



Tap into your Maximized Revenue

2025 CPT Updates

Presenter – Lauren Murphy, CPC, CPC-I, RH-CBS,
CH-CBS, CS,
Chief Operating Officer

February 26, 2025



Disclaimer

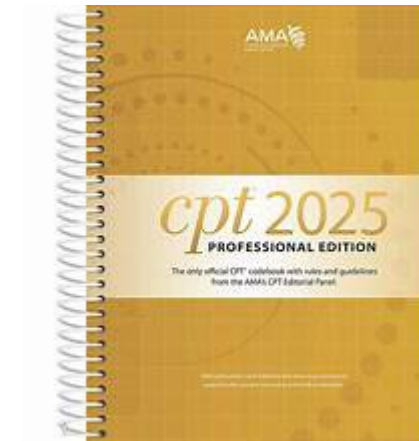
The information throughout is for educational purposes only and is current at the time of development. It is not intended to serve as professional or legal advice. It is based on the education, experience and opinion of the speaker. Although the research is current and the resources are available, the speaker does not accept any liability for any errors, omissions or misinterpretations. The handouts are meant to be informational only and are not to be used without independent research and due diligence.

No parts of this presentation or the corresponding handouts may be reproduced or shared without the consent of Medcycle Solutions.

Overview

420 Total Changes

- 270 New codes
- 38 Revised Codes
- 112 Deleted codes
- 37% Proprietary Lab Codes (PLA)
- 30% Category III codes



Unchanged for 2025

- Appendices
- Anesthesia
- Respiratory
- Auditory
- Modifiers



Integumentary (additions)

- **15011** Harvest of skin for skin cell suspension autograft; first 25 sq cm or less
- +● **15012** Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)
- **15013** Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin
- +● **15014** Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)

Integumentary (additions)

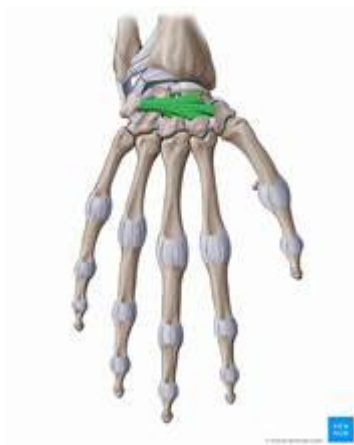
- **15015** Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less
- ✚● **15016** Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)
- **15017** Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less
- ✚● **15018** Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

Integumentary (deletions)

~~15019~~ Cervicoplasty



Musculoskeletal (additions)



- **25448** Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed

Musculoskeletal (revisions)

▲ **21630** Radical resection of sternum;

~~21632~~ Radical resection of sternum; with mediastinal lymphadenectomy

▲ **25447** Arthroplasty, ~~interposition~~, intercarpal or carpometacarpal joints; **interposition (eg, tendon)**



Cardiovascular (deletions/revisions)

~~33471~~ Valvotomy, pulmonary valve, closed heart, via pulmonary artery

~~33737~~ Valvotomy, pulmonary valve, open heart, with inflow occlusion

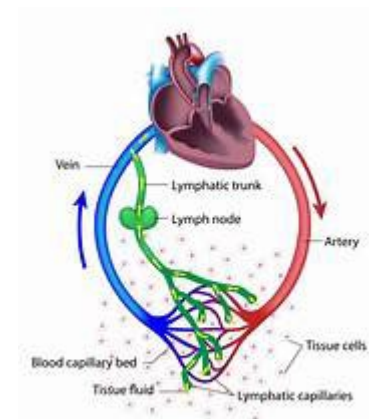
~~33813~~ Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass

▲ **33814** Obliteration of aortopulmonary septal defect, **with cardiopulmonary bypass**; with cardiopulmonary bypass



Hemic and Lymphatic Systems (additions)

- #● **38225** Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
- #● **38226** Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
- #● **38227** Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration
- #● **38228** Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous



Digestive (additions)

- **49186** Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less
- **49187** Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm
- **49188** Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm
- **49189** Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm
- **49190** Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm



