submission/billing error(s).</p> <p>RARC MA50: Missing/incomplete/invalid Investigational Device Exemption number or clinical trial number.</p> <p>Group Code: CO</p>		X							
14302 - 04.10	<p>Contractors shall return as unprocessable line-items on claims containing one of the CPT or HCPCS codes in BR 14302.04.3 in a clinical research study when billed without modifier Q0 using the following messages:</p> <p>CARC 4: The procedure code is inconsistent with the modifier used.</p>		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	RARC N519: Invalid combination of HCPCS modifiers. Group Code:CO									
14302 - 04.11	Contractors shall deny RDN claims not submitted with the following ICD-10-CM DX as a principal diagnosis: <ul style="list-style-type: none"> • I10 • I11.0 • I11.9 • I12.0 • I12.9 • I13.0 • I13.10 • I13.11 • I13.2 • I15.0 • I15.1 • I15.2 • I15.8 • I15.9 • I16.0 • I16.1 • I16.9 • I1A.0, and Z00.6 (reported as other diagnosis)	X	X			X	X			
14302 - 04.11.1	Contractors shall use the following messages when denying claims: <p>Claim Adjustment Reason Code (CARC) 167: "This (these) diagnosis(es) is (are) not covered".</p> <p>Remittance Advice Remark Code (RARC) N386: "This decision was based on a</p>	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	<p>National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.</p> <p>Group Code – CO or PR (Patient Responsibility) is dependent upon liability.</p> <p>Use PR when:</p> <ul style="list-style-type: none"> On institutional claims, Occurrence Code 32 is present. <p>Medicare Summary Notice (MSN) 15.20: “The following policies were used when we made this decision: NCD 20.40”.</p> <p>Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 20.40</p>									
14302 - 04.12	Contractors shall not search their files for RDN claims processed with DOS or discharge dates between October 28, 2025 and the implementation date of this change request. However, MACs shall adjust those claims that are brought to their	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	attention.									

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents
(Rev. 13522; Issued:12-11-25)

415 Renal Denervation (RDN) for Uncontrolled Hypertension

415 Renal Denervation (RDN) for Uncontrolled Hypertension – Coverage

Rev. 13522; Issued: 12-11-25; Effective:10-28-25; Implementation:04-06-26

Effective for claims with dates of service on or after October 28, 2025, the Centers for Medicare & Medicaid Services (CMS) covers radiofrequency renal denervation (rfRDN) and ultrasound renal denervation (uRDN) (collectively, RDN) for uncontrolled hypertension under Coverage with Evidence Development (CED). Refer to the criteria outlined in Publication 100-03, Chapter 1, section 20.40.

415. 1 Coding Requirements

Rev. 13522; Issued: 12-11-25; Effective:10-28-25; Implementation:04-06-26

International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes:

- *X051329: Destruction of Renal Sympathetic Nerve(s) using Ultrasound Ablation, Percutaneous Approach, New Technology Group 9*

Note: Recor Medical's Paradise® Ultrasound Renal Denervation

- *X05133A: Destruction of Renal Sympathetic Nerve(s) using Radiofrequency Ablation, Percutaneous Approach, New Technology Group 10*

Note: Medtronic's Symplicity Spyral™ Renal Denervation System, and

- *ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and*
- *Value code D4 with the 8-digit National Clinical Trial (NCT), and*
- *Condition code 30, and 04 (if appropriate)*

ICD-10-CM principal diagnosis is one of the following:

- *I10:Essential (primary) hypertension*
- *I11.0:Hypertensive heart disease with heart failure*
- *I11.9:Hypertensive heart disease without heart failure*
- *I12.0:Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease*
- *I12.9:Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease*
- *I13.0:Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease*
- *I13.10:Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease*
- *I13.11:Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease*
- *I13.2:Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease*
- *I15.0:Renovascular hypertension*
- *I15.1:Hypertension secondary to other renal disorders*
- *I15.2:Hypertension secondary to endocrine disorders*
- *I15.8:Other secondary hypertension*

- I15.9:Secondary hypertension, unspecified
- I16.0:Hypertensive urgency
- I16.1:Hypertensive emergency
- I16.9:Hypertensive crisis, unspecified
- I1A.0:Resistant hypertension

Please note:

ICD-10-CM classifies hypertension by type as essential or primary (categories I10-I13), secondary (category I15), hypertensive crisis (category I16), and resistant (category I1A).

ICD-10-CM does not distinguish between controlled vs. uncontrolled hypertension.

CPT Codes for professional claims only:

0338T:Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral

0339T:Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral

0935T:Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral

HCPCS Codes for professional claims only:

C1735:Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components

Note: Device code for Medtronic's Symplicity Spyral™ Renal Denervation System

C1736:Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components

Note: Device code for Recor Medical's Paradise® Ultrasound Renal Denervation

415.2 – Special Intermediary Claims Processing Requirements

Rev. 13522; Issued: 12-11-25; Effective:10-28-25; Implementation:04-06-26

Contractors shall Return to Provider (RTP) RDN claims when TOB is not equal to 11X.

415.3 – Special Professional Billing Requirements

Rev. 13522; Issued: 12-11-25; Effective:10-28-25; Implementation:04-06-26

Contractors shall allow claims with place of service (POS) = 21. Claims with any other POS shall be returned as unprocessable.

415.4 – Messaging

Rev. 13522; Issued: 12-11-25; Effective:10-28-25; Implementation:04-06-26

Contractors shall RTP/ return as unprocessable claims for RDN services when services were billed in other than Place of Service (POS) 21 and use the following messages:

CARC 58: Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.

