



2026 Cryoablation Coding and Reimbursement Guide for Extremity Pain Management

AtriCure

Introduction

This information is shared for educational purposes and current as of January 1, 2026. This information is not and should not be construed as reimbursement, coding or legal advice. Healthcare providers (HCPs) are solely responsible for the accuracy of codes selected for the services rendered and reported in the patient's medical records. AtriCure makes no representation, warranty, or guarantee as to the timeliness, accuracy, or completeness of this information. AtriCure does not assume responsibility for coding decisions, nor recommend codes for specific cases. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. AtriCure does not promote off-label use of its devices. While a code might exist describing certain procedures and or technologies, this does not guarantee payment by payers.

Table of Contents

Device	1
Cryoablation	2
Physician Coding and Reimbursement.....	2
Inpatient Facility Coding and Reimbursement.....	3
Procedure Descriptions	3
Additional Reimbursement Resources.....	4

Device

Product Offering

AtriCure product offerings designed for use intraoperatively to manage post-operative pain during amputations procedures includes but is not limited to the cryoXT™ probes.

cryoNB

For Extremity Amputation Procedures



cryoXT™ Device

U.S Indications

AtriCure's cryoICE cryoXT cryoablation probes are intended for use to temporarily block pain by ablating peripheral nerves performed by freezing target tissues, creating an inflammatory response (cryonecrosis).

Contraindications There are no known contraindications.

Multi-Surface Freezing Technology

The prong-shaped distal tip is designed to engage exposed peripheral nerves, such as those in amputation procedures.

- Atraumatic fixed, large-bore diameter prongs
- Sized to accommodate nerves found in the extremities
- Surrounds nerve with three freezing surfaces, providing consistent, complete cryoablation



Cryoablation

Physician Coding and Reimbursement

Current Procedure Terminology (CPT®) are codes describing the procedure during the patient visit. CPT codes that may be appropriate for procedures used in conjunction with cryoablation via cryo XT probe.

Table 1. Amputation Physician Coding and Reimbursement

CPT ¹ / HCPCS	Description	Physician Work RVUs ²	Physician Total Facility RVUs ²	2026 Final Pay \$
27290	Amputation of leg at hip (hindquarter amputation)	23.94	43.91	\$1,467
27295	Amputation of leg at hip Disarticulation of hip	19.17	34.34	\$1,147
27590	Amputate leg at thigh Amputation, thigh, through femur, any level	13.13	21.59	\$721
27591	Amputate leg at thigh Amputation, thigh, through femur, any level; immediate fitting technique including first cast	13.59	26.61	\$889
27592	Amputate leg at thigh Amputation, thigh, through femur, any level; open, circular (guillotine)	10.71	18.81	\$628
27594	Amputation follow-up surgery Amputation, thigh, through femur, any level; secondary closure or scar revision	7.11	14.32	\$478
27596	Amputation follow-up surgery Amputation, thigh, through femur, any level; re-amputation	11.01	19.76	\$660
27598	Amputate lower leg at knee Disarticulation at knee	10.94	19.32	\$645
27880	Amputation of lower leg Amputation, leg, through tibia and fibula	14.99	24.63	\$823
27881	Amputation of lower leg Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	13.13	22.71	\$759
27882	Amputation of lower leg Amputation, leg, through tibia and fibula; open, circular (guillotine)	9.55	16.55	\$553
27884	Amputation follow-up surgery Amputation, leg, through tibia and fibula; secondary closure or scar revision	8.54	16.39	\$547
27886	Amputation follow-up surgery Amputation, leg, through tibia and fibula; re-amputation	9.77	18.02	\$602
27888	Amputation of foot at ankle Amputation, ankle, through malleoli of tibia and fibula (e.g., Syme, Pirogoff type procedures), with plastic closure and resection of nerves	10.11	15.96	\$536
27889	Amputation of foot at ankle Ankle disarticulation	10.59	17.88	\$600
37799	Unlisted procedure, vascular surgery		Contractor priced	
64999	Unlisted procedure, nervous system		Contractor priced	

Source: American Medical Association. CPT 2026 Professional Edition. CPT® is a registered trademark of the American Medical Association.

Additional CPT information provided by 2026 Optum EncoderPro.

The facility payment is the physician's professional fee in a facility setting. Average national rates are unadjusted by Geography Practice Cost Index. For 2026, CMS has established two Payment rates: for physicians at facilities in an Alternative Payment Model (APM), and those at facilities not in an Alternative Payment Model (non-APM). The above payment rates are for non-APM facilities, and reflect a conversion factor of \$33.4009 (effective 01/01/2026) multiplied by the total relative value units (RVUs). For physicians at an APM facility, the same RVU amounts apply, but are paid higher using a conversion factor of \$33.5675 (also effective 01/01/2026).