Digestive (deletions)

~~47802~~ U tube hepaticoenterostomy

~~49203~~ Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less

~~49204~~ Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter

~~49205~~ Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter

Urinary System (additions)

- **51721** Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed
- **53865** Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
- **53866** Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
- **55881** Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation
- **55882** Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed

Urinary System (deletions and revisions)

~~50135~~ Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)

▲ **51020** Cystotomy or cystostomy, with fulguration and/or insertion of radioactive material; ~~with fulguration and/or insertion of radioactive material~~

~~51030~~ Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion

~~58987~~ Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed

▲ **58958** Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed, **with pelvic lymphadenectomy and limited para-aortic lymphadenectomy**; ~~with pelvic lymphadenectomy and limited para-aortic lymphadenectomy~~



Endocrine (additions)

- **60660** Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
- +● **60661** Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)



Nervous System (additions)

● **61715** Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed

#● **64466** Thoracic fascial plane block, **unilateral**; by injection(s), including imaging guidance, when performed

#● **64467** Thoracic fascial plane block, **unilateral**; by continuous infusion(s), including imaging guidance, when performed

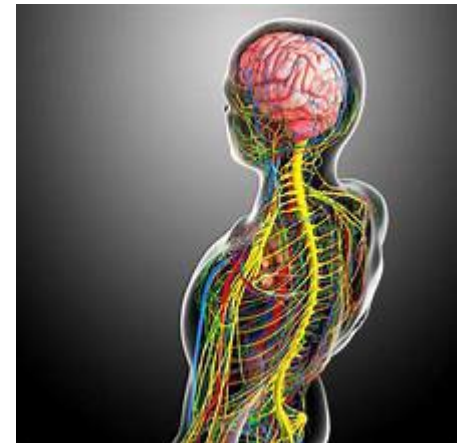
#● **64468** Thoracic fascial plane block, **bilateral**; by injection(s), including imaging guidance, when performed

#● **64469** Thoracic fascial plane block, **bilateral**; by continuous infusion(s), including imaging guidance, when performed

Nervous System (additions)

#● 64473 Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed

#● 64474 Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed



Ocular (addition)

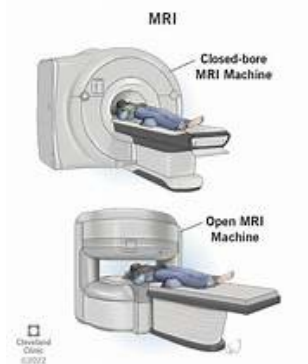
- **66683** Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed



Radiology (additions)

#● 76014 MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance **with written report; initial 15 minutes**

#+● 76015 MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance **with written report; each additional 30 minutes** (List separately in addition to code for primary procedure)



Radiology (additions)

#● **76016** MR safety determination **by a physician or other qualified health care professional** responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, **with written report**

● **76017** MR safety medical physics examination customization, planning and performance monitoring **by medical physicist or MR safety expert**, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, **with written report**



Radiology (additions)

• **76018** MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating **while in the MR room, with written report**

• **76019** MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact **while in the MR room, with written report**



Pathology and Laboratory (additions)

- #● **81195** Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)
- **81515** Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for *Atopobium vaginae*, *Atopobium* species, *Megasphaera* type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of *Trichomonas vaginalis* and *Candida* species (*C. albicans*, *C. tropicalis*, *C. parapsilosis*, *C. dubliniensis*), *Candida glabrata*/*Candida krusei*, when reported
- **81558** Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection
- **82233** Beta-amyloid; 1-40 (Abeta 40)
- **82234** Beta-amyloid; 1-42 (Abeta 42)
- **83884** Neurofilament light chain (NfL)



Pathology and Laboratory (additions)

- **84393** Tau, phosphorylated (eg, pTau 181, pTau 217), each
- **84394** Tau, total (tTau)
- **86581** Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative
- **87513** Infectious agent detection by nucleic acid (DNA or RNA); Helicobacter pylori (H. pylori), clarithromycin resistance, amplified probe technique
- #● **87564** Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe technique
- **87594** Infectious agent detection by nucleic acid (DNA or RNA); Pneumocystis jirovecii, amplified probe technique
- #● **87626** Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)

