



KOHLER
HEALTHCARE CONSULTING

2025 CPT ANNUAL UPDATE



OUR PRESENTERS

- **Heather Dunlap**, CPC, CEMC, CDEO, CRC, CHONC
~ Senior Consultant
- **Diane Robinson**, CRCE, CRIP, RHIA, CEMC
~ Senior Manager



HEATHER DUNLAP

CPC, CDEO, CEMC, CRC, CHONC

Heather Dunlap, CPC, CDEO, CRC, CEMC, CHONC, is a Senior Manager with Kohler HealthCare Consulting and has over 20 years of experience with coding, compliance, audit reviews, billing, and insurance denials. She has experience coding and auditing in multiple specialties. Proficient in 1995, 1997, 2021, and 2023 Evaluation and Management Coding Guidelines. She has provided coding and documentation education to providers, coders, and billers. Ms. Dunlap is proficient with CPT-4, ASA, HCPCS, ICD-10 CM, ICD-10 PCS, DRGs, and Revenue codes. She is a member of the American Academy of Professional Coders with the following certifications: CPC® (Certified Professional Coder), CDEO® (Certified Documentation Expert Outpatient), CEMC® (Certified Evaluation and Management Coder), CRC® (Certified Risk Adjustment Coder), and CHONC™ (Certified Hematology and Oncology Coder).



DIANE ROBINSON

CRCE, CRIP, RHIA, CEMC

Diane Robinson, CRCE, CRIP, RHIA, CEMC is a Senior Manager with Kohler HealthCare Consulting and has over 20 years of revenue cycle experience in hospital and large health systems. Her experience covers areas encompassing billing, accounts receivable, charge description master (CDM) maintenance, revenue integrity, and compliance. She has performed charge capture reviews, coding reviews, and has been involved in several electronic health record (EHR) implementations. Diane has held positions at various levels of management, including interim management. She is a Certified Revenue Cycle Executive (CRCE), a Certified Revenue Integrity Professional (CRIP), a Registered Health Information Administrator (RHIA), and a Certified Evaluation & Management Coder (CEMC).



OBJECTIVES

- ◆ Review 2025 CPT revised, added, and deleted codes.
- ◆ Discuss rationales for major changes to understand the “what” and the “why.”
- ◆ Discuss other updates effective January 1, 2025





AGENDA

2025 CPT Changes Overview

Radiology Updates

Pathology and Laboratory Updates

Medicine Updates

Category III Code Updates

Other Updates



DISCLAIMERS



This is a high-level CPT update focused on the Chargemaster. We will not discuss every code and/or description change in detail.



This presentation is organized in CPT order according to 'Appendix B – Summary of Additions, Deletions, and Revisions' in the 2025 CPT® Professional coding book with the exception of New Technology T-codes; they are sorted categorically.*



Explanatory Notes – It is important to review these notes for each section. Some will be discussed today.



Just because a new code is developed does not mean the service will be covered by Medicare or other payers – watch carefully for denials.



2025 CPT CHANGES OVERVIEW

11,321

codes in 2025
code set

420 Editorial
Changes

270 Codes Added

112 Codes Deleted

38 Codes Revised

| 2025 CPT UPDATES | ADDED | DELETED | REVISED | CODE COUNT |
|--|--------------|----------------|----------------|-------------------|
| Evaluation & Management Services | 17 | 3 | 0 | 171 |
| Anesthesia | 0 | 0 | 0 | 276 |
| Surgery | 33 | 13 | 5 | 5,880 |
| Radiology Procedures | 6 | 0 | 0 | 663 |
| Pathology & Laboratory Procedures | 14 | 6 | 5 | 1,674 |
| Medicine Services & Procedures | 18 | 69 | 22 | 1,071 |
| Category II Codes | 0 | 0 | 0 | 565 |
| Category III Codes | 81 | 13 | 2 | 550 |
| PLA Codes | 101 | 8 | 4 | 471 |
| TOTAL | 270 | 112 | 38 | 11,321 |



2025 LEVEL II HCPCS CHANGES OVERVIEW

7,133

codes in 2025
code set

287 Editorial
Changes

169 Codes Added

63 Codes Deleted

55 Codes Revised



IMAGING AND RADIATION THERAPY

IMAGING AND RADIATION THERAPY

12 codes added

2 codes
~~deleted~~





MR SAFETY PROCEDURES

- **76014** – *new* – 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** – *new* – each additional 30 minutes (List separately in addition to code for primary procedure)
 - Quantity limit of 3.
- **76016** – *new* – 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



MR SAFETY PROCEDURES, CONT.

