

MiniMed Go™ System

Diabetes Technology
Billing and Coding Guide

2026

Includes information
for the integrated
MiniMed Go™ system:

- InPen™ smart insulin pen
- Instinct CGM sensor
- Simplera™ CGM sensor

Enter

This guide should not be viewed as inclusive of all coding, coverage, and payment information that may be needed. It does not replace advice from your coding, billing, compliance, legal, or other applicable departments. The responsibility for correctness lies with the provider or supplier of services.

CGM = continuous glucose monitor.



Sensor made by Abbott



Introduction

The **Diabetes Technology Billing and Coding Guide** has been developed as an introductory reference guide to coding, coverage, and payment for professional services providers, pharmacies, and DME suppliers in the care of patients with diabetes.

The guide outlines the following information in relation to MiniMed Go™, a smart multiple daily injection (MDI) system:



Coverage considerations



HCPCS codes



CPT® codes



NDC/NRC



MTM coding



Diagnosis codes



Product support

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This document aids with FDA-approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA-cleared or approved labeling (eg, instructions for use, operator's manual, or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related services.

CPT = Current Procedural Terminology; DME = durable medical equipment; HCPCS = Healthcare Common Procedure Coding System; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; MTM = medication therapy management; NDC = National Drug Code; NRC = National Reimbursement Code.



Coverage Considerations

MiniMed Go™ is a smart multiple daily injection (MDI) system composed of the InPen™ smart insulin pen, a compatible CGM, such as Instinct or Simplera™, and the MiniMed Go™ app. The InPen™ smart insulin pen is a one-year, reusable insulin pen that is compatible with Humalog®, Novolog®, and Fiasp® U-100 3.0 mL insulin cartridges. The pen provides dosing calculations, reminders, and CGM data integration that can be viewed on the App Manager receiver or the user’s compatible smart device. Coverage for each component of the MiniMed Go™ system may vary depending on the plan.

Reimbursement Pathways for MiniMed Go™ System

	Medicare	Medicare Advantage	Commercial Plans
InPen™ smart insulin pen^{1,2}	 Claim adjudicated under pharmacy benefit	 Claim adjudicated under pharmacy benefit	 Claim adjudicated under pharmacy benefit
Instinct sensor^{3,4}	 Claim adjudicated under Part B when NCD/LCD criteria are met	 Claim adjudicated under medical benefit similar to Part B*	 Claim adjudicated under pharmacy or medical benefit
Simplera™ sensor^{3,4}	 Claim adjudicated under Part B when NCD/LCD criteria are met	 Claim adjudicated under medical benefit similar to Part B*	 Claim adjudicated under pharmacy or medical benefit

*Exception: Certain Medicare Advantage plans may require member to utilize a pharmacy network provider.

For accurate billing of the MiniMed Go™ system, it is important to delineate the difference between the pharmacy benefit and the medical benefit, also referred to as durable medical equipment, or DME. As criteria varies by payer and plan type, a benefit verification with the patient’s insurance plan is recommended to confirm coverage criteria and benefit type for each component of the MiniMed Go™ system.

Indications for use

The MiniMed Go system includes the MiniMed Go app, InPen smart insulin pen injector and either the Instinct continuous glucose monitoring (CGM) sensor or Simplera CGM sensor. The system is intended to aid in diabetes management through multiple daily injections of compatible rapid-acting insulins (Humalog, Novolog, or Fiasp). The app and system components each require a prescription. When used with Instinct CGM, the app is indicated for patients ages 7 years and older, or patients ages 2 to 6 years under the supervision of an adult caregiver. When used with Simplera CGM, the app is indicated for patients ages 18 and over. If using InPen alone, the app is intended for all ages, with patients under age 7 requiring supervision. Use of these systems requires, among other things, adequate hearing and vision, a compatible mobile device and operating system, an open app, adequate pairing and connectivity, proper settings, use of an approved rapid-acting insulin, mobile device battery power, accurate manual logging of insulin doses administered by means other than InPen, and occasional blood glucose meter (BGM) readings. Establishment of settings and treatment decisions should be made in consultation with a healthcare professional and on the basis of a combination of glucose readings, trend arrows, glucose target, active alerts, and recent events (such as insulin doses, exercise, meals, and medications). Failure to observe these and other details as found in the user guides can result in incorrect dosing, missed alerts and notifications, and ultimately hypoglycemia or hyperglycemia, with serious injury or death possible. For additional safety information and user guides, see <https://bit.ly/MiniMedRisks>.