On October 31, 2025, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that announces final policy changes for Medicare payments under the Physician Fee Schedule (PFS), finalizing the creation of a new add-on G code, HCPCS code G0571 (Intraoperative nerve(s) cryoablation for post-surgical pain relief (list separately in addition to code for primary service)) to be billed with a surgical procedure to account for additional time and resources required to perform cryoablation.

G-code	Description	Physician Work RVUs	Physician Total RVU	2026 Final Payment
+G0571	Intraoperative nerve(s) cryoablation for post-surgical pain relief (facility)	1.36	1.77	\$59

Per CMS final rule 10/31/25: the cryoablation device is paid as a qualifying non-opioid treatment for pain relief under the OPPS/ASC as authorized by the NO PAIN Act. In the context of and in accordance with the NO PAIN Act, cryoablation for the purpose of postoperative pain management is separately billable by the interventionalist/surgeon performing another procedure.

Federal Register: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

+Indicates a secondary add-on procedure code to be listed with primary procedure code.

Cryoablation continued

Inpatient Facility Coding and Reimbursement

The site of service depends on the patient's chief complaint, clinical presentation and is solely determined by the admitting physician. The ICD-10-CM Diagnosis Code(s) and primary ICD-10-PCS determine the MS-DRG (Medicare Severity-Diagnosis-Related Group).

Table 2. Amputation Inpatient Facility Coding and Reimbursement

MS-DRG	MDC	Type	MS-DRG Title	Weights 10% Cap Applied	Arithmetic mean LOS	FY 2026 Final Payment
239	05	SURG	Amputation for circulatory system disorders except upper limb and toe with MCC	4.9217	13.8	\$35,814
240	05	SURG	Amputation for circulatory system disorders except upper limb and toe with CC	2.8505	8.8	\$20,742
241	05	SURG	Amputation for circulatory system disorders except upper limb and toe without CC/MCC	1.3844	4.8	\$10,074
255	05	SURG	Upper limb and toe amputation for circulatory system disorders with MCC	2.6974	8.6	\$19,628
256	05	SURG	Upper limb and toe amputation for circulatory system disorders with CC	1.6979	6.1	\$12,355
257	05	SURG	Upper limb and toe amputation for circulatory system disorders without CC/MCC	1.0922	3.8	\$7,948
474	08	SURG	Amputation for musculoskeletal system and connective tissue disorders with MCC	4.2929	12.3	\$31,238
475	08	SURG	Amputation for musculoskeletal system and connective tissue disorders with CC	2.2757	7.3	\$16,560
476	08	SURG	Amputation for musculoskeletal system and connective tissue disorders without CC/MCC	1.1802	3.6	\$8,588
616	10	SURG	Amputation of lower limb for endocrine, nutritional and metabolic disorders with MCC	3.4874	11	\$25,377
617	10	SURG	Amputation of lower limb for endocrine, nutritional and metabolic disorders with CC	1.8703	6.7	\$13,610
618	10	SURG	Amputation of lower limb for endocrine, nutritional and metabolic disorders without CC/MCC	1.4183	5.1	\$10,321
853	18	SURG	Infectious and parasitic diseases with O.R. procedures with MCC	4.9386	12.4	\$35,937
854	18	SURG	Infectious and parasitic diseases with O.R. procedures with CC	1.9981	6.2	\$14,540
855	18	SURG	Infectious and parasitic diseases with O.R. procedures without CC/MCC	1.4972	3.7	\$10,895

FY 2026 Medicare Inpatient rates based upon Final Rule release. Conversion Factor = \$7,276.76.

CC = comorbidity or complication, MCC = major complication or comorbidity, w/o = without.

Procedure Descriptions

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) is a standardized coding system used to document medical procedures performed in inpatient hospital settings. Developed and maintained by the Centers for Medicare & Medicaid Services (CMS) in the United States, ICD-10-PCS is updated annually to reflect changes in medical technology, clinical practice, and regulatory requirements.

ICD-10-PCS is exclusively used for inpatient procedural coding and is distinct from ICD-10-CM, which is used for diagnosis coding across various care settings.

Table 3. Cryoablation Procedure Descriptions

ICD 10 PCS	Action	Approach	Description
Above the Knee			
015D0ZZ	Destruction	Open	Destruction of Femoral Nerve , Open Approach
015F0ZZ	Destruction	Open	Destruction of Sciatic Nerve , Open Approach
Below the Knee			
015G0ZZ	Destruction	Open	Destruction of Tibial Nerve , Open Approach
015H0ZZ	Destruction	Open	Destruction of Peroneal Nerve , Open Approach

