Coding considerations for iovera° procedures

iovera°

As guidance for cryoneurolysis procedures continues to evolve, coding, coverage, and reimbursement may vary across payers.

- Per AMA guidance, providers are currently submitting Category I CPT® codes from the 646xx coding set (such as 64640 or 64624) or Category III CPT® codes (0440T–0442T) when billing iovera° procedures.
- Certain Medicare Administrative Contractors (MACs), including Noridian and CGS, have published guidance indicating that CPT® codes 0440T–0442T are appropriate for reporting cryoneurolysis procedures until a more specific permanent Category I CPT® code is established. NGS has recommended that CPT® code 64999 is appropriate.
- Noridian has specifically identified CPT® code 0441T for reporting cryoneurolysis procedures involving nerves around the knee. Providers should consult payer-specific policies to determine applicable coding requirements.

Commonly used codes for iovera°

The following CPT® codes are commonly used to report cryoneurolysis procedures. Code selection should be based on the service performed, anatomic location treated, and applicable payer requirements.

CPT® Code	General description
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64624	Destruction by neurolytic agent; genicular nerve branches
64620	Destruction by neurolytic agent; intercostal nerve
64999	Unlisted procedure; nervous system
0440T	Cryoneurolysis; upper extremity distal/peripheral nerve
0441T	Cryoneurolysis; lower extremity distal/peripheral nerve
0442T	Cryoneurolysis; nerve plexus or truncal nerve

Comparing Category III and Category I CPT® Codes

Understanding the differences between Category III and Category I CPT® codes may help providers navigate payer-specific coding and reimbursement requirements.

Category III Codes (T codes)

Temporary codes established by the AMA to track emerging technologies, services, and procedures

Physician rates are variable and determined on a case-by-case basis by the payer

Prior authorization or predetermination availability varies by payer

Medical necessity and supporting documentation are often important for coverage and reimbursement

Coverage policies may vary by payer and geography

Category I Codes

Permanent codes established for widely adopted procedures and services

Established RVUs and reimbursement rates

Prior authorization may be available depending on payer policy

Established coverage and billing pathways may reduce the need for additional supporting documentation, depending on payer requirements

Coverage policies are payer-specific

2026 Medicare Facility Payment Rates by site of care[1]

The following table reflects 2026 national unadjusted Medicare facility payment rates and is provided for general reference purposes only. Medicare facility payment amounts vary based on the code reported and site of service.

CPT® Code	General description	APC	HOPD payment (2026)	ASC payment (2026)
C9809	Cryoneurolysis needle (eg, iovera° System), including needle/tip and disposable system components	2059	$261.38	$261.38
Note: C9809 qualifies for separate Medicare payment under the NOPAIN Act in the HOPD and ASC settings when applicable CMS criteria are met.				
0440T	Cryoablation; upper extremity distal/peripheral nerve	5431	$1995.02	$1,475.61
0441T	Cryoablation; lower extremity distal/peripheral nerve	5431	$1,995.02	$1,466.13
0442T	Cryoablation; nerve plexus or other truncal nerve	5433	$8,965.93	$6,353.37

Note: 0440T-0442T have an MUE of 3 units, allowing reimbursement for treatment of multiple nerves when medically appropriate and billed according to payer requirements.

Download the **2026 iovera° Coding and Reimbursement Guide** for 64640 and 64624 Medicare payment rates and additional information.

This information is provided for general reference and informational purposes only. Each healthcare provider is ultimately responsible for determining the appropriate codes, coverage, and payment for individual patients. Pacira does not guarantee third-party coverage or payment for the iovera° treatment or reimburse for claims that are denied by third-party payers.

1. Centers for Medicare & Medicaid Services (CMS). CY 2026 Hospital Outpatient Prospective Payment System (OPPS) Addendum B: Payment by HCPCS Code. Available at: CMS 2026 OPPS Addenda. Accessed July 2026.

Visit **ioverapro.com/reimbursement** for additional information and resources, or contact your Pacira Sales representative with specific questions.

iovera°

Please see Instructions for Use at **ioverapro.com/IFU**

pacira BIOSCIENCES