

# FY2026 New Coding to Support Cryoablation

## Effective January 1, 2026

### CMS Updates

In the calendar year 2026, Medicare Physician Fee Schedule (MPFS) Final Rule, CMS included cryoablation therapy as a non-opioid pain management product that qualifies for separate payment under the new G-Code. The code is to be billed with a surgical procedure and accounts for the additional time and resources required to perform cryoablation. The G-code is primarily used by Medicare and other government programs, though other payers may choose to adopt it.

#### **+G0571**

Intraoperative nerve(s)  
cryoablation for post-surgical  
pain relief.

+G0571 should be used for all Medicare and Medicaid beneficiaries. For Commercial payors that do NOT review G-Codes, CPT 64999 (unlisted procedure of the Nervous System) could be an appropriate alternative option

**Usage:** Must be listed separately in addition to the code for the index procedure.

**Billing:** Separately billable by the surgeon performing the procedure.

“...Cryoablation for the purpose of post-operative pain management is separately billable by the interventionalist/surgeon performing another procedure.”

<https://www.federalregister.gov/d/2025-19787/p-552>

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