Pathology and Laboratory (deletions/revisions)

▲ 81432 Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, **hereditary pancreatic cancer, hereditary prostate cancer**), **genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants**; ~~genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53~~

~~81433 Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11~~

▲ 81435 Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), **genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants**; ~~genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11~~

~~81436 Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11~~

Pathology and Laboratory (deletions/revisions)

▲ **81437** Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL

~~81438~~ Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL

~~86327~~ Immunoelectrophoresis; crossed (2-dimensional assay)

~~86490~~ Skin test; coccidioidomycosis

▲ **87624** Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result

Pathology and Laboratory (deletions/revisions)

▲ **88387** Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies), **each tissue preparation (eg, a single lymph node);** each tissue preparation (eg, a single lymph node)——

~~**88388**—— Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)~~



PLA Codes (Proprietary Laboratory Analyses Codes)

Proprietary Laboratory Analyses (PLA) Codes are an addition to the CPT® code set approved by the AMA CPT® Editorial Panel. **They are alpha-numeric CPT codes with a corresponding descriptor for labs or manufacturers that want to more specifically identify their test.** Tests with PLA codes must be performed on human specimens and must be requested by the clinical laboratory or the manufacturer that offers the test.

Revisions – 6

Deletions – 13

Additions - 108



Medicine (additions)

- **# 90624** Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use
- **# 90637** Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use
- **# 90638** Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use
- **# 90593** Chikungunya virus vaccine, recombinant, for intramuscular use
- **# 90684** Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
- **90695** Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use



Medicine (additions)

- **92137** Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography
- #+● **93896** Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
- #+● **93897** Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
- #+● **93898** Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
- ★● **96041** Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter
- #● **96380** Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
- #● **96381** Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

Medicine (revisions and deletions)

~~90630 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use~~

~~90654 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, for intradermal use~~

▲ **90661** Influenza virus vaccine, **trivalent (ccIIV3)**, derived from cell cultures, subunit, ~~preservative and~~ antibiotic free, 0.5 mL dosage, for intramuscular use

▲ **92132** ~~Scanning~~ eComputerized ophthalmic diagnostic imaging (**eg, optical coherence tomography [OCT]**), anterior segment, with interpretation and report, unilateral or bilateral

▲ **92133** ~~Scanning~~ eComputerized ophthalmic diagnostic imaging (**eg, optical coherence tomography [OCT]**), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

▲ **92134** ~~Scanning~~ eComputerized ophthalmic diagnostic imaging (**eg, optical coherence tomography [OCT]**), posterior segment, with interpretation and report, unilateral or bilateral; retina

Medicine (revisions and deletions)

▲ **93656** Comprehensive electrophysiologic evaluation including **with** transseptal catheterizations, insertion and repositioning of multiple electrode catheters, **induction or attempted induction of an arrhythmia including left or right atrial pacing/recording**, ~~with~~ and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including **with** imaging supervision and interpretation, ~~induction or attempted induction of an arrhythmia including left or right atrial pacing/recording~~, right ventricular pacing/recording, and His bundle recording, when performed

~~93890~~ Transcranial Doppler study of the intracranial arteries; vasoreactivity study

▲ **93893** Transcranial Doppler study of the intracranial arteries; emboli **venous-arterial shunt** detection with intravenous microbubble injection

~~96003~~ Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle

~~96040~~ Medical genetics

Medicine (revisions and deletions)

▲ **97811** Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

▲ **97814** Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)



Medicine (revisions and deletions)

▲ **98975** Remote therapeutic monitoring (eg, therapy adherence, therapy response, **digital therapeutic intervention**); initial set-up and patient education on use of equipment

▲ **98976** Remote therapeutic monitoring (eg, therapy adherence, therapy response, **digital therapeutic intervention**); device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days

▲ **98977** Remote therapeutic monitoring (eg, therapy adherence, therapy response, **digital therapeutic intervention**); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days