Cryoablation continued

Table 4. Common ICD-10 Codes Used During Amputation Procedures

PCS Code	Category	Action	Approach	Description
0Y6F0ZZ	lower amp - ATK	Detachment	Open	Detachment at Right Knee Region, Open Approach
0Y6G0ZZ	lower amp - ATK	Detachment	Open	Detachment at Left Knee Region, Open Approach
0Y620ZZ	lower amp - ATK	Detachment	Open	Detachment at Right Hindquarter, Open Approach
0Y630ZZ	lower amp - ATK	Detachment	Open	Detachment at Left Hindquarter, Open Approach
0Y670ZZ	lower amp - ATK	Detachment	Open	Detachment at Right Femoral Region, Open Approach
0Y680ZZ	lower amp - ATK	Detachment	Open	Detachment at Left Femoral Region, Open Approach
0Y6C0Z1	lower amp - ATK	Detachment	Open	Detachment at Right Upper Leg, High, Open Approach
0Y6C0Z2	lower amp - ATK	Detachment	Open	Detachment at Right Upper Leg, Mid, Open Approach
0Y6C0Z3	lower amp - ATK	Detachment	Open	Detachment at Right Upper Leg, Low, Open Approach
0Y6D0Z1	lower amp - ATK	Detachment	Open	Detachment at Left Upper Leg, High, Open Approach
0Y6D0Z2	lower amp - ATK	Detachment	Open	Detachment at Left Upper Leg, Mid, Open Approach
0Y6D0Z3	lower amp - ATK	Detachment	Open	Detachment at Left Upper Leg, Low, Open Approach
0Y6H0Z1	lower amp - BTK	Detachment	Open	Detachment at Right Lower Leg, High, Open Approach
0Y6H0Z2	lower amp - BTK	Detachment	Open	Detachment at Right Lower Leg, Mid, Open Approach
0Y6H0Z3	lower amp - BTK	Detachment	Open	Detachment at Right Lower Leg, Low, Open Approach
0Y6J0Z1	lower amp - BTK	Detachment	Open	Detachment at Left Lower Leg, High, Open Approach
0Y6J0Z2	lower amp - BTK	Detachment	Open	Detachment at Left Lower Leg, Mid, Open Approach
0Y6J0Z3	lower amp - BTK	Detachment	Open	Detachment at Left Lower Leg, Low, Open Approach

Additional Reimbursement Resources

Reimbursement Inquiries

E: HealthEconomics@AtriCure.com

Peer-Reviewed Literature

Clinical evidence in support of cryoablation includes, but is not limited to, the following peer-reviewed publications. Citations are available upon request.

O'Connor, L.A., Houseman, B., Taffe, D., & Quinn, C.C. (2022). Early application of cryoanalgesia to the brachial plexus prevents development of phantom limb pain after traumatic forequarter amputation: A case report. *Trauma Case Reports*, 41:100678. <https://doi.org/10.1016/j.tcr.2022.100678>

O'Connor, L.A., Quinn, C.C. & Houseman, B. (2025). Intraoperative Cryo nerve block during lower extremity amputation prevents the development of Phantom Limb pain. *Journal of Vascular Surgery Cases, Innovations and Techniques*, 11(5):101877. <https://doi.org/10.1016/j.jvscit.2025.101877>

Miller, D.L., Hutchins, J., Ferguson, M.A., Barhoush, Y. et al. (2024). Intercostal nerve cryoablation during lobectomy for postsurgical pain: A safe and cost-effective intervention. *Pain and Therapy*, 14(1):317–328. <https://doi.org/10.1007/s40122-024-00694-3>

Nwachukwu, C., Ratner, M., Rockman, C., Cayne, N. et al. (2024). Outcomes and predictors of amputation-free survival in patients undergoing below-knee popliteal-distal bypass. *Journal of Vascular Surgery*, 79(5). <https://doi.org/10.1016/j.jvs.2023.12.035>

O'Connor, L.A. (2023). Cryoanalgesia During Surgical Amputation of the Lower Extremity Prevents the Development of Phantom Limb Pain: A Case Report. *Lynchburg Journal of Medical Science*, 5(1).

Rajani Shah, A., Chinta, S.R., Lu, S., Volk, A. et al. (2025). 147. impact of cryoablation on postoperative opioid analgesic requirements following below-knee amputation. *Plastic and Reconstructive Surgery - Global Open*, 13(S1):101–102. <https://doi.org/10.1097/01.gox.0001112536.65290.7b>

Sample/No Cost device: If you received a device as a sample or at no cost, unrelated to a recall, please notify your reimbursement staff. The hospital procedure claim could require additional modifiers or supplemental information to properly account for the reduction in sale price. Please refer to the Medicare claims manual for the most up to date guidance, the following link is provided: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf>.

For additional information about the medical necessity of postoperative analgesia, including peer-reviewed literature and payer policies, please reach out to your AtriCure sales professional. For other inquiries or additional information, you can also contact AtriCure's Reimbursement email at HealthEconomics@AtriCure.com, or reach out through our website at www.AtriCure.com/Healthcare-Professionals/Health-Economics-Reimbursement.

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