DME = durable medical equipment; LCD = Local Coverage Determination; NCD = National Coverage Determination.



Coverage Considerations (cont'd)

Typical coverage requirements for InPen™ smart insulin pen and CGMs

The InPen™ smart insulin pen is the first FDA-cleared insulin delivery system of its kind and may require prior authorization (PA).

When a PA is required, the following information should be submitted to a patient's health plan to obtain coverage^{1,2}:

- ✓ Written prescription
- ✓ Diagnosis of insulin-dependent diabetes
- ✓ Proof of 1 or more of the following events in the last 12 months:
 - Hypoglycemia
 - Severe glycemia excursions
 - Fasting blood sugars repeatedly >200 mg/dL
- ✓ Current insulin regimen, including dosages and start therapy dates (injections needed ≥3x per day)
- ✓ Patient history, previous and current treatments, history of failure, contraindication, or intolerance to other treatments
- ✓ A compatible smartphone or receiver (needed to view the data)
- ✓ Refill intervals

When PA is required for prescribed CGMs, typical coverage requirements include the documentation of^{3,4}:

- ✓ Diagnosis of diabetes
- ✓ History of insulin use and/or problematic hypoglycemia (*history of level 2 or level 3 hypoglycemia despite use of a non-insulin glycemically-lowering agent*)
- ✓ History of failure, contraindication, or intolerance to other treatments
- ✓ A treatment plan that includes CGM use
- ✓ Proper training on how to use the CGM
- ✓ A compatible smartphone or receiver (needed to view the data)
- ✓ An in-person visit with patient within 6 months of ordering a CGM to determine medical necessity



Medicare Part B LCD for continuing coverage of the CGM:

HCP performs an assessment every 6 months to evaluate diabetes control and adherence to CGM use.

Documentation submitted for prior authorization or kept on file for Medicare should include detailed patient records, dates of service, physician signatures, verified patient training with CGM, prior authorization and documented patient follow-up visits in accordance with the coverage policy.



HCPCS Codes

Healthcare Common Procedure Coding System (HCPCS) is a standardized coding system that is used primarily to identify products, supplies, and services not included in CPT® codes, such as durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Submission of claims to Medicare may require the use of modifiers, which can be used to further define an item.

Note that other HCPCS codes are available for CGMs but are not relevant for use with InPen™.

The following table lists the appropriate HCPCS codes for nonadjunctive CGMs for use with the MiniMed Go™ system. *Nonadjunctive* is defined as a CGM that can be used on its own to make treatment decisions (ie, no fingersticks).

HCPCS for CGMs (nonadjunctive)

Product	HCPCS ⁵	Details
Sensor		
Instinct sensor	A4239	<ul style="list-style-type: none"> 1 month supply = 1 unit of service Replacement frequency is generally structured around 30-, 60-, or 90-day supply as determined by the coverage benefit
Simplera™ sensor	A4239	
Receiver		
Instinct sensor	E2103	<ul style="list-style-type: none"> Receiver for CGM may be required through DME channel under Medicare and specific other policies This guideline typically does not apply to pharmacy policies
Simplera™ sensor	E2103	

Medicare National Average Payment Rate for Instinct or Simplera™ sensors

	HCPCS ⁵	Modifier	Medicare National Average Payment Rate ⁶
Instinct sensor nonadjunctive CGM	A4239		\$273.28
Simplera™ sensor nonadjunctive CGM	A4239	KF	\$317.97
Receiver	E2103	NU	\$291.38
		RR	\$29.14

CGM = continuous glucose monitor; KF = item designated by FDA as Class III devices; NU = new durable medical equipment purchase; RR = rental.



