



National Coverage Determination 20.40: Renal Denervation for Uncontrolled Hypertension

Related CR Release Date: December 11, 2025	MLN Matters Number: MM14302
Effective Date: October 28, 2025	Related Change Request (CR) Number: CR 14302
Implementation Date: April 6, 2026	Related CR Transmittal Numbers: R13522CP & R13522NCD

Affected Providers

- Physicians
- Hospitals

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.

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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 of a CMS-approved study. See NCD 20.40 for the complete coverage criteria.

Claims Processing Requirements

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

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

Use these CPT codes for RDN 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

Submit RDN claims with 1 of these ICD-10-CM codes as the 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, I16.9, 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), and resistant (category I1A). ICD-10-CM doesn't distinguish between controlled versus uncontrolled hypertension.

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Institutional Claims

We cover claims for RDN when billed with:

- ICD-10-PCS codes X051329 and X05133A
- The appropriate ICD-10-CM principal diagnosis code and Z00.6 as the other diagnosis code
- Type of bill (TOB) 11x
- Condition code 30 — Qualified clinical trial
- Condition code 04 — Informational only (if appropriate)
- Value code D4 — Clinical trial number (8-digit number)

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 principal diagnosis code and Z00.6 as the other diagnosis code
- Place of service (POS) 21 — Inpatient Hospital
- 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, condition code, modifier, or value code or 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 dates of service or discharge dates from October 28, 2025 – April 6, 2026; however, they'll adjust any claims you bring to their attention.

More Information

We issued CR 14302 to your MAC as the official instruction for this change. The CR is in 2 transmittals:

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

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

Document History

Date of Change	Description
December 19, 2025	Initial article released.

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