

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13802	Date: May 28, 2026
	Change Request 14302

Transmittal 13695 issued March 19, 2026, is being rescinded and replaced by Transmittal 13802, dated May 28, 2026, to revise the Pub.100-04 Claims Processing Manual (CPM) Table of Contents and chapter section/sub-section number(s), transmittal, NCD 20.40 RDN spreadsheet and Business Requirements (BR) 14302 - 04.1 that were erroneously misnumbered. In Pub 100-03, business requirement 14302 - 03.1 the reference to the (CPM) is being updated to the correct chapter and section. There are no changes to the policy. All other information remains the same.

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/revise 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	32/417 Renal Denervation (RDN) for Uncontrolled Hypertension - Coverage
N	32/417/1 Coding Requirements
N	32/417/2 Special Intermediary Claims Processing Requirements
N	32/417/3 Special Professional Billing Requirements
N	32/417/4 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: 13802	Date: May 28, 2026	Change Request: 14302
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Transmittal 13695 issued March 19, 2026, is being rescinded and replaced by Transmittal 13802, dated May 28, 2026, to revise the Pub.100-04 Claims Processing Manual (CPM) Table of Contents and chapter section/sub-section number(s), transmittal, NCD 20.40 RDN spreadsheet and Business Requirements (BR) 14302 - 04.1 that were erroneously misnumbered. In Pub 100-03, business requirement 14302 - 03.1 the reference to the (CPM) is being updated to the correct chapter and section. There are no changes to the policy. All other information remains the same.

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	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	
	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. 100-04 Chapter 32, Section 417 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</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>	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	
	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).									
14302 - 04.3	<p>Contractors shall process RDN claims submitted with the following criteria:</p> <ul style="list-style-type: none"> • TOB 13X, and • ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and • Value code D4 with the 8-digit NCT and, • Modifier Q0 or condition code 30, and <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),</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	
	<ul style="list-style-type: none"> I1A.0 <p>Please note:</p> <ul style="list-style-type: none"> 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. 									
14302 - 04.4	Contractors shall Return to Provider (RTP) RDN claims when TOB is not equal to 11X or 13X.	X				X				
14302 - 04.5	Contractors shall return as unprocessable RDN claims when POS is not equal to 19, 21, 22, or 24.		X							
14302 - 04.6	<p>Contractors shall return as unprocessable claims for RDN services when services were billed in other than POS 19, 21, 22 or 24 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</p>		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	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)									
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	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		X							
14302 - 04.10	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:		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>CARC 4: The procedure code is inconsistent with the modifier used.</p> <p>RARC N519: Invalid combination of HCPCS modifiers.</p> <p>Group Code:CO</p>									
14302 - 04.11	<p>Contractors shall deny RDN claims not submitted with the following ICD-10-CM DX as a diagnosis:</p> <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 <p>Z00.6 (reported as other diagnosis)</p>	X	X			X	X			
14302 - 04.11.1	<p>Contractors shall use the following messages when denying claims:</p> <p>Claim Adjustment Reason Code (CARC) 167: "This (these) diagnosis(es) is (are) not covered".</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>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.</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	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	
	implementation date of this change request. However, MACs shall adjust those claims that are brought to their attention.									
14302 - 04.13	<p>Contractors shall process RDN claims submitted with the following criteria:</p> <ul style="list-style-type: none"> Place of Service (POS) 19, 21, 22, or 24 and ICD-10-CM diagnosis Z00.6 (reported as other diagnosis), and The 8-digit National Clinical Trial (NCT), and Modifier Q0, and <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</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	
	<ul style="list-style-type: none"> • I15.8 • I15.9 • I16.0 • I16.1 • I16.9 • 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> <p>- Physicians cannot be paid for HCPCS C1735 and HCPCS C1736.</p>									

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 B, A/B MAC Part A

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

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(Rev.13802; Issued: 05-28-26)

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417.3 – Special Professional Billing Requirements
417.4 – Messaging

417 Renal Denervation (RDN) for Uncontrolled Hypertension – Coverage
(Rev. 13802; Issued: 05-28-26; 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.

417. 1 Coding Requirements:

(Rev. 13802; Issued: 05-28-26; Effective: 10-28-25; Implementation: 04-06-26)

Type of Bill (TOB) 11X

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 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.

TOB 13X and Professional Claims:

CPT Codes:

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

Professional Claims only:

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:

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

**417.2 – Special Intermediary Claims Processing Requirements
(Rev. 13802; Issued: 05-28-26; Effective: 10-28-25; Implementation: 04-06-26)**

Contractors shall Return to Provider (RTP) RDN claims when TOB is not equal to 11X or 13X.

417.3 – Special Professional Billing Requirements

(Rev. 13802; Issued: 05-28-26; Effective: 10-28-25; Implementation: 04-06-26)

Contractors shall allow claims with place of service (POS) = 19, 21, 22, or 24. Claims with any other POS shall be returned as unprocessable.

417.4 – Messaging

(Rev. 13802; Issued: 05-28-26; Effective: 10-28-25; Implementation: 04-06-26)

Contractors shall return as unprocessable claims for RDN services when services were billed in other than Place of Service (POS) 19, 21, 22 or 24 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 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 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) 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