CPT Codes

Current Procedural Terminology (CPT) codes are used to describe various medical services provided during a patient encounter in all settings. Some codes specify which qualified HCP must perform the service (ie, physician, equivalent practitioners, or non-physician staff). Reimbursement rates for services may differ by place of service and type of provider.

Use the tables on the following pages to code for clinical/educational services for patients prescribed MiniMed Go™. Be sure to bill any Evaluation and Management (E/M) CPT codes for relevant services performed at the office or virtually.



To Ensure Accurate Coding

- Correctly document who performed each service
- Be sure to include the required monitoring period of the CGM by documenting the start and end dates of CGM data
- Do not bill **95251** (data analysis) more than once a month. If there are other patient discussions, use the correct E/M code instead
- Use **95251** specifically for CGM data analysis; use **99091** for non-CGM RTM only
- Along with CGM data, be sure to include signed reports of the medical outcome of the analysis

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CGM = continuous glucose monitor; RTM = remote therapeutic monitoring.



CPT Codes (cont'd)

LEGEND (WHO CAN BILL)

Physicians

● MD

● DO

Equivalent practitioner

● NP

● PA

● CNS

Diabetes education staff or non-physicians

○ RN

○ CDCES

○ Diabetes education staff

○ Registered dietician

CGM Placement and Education⁷

CPT Code	Description	Details
95249	<i>(Specific to patient-provided equipment)</i> Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	<ul style="list-style-type: none"> Who can bill: ● ● ● ● If performed by office staff, registered nurses or Certified Diabetes Care and Education Specialists, this is billable under direct supervision Code can be used only once/month Cannot be billed in conjunction with CPT 99091 or 0447T
95250	<i>(Specific to healthcare professional-provided equipment)</i> Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	

CPT Code Medicare National Average Payment Rates^{6,8}

CPT Code	2026 Non-facility	2026 Facility	2026 Hospital
95249	\$69.81	\$69.81	\$60.27
95250	\$152.64	\$152.64	\$136.02

CDCES = Certified Diabetes Care and Education Specialist; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathy; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



CPT Codes (cont'd)

LEGEND (WHO CAN BILL)

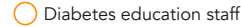
Physicians



Equivalent practitioner



Diabetes education staff or non-physicians



CGM Data Analysis⁷

CPT Code	Description	Details
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report	<ul style="list-style-type: none"> Who can bill: If performed by office staff, registered nurses or Certified Diabetes Care and Education Specialists, this is billable under direct supervision Code can only be used once/month Do not use in conjunction with 99091
99091	Collection and interpretation of physiological data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable)	<ul style="list-style-type: none"> Analysis can only be performed by: Minimum 30 minutes, every 30 days

If an E/M service is performed on the same day as services for **95250** and **95251**, it can be billed under certain circumstances using Modifier 25:

Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Healthcare Professional on the Same Day of the Procedure or Other Service. Submit documentation that confirms an MD, DO, NP, or PA performed a history and physical examination and engaged in medical decision-making "above and beyond" the usual work.

CPT Code Medicare National Average Payment Rates⁸

CPT Code	2026 Non-facility	2026 Facility
95251	\$35.07	\$35.07
99091	\$55.45	\$47.43

CDCES = Certified Diabetes Care and Education Specialist; CGM = continuous glucose monitor; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathy; ECG = electrocardiogram; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



CPT Codes (cont'd)

LEGEND (WHO CAN BILL)