▲ **98978** Remote therapeutic monitoring (eg, therapy adherence, therapy response, **digital therapeutic intervention**); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, each 30 days

Evaluation and Management (deletions)

- ~~**99441**—Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion————~~
- ~~**99442**—Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion————~~
- ~~**99443**—Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion————~~

Evaluation and Management (additions)

Audio/Video

#● **98000** Synchronous **audio-video** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination and **straightforward** medical decision making. When using total time on the date of the encounter for code selection, **15 minutes must be met or exceeded.**

#● **98001** Synchronous **audio-video** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination and **low** medical decision making. When using total time on the date of the encounter for code selection, **30 minutes must be met or exceeded.**

#● **98002** Synchronous **audio-video** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination and **moderate** medical decision making. When using total time on the date of the encounter for code selection, **45 minutes must be met or exceeded.**

#● **98003** Synchronous **audio-video** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination and **high** medical decision making. When using total time on the date of the encounter for code selection, **60 minutes must be met or exceeded.**



Evaluation and Management (additions)

Audio/Video

#● **98004** Synchronous **audio-video** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination and **straightforward medical decision making**. When using total time on the date of the encounter for code selection, **10 minutes must be met or exceeded**.

#● **98005** Synchronous **audio-video** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination and **low medical decision making**. When using total time on the date of the encounter for code selection, **20 minutes must be met or exceeded**.

#● **98006** Synchronous **audio-video** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination and **moderate medical decision making**. When using total time on the date of the encounter for code selection, **30 minutes must be met or exceeded**.

#● **98007** Synchronous **audio-video** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination and **high medical decision making**. When using total time on the date of the encounter for code selection, **40 minutes must be met or exceeded**.



VectorStock

VectorStock.com/35265335

Evaluation and Management (additions)

Audio Only

#● **98008** Synchronous **audio-only** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination, **straightforward medical decision making**, and **more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **15 minutes must be met or exceeded**.

#● **98009** Synchronous **audio-only** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination, **low medical decision making**, and **more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **30 minutes must be met or exceeded**.

#● **98010** Synchronous **audio-only** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination, **moderate medical decision making**, and **more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **45 minutes must be met or exceeded**.

#● **98011** Synchronous **audio-only** visit for the evaluation and management of a **new patient**, which requires a medically appropriate history and/or examination, **high medical decision making**, and **more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **60 minutes must be met or exceeded**.



Evaluation and Management (additions)

Audio Only

#● **98012** Synchronous **audio-only** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination, **straightforward medical decision making, and more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **10 minutes must be exceeded**.

#● **98013** Synchronous **audio-only** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination, **low medical decision making, and more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **20 minutes must be met or exceeded**.

#● **98014** Synchronous **audio-only** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination, **moderate medical decision making, and more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **30 minutes must be met or exceeded**.

#● **98015** Synchronous **audio-only** visit for the evaluation and management of an **established patient**, which requires a medically appropriate history and/or examination, **high medical decision making, and more than 10 minutes of medical discussion**. When using total time on the date of the encounter for code selection, **40 minutes must be met or exceeded**.



Evaluation and Management (additions)

#● **98016** Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care 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 nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion



Evaluation and Management Table

► **Table 2: Telemedicine and Non-Face-to-Face Services**

Service	New/Established	Synchronous	Level/Unit Reported	Service Reported	Other E/M Notations
Synchronous audio-video (98000-98007)	Both	Yes	MDM or total time on the date of the service. No minimum required time, unless level selected by time.	Per single calendar date	Do not report with same-day in-person E/M
Synchronous audio-only (98008-98015)	Both	Yes	MDM or total time on the date of the service. Must be more than 10 minutes of medical discussion.	Per single calendar date	Do not report with same-day in-person E/M
Brief synchronous communication technology service (98016)	Established	Yes	A single 5- to 10-minute medical discussion	Per single calendar date	Not related to E/M in prior 7 days or leading to E/M in next 24 hours
Online digital E/M (99421-99423)	Established	No	Minutes during 7-day period	Per 7 days	Not related to E/M in prior 7 days or leading to E/M in next 24 hours
Interprofessional telephone/Internet/EHR consultations (99446-99451)	Both	Not required	Minutes during 7-day period	Per 7 days	No in-person encounter within 14 days
Interprofessional telephone/Internet/EHR consultations (99452)	Both	Not required	Minutes during a single day	Per 14 days	No in-person encounter within 14 days
Care management and remote treatment management (99424, 99425, 99437, 99484, 99491)	Established	Not required	Minutes	Per calendar month	Physician or QHP time excluded on date of other E/M
All services (98000-98016, 99421-99425, 99437, 99446-99452, 99484, 99491)			Same time is not counted twice ◀		

CMS Telehealth Guidelines

- 98016 is the only new telehealth code accepted by CMS
- 98000 – 98015 are all status I codes and cannot be billed to Medicare
- 2025 CMS Reporting for Telehealth
 - Use current E/M codes with the correct modifier – 93 (or FQ), 95
 - POS – 02 or 10
 - Must be a code on the CMS approved list:
<https://www.cms.gov/medicare/coverage/telehealth>



Evaluation and Management (Revisions)

★ ▲ **98960** Education and training for patient self-management by a **nonphysician qualified** health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

★ ▲ **98961** Education and training for patient self-management by a **nonphysician qualified** health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients

★ ▲ **98962** Education and training for patient self-management by a **nonphysician qualified** health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

▲ **98966** Telephone assessment and management service provided by a **nonphysician qualified** health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Evaluation and Management (revisions)

- ▲ **98967** Telephone assessment and management service provided by a **nonphysician qualified** health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
- ▲ **98968** Telephone assessment and management service provided by a **nonphysician qualified** health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
- ▲ **98970** **Nonphysician qualified** health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- ▲ **98972** **Nonphysician qualified** health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

When is it acceptable to use G2211?

- G2211 Recognizes the ongoing relationship between patient and provider
- Providers should bill G2211 if:
 - They are the continuing focal point for all needed services, such as a primary care practitioner
 - They provide ongoing care for a single, serious or complex condition

G2211 and the 25 modifier! (revision)

▲ Per CMS, “For CY 2025, we are finalizing our proposal to allow payment of the O/O E/M visit complexity add-on code, Healthcare Common Procedure Coding System (HCPCS) code G2211, when the O/O E/M base code — Current Procedural Terminology (CPT) codes 99202-99205, 99211-99215 — is reported by the same practitioner on the same day as an **annual wellness visit (AWV), vaccine administration, or any Medicare Part B preventive service, including the Initial Preventive Physical Examination (IPPE),** furnished in the office or outpatient setting.”

Category III Codes

A set of temporary codes for emerging technology, services, procedures and service paradigms. Category III codes allow data collection for these services.

Revisions – 2

Deletions – 13

Additions - 87



References

[Publications - AAPC the Magazine – AAPC](#)

[2025 CPT® Coding Updates - AAPC Webinar](#)

[Deep Dive Into the 2025 CPT® Coding Updates – AAPC](#)

[Time to Update Your CPT® 2025 Code Book - AAPC Knowledge Center](#)

[How the AMA meets need for new telehealth CPT codes | American Medical Association](#)

[Telehealth FAQ 1-8-25 \(CMSD-OGC 1.14](#)

[f5272a9b-76b3-4731-9dba-9ccc07ae02ac.pdf](#)

2025 AMA CPT

- CPT disclaimer

CPT® copyright 2024 American Medical Association. All rights reserved.

• Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT® and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

• CPT® is a registered trademark of the American Medical Association.

[Category I Immunization Long Code Descriptors](#)



Contact Us

Laureen Murphy

Laureen@MedCycleSolutions.com

O: 320-487-1149

Randi Tapio

Randi@MedCycleSolutions.com

C: 320-290-6448



Thank You

MedCycle
SOLUTIONS

Tap into your Maximized Revenue