



National Coverage Determination 20.40: Renal Denervation for Uncontrolled Hypertension

Related Change Request (CR) Information	
Number: 14302 Revised	Release Date: March 19, 2026
Effective Date: October 28, 2025	Implementation Date: April 6, 2026
Transmittal Numbers: R13522CP , R13522NCD , R13612CP , R13612NCD , R13640CP , R13640NCD , R13695CP & R13695NCD	

What's Changed?

We revised this article. Place of service code 24 is allowable for professional claims. We don't pay physicians for HCPCS codes C1735 and C1736. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (pages 2 and 4).

Affected Providers

- Physicians
- Hospitals

CPT codes, descriptions, and other data only are copyright 2025 American Medical Association. All Rights Reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT is a registered trademark of the American Medical Association.

Action Needed

Make sure your billing staff knows about national coverage for renal denervation (RDN):

- Criteria
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Key Updates

RDN treats uncontrolled hypertension. Effective October 28, 2025, CMS covers radiofrequency RDN (rfRDN) and ultrasound RDN (uRDN), collectively known as RDN, for treating uncontrolled hypertension under CED according to the coverage criteria we outline in the [Medicare National Coverage Determination \(NCD\) Manual, Chapter 1](#), section 20.40.

Consistent with section 1142 of the [Social Security Act](#), the Agency for Healthcare Research and Quality supports clinical research studies that we determine meet all the criteria and standards in NCD 20.40.

We don't cover RDN for uncontrolled hypertension for patients outside a CMS-approved study. See NCD 20.40 for the complete coverage criteria.

Claims Processing Requirements

Use these procedure codes for Medtronic's Symplicity Spyral™ Renal Denervation System:

- ICD-10-PCS code X05133A—Destruction of Renal Sympathetic Nerve(s) using Radiofrequency Ablation, Percutaneous Approach, New Technology Group 10
- HCPCS code C1735—Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components

Use these procedure codes for Recor Medical's Paradise® Ultrasound Renal Denervation:

- ICD-10-PCS code X051329—Destruction of Renal Sympathetic Nerve(s) using Ultrasound Ablation, Percutaneous Approach, New Technology Group 9
- HCPCS code C1736—Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components

We don't pay physicians for HCPCS codes C1735 and C1736.

Use these CPT codes for RDN for outpatient and professional claims:

- 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

Note: You may only use CPT code 0935T on professional claims.

Submit RDN claims with 1 of these ICD-10-CM codes as the 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, or I1A.0—and Z00.6 as the other diagnosis.

Note: ICD-10-CM classifies hypertension by type as essential or primary (categories I10–I13), secondary (category I15), hypertensive crisis (category I16), or resistant (category I1A). ICD-10-CM doesn't distinguish between controlled and uncontrolled hypertension.

Institutional Claims

We cover claims for RDN on:

- Type of bill (TOB) 11X when billed with ICD-10-PCS codes:
 - X051329
 - X05133A
- TOB 13X when billed with:
 - CPT codes 0338T and 0339T
 - HCPCS codes C1735 and C1736

All institutional claims for RDN must include:

- The appropriate ICD-10-CM diagnosis code and Z00.6 as the other diagnosis code
- Condition code 30—Qualified clinical trial
- Condition code 04—Informational only (if appropriate)
- Value code D4—Clinical trial number (8-digit number)

CPT only copyright 2025 American Medical Association. All Rights Reserved.

Professional Claims

We cover claims for RDN when billed with:

- HCPCS codes C1735 and C1736
- CPT codes 0338T, 0339T, and 0935T
- The appropriate ICD-10-CM diagnosis code and Z00.6 as the other diagnosis code
- Place of service (POS) codes 19, 21, 22, or 24
- The 8-digit clinical trial identifier number
- Modifier Q0—Investigational clinical service provided in a clinical study that's in an approved clinical research study

Your Medicare Administrative Contractor (MAC) will return any RDN claims you submitted with the wrong TOB, POS code, condition code, modifier, or value code and any claims that don't include the clinical trial number. Your MAC will deny claims you submitted without the appropriate ICD-10-CM diagnosis codes.

Note: Your MAC won't search their files for RDN claims processed with service or discharge dates of October 28, 2025 – April 6, 2026; however, they'll adjust any claims you bring to their attention.

More Information

We issued these transmittals to your MAC as the official instructions for this change:

- R13522CP
- R13522NCD
- R13612CP
- R13612NCD
- R13640CP
- R13640NCD
- R13695CP adds section 415 to the [Medicare Claims Processing Manual, Chapter 32](#)
- R13695NCD adds section 20.40 to the Medicare NCD Manual, Chapter 1, Part 1

For more information, find your [MAC's website](#).

CPT only copyright 2025 American Medical Association. All Rights Reserved.

Document History

Date of Change	Description
March 24, 2026	We revised this article. Place of service code 24 is allowable for professional claims. We don't pay physicians for HCPCS codes C1735 and C1736. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (pages 2 and 4).
February 17, 2026	We made no substantive changes to this article other than to update the CR release date, transmittal numbers, and transmittal links.
February 5, 2026	We added claims processing instructions for outpatient type of bill 13x and allowable place of service codes 19 and 22 for professional claims and specified you may use CPT code 0935T for professional claims only. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (pages 3 and 4).
December 19, 2025	Initial article released.

View the [Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#). The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).