Physicians

● MD

● DO

Equivalent practitioner

● NP

● PA

● CNS

Diabetes education staff or non-physicians

● RN

● CDCES

● Diabetes education staff

● Registered dietician

Diabetes Education Services⁷

CPT Code	Description	Details
G0108 (Individual)	Diabetes outpatient self-management training services, per 30 minutes	<ul style="list-style-type: none"> Who can bill: ○ ○ ○ ○
G0109 (≥2 patients)		
98960 (Individual)	Education and training for patient self-management by a nonphysician qualified healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes	<ul style="list-style-type: none"> Who can bill: ● ● ● ● ● ○ ○ ○ ○ These codes are telemedicine codes. Add Modifier 95-Telemedicine Service
98961 (2-4 patients)		
98962 (5-8 patients)		
S9445 (Individual)	Patient education, not otherwise classified, non-physician provider, individual, per session	<ul style="list-style-type: none"> Who can bill: ● ● ● ● ● ○ ○ ○ ○ Note that these are non-Medicare codes
S9446 (Group)		

CPT Code Medicare National Average Payment Rates⁸

CPT Code	2026 Non-facility	2026 Facility	Details
G0108	\$55.78	\$55.78	
G0109	\$16.03	\$16.03	
98960	\$32.70	N/A	B = Bundled Code. Payment for covered services are always bundled into payment for other services not specified. N = Items and Services Packaged into APC Rate; None (payment calc). Payment included in APC payment rate
98961	\$15.40	N/A	
98962	\$11.70	N/A	
S9445	N/A	N/A	
S9446	N/A	N/A	

CDCES = Certified Diabetes Care and Education Specialist; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathy; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



CPT Codes (cont'd)

LEGEND (WHO CAN BILL)

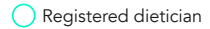
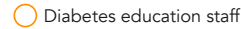
Physicians



Equivalent practitioner



Diabetes education staff or non-physicians



Virtual Check-in⁷

CPT Code	Description	Details
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days	<ul style="list-style-type: none"> Who can bill: Cannot originate from a related E/M service from the previous 7 days Cannot lead E/M service or within the next 24 hours or soonest available appointment, 5 to 10 minutes of medical discussion

Although CPT codes for telemedicine services have been created, CMS has not adopted these codes and will continue to use existing modifiers to indicate telemedicine visits. The only telemedicine code that CMS will cover is **98016 for a virtual check-in**. If E/M is performed virtually, use the following modifiers in conjunction with the E/M codes to indicate a telemedicine visit:

- Modifier **95** for audio-video visits
- Modifier **93** for telephone-only visits
- Place of service codes 02 (non-home location) or 10 (home)

CPT Code Medicare National Average Payment Rates⁸

CPT Code	2026 Non-facility	2026 Facility
98016	\$17.37	\$13.03

CDCES = Certified Diabetes Care and Education Specialist; CGM = continuous glucose monitor; CMS = Centers for Medicare & Medicaid Services; CNS = Clinical Nurse Specialist; CPT = Current Procedural Terminology; DO = Doctor of Osteopathy; E/M = Evaluation and Management; MD = Medical Doctor; NP = Nurse Practitioner; PA = Physician Assistant; RN = Registered Nurse.



NDC/NRC

When billing through the pharmacy, use the appropriate National Drug Code (NDC) or National Reimbursement Code (NRC) for InPen™, Instinct, or Simplera™.

If prescribing the InPen™ smart insulin pen through the Electronic Medical Record (EMR), please note that the product is available in 3 different colors and 2 different models that are specific to the type of insulin being prescribed.

The prescription should be inclusive of supplies, insulin cartridges, needles, used with the InPen™ smart insulin pen system designed for long-term, year-long use. The insulin cartridges used within the InPen™ are typically dispensed in 30-day (approx. 28-day) increments.

InPen™ NRC For Pharmacy Benefit

	InPen™ Blue NRC	InPen™ Grey NRC	InPen™ Pink NRC
InPen™ Humalog®	63000-0827-15	63000-0827-16	63000-0827-17
InPen™ NovoLog®/Fiasp®	63000-0827-18	63000-0827-19	63000-0827-20

Compatible Insulin Cartridges

	Specification	NDC
Humalog®	U-100 cartridge, 3 mL	00002-7516-59
NovoLog®	U-100 cartridge, 3 mL	00169-3303-12
Fiasp®	U-100 cartridge, 3 mL	00169-3205-15

Humalog® is a registered trademark of Eli Lilly and Company. Fiasp® and NovoLog® are registered trademarks of Novo Nordisk A/S.