Remittance Advice Remark Code (RARC) N386: “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code: CO

Contractors shall deny RDN claims not submitted with the following ICD-10-CM DX as a principal diagnosis listed in Section 415.1 and use the following messages:

Claim Adjustment Reason Code (CARC) 167: “This (these) diagnosis(es) is (are) not covered”.

Remittance Advice Remark Code (RARC) N386: “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code – CO (Contractual Obligation) or PR (Patient Responsibility) dependent upon liability.

Use PR when:

- *On institutional claims, Occurrence Code 32 is present.*

Medicare Summary Notice (MSN) 15.20: “The following policies were used when we made this decision: NCD 20.40”.

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 20.40

Contractors shall return as unprocessable line-items on claims in a clinical research study when billed without the clinical trial number using the following messages:

CARC 16: Claim/service lacks information or has submission/billing error(s).

RARC MA50: Missing/incomplete/invalid Investigational Device Exemption number or clinical trial number.

Group Code: CO

Contractors shall return as unprocessable line-items on claims containing one of the CPT or HCPCS codes mentioned in Section 415.1 when billed without modifier Q0 using the following messages:

CARC 4: The procedure code is inconsistent with the modifier used.

RARC N519: Invalid combination of HCPCS modifiers.

Group Code: CO

Contractors shall deny RDN claims not submitted with the following ICD-10-CM DX as a principal diagnosis

- *I10*
- *I11.0*

- I11.9
- I12.0
- I12.9
- I13.0
- I13.10
- I13.11
- I13.2
- I15.0:
- I15.1
- I15.2
- I15.8
- I15.9
- I16.0
- I16.1
- I16.9
- I1A.0 and

Z00.6 (reported as other diagnosis)

Contractors shall use the following messages when denying claims:

Claim Adjustment Reason Code (CARC) I67: “This (these) diagnosis(es) is (are) not covered”.

Remittance Advice Remark Code (RARC) N386: “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code – CO (Contractual Obligation) or PR (Patient Responsibility) dependent upon liability.

Use PR when:

- *On institutional claims, Occurrence Code 32 is present.*

Medicare Summary Notice (MSN) 15.20: “The following policies were used when we made this decision: NCD 20.40”.

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 20.40

NCD:	20.40									
NCD Title:	Renal Denervation for Uncontrolled Hypertension									
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf									
MCD:	https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=318									
CR Numbers:	CR14302									
Part A	Rule Description Part A	Proposed HCPCS/ CPT/ ICD-10-PCS Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifiers Part A	Provider Specialty	Proposed MSN Messages Part A	Proposed CARC Messages Part A	Proposed RARC Messages Part A
Part A	Effective October 28, 2025, the CMS covers radiofrequency renal denervation (rRDN) and ultrasound renal denervation (uRDN) (collectively, RDN) for uncontrolled hypertension under Coverage with Evidence Development (CED) according to the criteria outlined in NCD manual, chapter 1, section 20.40.	see below								
Part A	A/MACs and FISS shall allow claims for RDN for the treatment of uncontrolled hypertension under CED according to the criteria outlined above. Please refer to the NCD Manual, Publication (Pub.) 100-03, Chapter 1, Section 20.40 for coverage criteria and Pub. 100-04 Chapter 32, Section 415 for claims processing instructions.	see below								
Part A	A/MACs and FISS shall process RDN claims submitted with the following with the following criteria: • Type of Bill (TOB) 11X, and • ICD-10-PCS: X051329 (Recor Medical's Paradise® Ultrasound Renal Denervation) OR X05133A (Medtronic's Symplicity Spyral™ Renal Denervation System) • ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and • Value code D4 with the 8-digit National Clinical Trial (NCT), and • Condition code 30, and 04 (if appropriate) • ICD-10-CM principal diagnosis from the list.	X051329 X05133A	n/a	11X	n/a	Q0	n/a	15.20	167	N386, CO or PR(Dx)
Part B	Rule Description Part B	Proposed HCPCS/ CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifiers Part B	Provider Specialty	Proposed MSN Messages Part B	Proposed CARC Messages Part B	Proposed RARC Messages Part B
Part B	Effective October 28, 2025, the CMS covers radiofrequency renal denervation (rRDN) and ultrasound renal denervation (uRDN) (collectively, RDN) for uncontrolled hypertension under Coverage with Evidence Development (CED) according to the criteria outlined in NCD manual, chapter 1, section 20.40.	see below								
Part B	B/MACs and MCS shall allow claims for RDN for the treatment of uncontrolled hypertension under CED according to the criteria outlined above. Please refer to the NCD Manual, Publication (Pub.) 100-03, Chapter 1, Section 20.40 for coverage criteria and Pub. 100-04 Chapter 32, Section 415 for claims processing instructions.	see below								
Part B	B/MACs shall process RDN claims submitted with the following with the following criteria: • Place of Service (POS) 21 and • ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and • The 8-digit National Clinical Trial (NCT), • Modifier Q0 • ICD-10-CM principal diagnosis from the list.	0338T 0339T 0935T C1735 (Medtronic's Symplicity Spyral™) C1736 (Recor Medical's Paradise® Ultrasound)	n/a	21	n/a	Q0	n/a	15.20	58 ----- 16 ----- 4 ----- 167	N386, CO (POS) ----- MA50, CO(NCT) ----- N519, CO (Q0) ----- N386, CO or PR(Dx)
Revision History										
CRXXXX: New NCD and spreadsheet issued.										