MiniMed CGM NDC for Pharmacy Benefit

	NDC
Instinct sensor	57599-0880-00
Simplera™ sensor	63000-0829-65



MTM Coding

Medication Therapy Management (MTM) is a service aimed at improving health outcomes for patients. It includes a variety of activities within a pharmacist’s role and can be provided alongside medication. MTM involves assessing drug needs, identifying therapy issues, planning care, and following up. Billing for these services requires using specific CPT codes based on the level of care and face-to-face time involved.



Additional codes for diabetes-related services and education are included in the [CPT section](#).

CPT Code ⁷	Description	Details
99605	For new patients MTM service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes	<ul style="list-style-type: none"> Billed by pharmacist Payer priced Note that this is a non-Medicare code
99606	For established patients MTM service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes	<ul style="list-style-type: none"> Billed by pharmacist Payer priced Note that this is a non-Medicare code
99607	Each additional 15 minutes	<ul style="list-style-type: none"> Billed by pharmacist Payer priced Note that this is a non-Medicare code

MTM coverage varies by contract, payer plan, and state credentialing. Please be sure to check with your local contractors, payers, and state credentialing to ensure the ability to submit for MTM reimbursement.

Additional verification for the following may also apply:

- Program application deadlines
- Certification requirements
- That the diagnosis/condition of diabetes applies

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CPT = Current Procedural Terminology.



Diagnosis Codes

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) are diagnostic codes that must be used for all healthcare services provided in the United States. Below are commonly used codes for diabetes. E10 is used to specify Type 1 diabetes whereas E11 is used for Type 2 diabetes. Individual codes are meant to qualify the type of diabetes and a related complication.

ICD-10-CM Codes for Type 1 and Type 2 Diabetes⁹

ICD-10-CM Code (Type 1 Diabetes)	ICD-10-CM Code (Type 2 Diabetes)	Description
E10.9	E11.9	Without complications
E10.65	E11.65	With hyperglycemia
E10.649	E11.649	With hypoglycemia w/o coma
E10.22	E11.22	With diabetic chronic kidney disease
E10.311	E11.311	With unspecified diabetic retinopathy with macular edema
E10.42	E11.42	With diabetic polyneuropathy
E10.51	E11.51	With diabetic peripheral angiopathy w/o gangrene
E10.621	E11.621	With foot ulcer
E10.69	E11.69	With other specified complication

Medication Status (Adjunctive Codes)

ICD-10-CM Code	Description
Z79.4	Long-term (current) use of insulin
Z79.84	Long-term (current) use of oral hypoglycemic drugs



Product Support

MiniMed offers comprehensive online resources to support you throughout the prescribing, coverage, and reimbursement process for their diabetes technologies. Use the links below to find access to product information, additional reimbursement guidance, and financial assistance programs for patients.

Healthcare Professional Resources



Find additional information on MiniMed Go™ system, including product details for InPen™, Instinct, Simplera™, and Care Link, a diabetes management software for HCPs

[Learn More](#)



Additional reimbursement resources are available online for all MiniMed diabetes devices

[Healthcare Provider Reimbursement](#)



Download user guides and manuals for MiniMed's full portfolio of integrated diabetes devices

[User Guides & Manuals](#)

Patient Access Support

MiniMed offers **financial aid, pharmacy co-pay support**, and lower InPen **out-of-pocket costs** for eligible patients. Read the terms and conditions to see if your patient qualifies for support.

[Financial Support Programs](#)

Support & Services

MiniMed is your partner in diabetes care management. Whether in person or virtually, customer service representatives and clinical diabetes educators and trainers can provide technical support, training, and education to support your diabetes management goals with patients.

Contact us anytime: 1-800-646-4633

[Contact Us](#)



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