- **76017** – *new* – 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 –
 - **Use** in conjunction with 76018, 76019, when implant requires electronics preparation or positioning and/or immobilization before MR.
- **76018** – *new* – 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
 - **Use** 76018 in conjunction with 76017, when implant also requires medical physics examination customization.
- **76019** – *new* – 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
 - **Use** 76018 in conjunction with 76017, when implant also requires medical physics examination customization.



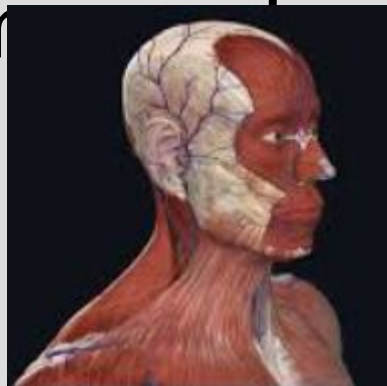
IMAGING: NEW TECHNOLOGIES

- **0944T** – *new* – 3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation
 - **Report** 0944T once per liver microwave ablation procedure.
 - **Do not report** 0944T in conjunction with 76376, 76377.
- **0946T** – *new* – Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)
 - **Do not report** CT scan of the extremity or joint obtained separately.
- **0947T** – *new* – Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed



PRE-OP PLANNING HCPCS

- **C8001** – *new* – 3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy





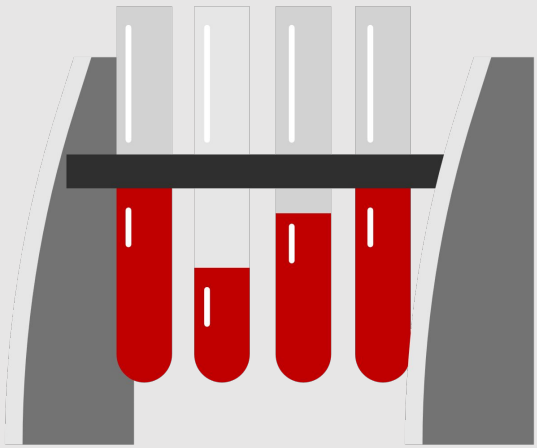
RADIATION THERAPY

- **G0562** – *new* – Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)
→ **C9794** – *deleted*
- **G0563** – *new* – Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions
→ **C9795** – *deleted*



LABORATORY AND PATHOLOGY

LABORATORY AND PATHOLOGY



13 codes added

8 codes deleted

5 codes revised

MOLECULAR PATHOLOGY PROCEDURES

- **81195** – *new* – Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)



GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS

- **81432** – *revised* – 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, CH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53~~
- **81435** – *revised* – 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~~
- **81437** – *revised* – 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~~

GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS

- **81433** – *deleted* – 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
- **81436** – *deleted* – 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
- **81438** – *deleted* – 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

Use 81479 – Unlisted molecular pathology procedure

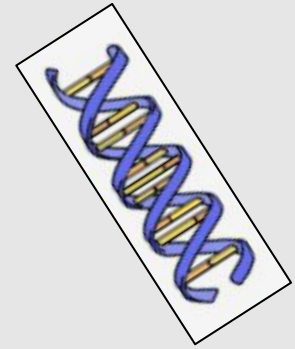
MULTIANALY TE ASSAYS WITH ALGORITHMIC ANALYSES

- **81515** – *new* – 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 – **Replaced 0352U**.
- **81558** – *new* – 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

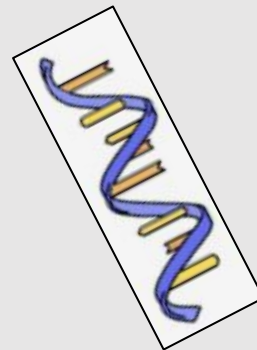
CHEMISTRY

- **82233** – *new* – Beta-amyloid; 1-40 (Abeta 40)
- **82234** – *new* – Beta-amyloid; 1-42 (Abeta 42)
- **83884** – *new* – Neurofilament light chain (NfL)
- **84393** – *new* – Tau, phosphorylated (eg, pTau 181, pTau 217), each
- **84394** – *new* – Tau, total (tTau)

LABORATORY



- **0500T** – *deleted* – Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) – **See** 87624.



IMMUNOLOGY

- **86327** – *deleted* – Immuno-electrophoresis; crossed (2-dimensional assay)
→ No replacement code noted.
- **86490** – *deleted* – Skin test; coccidioidomycosis
→ No replacement code noted.
- **86581** – *new* – Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative



MICROBIOLOG Y

- **87513** – *new* – Infectious agent detection by nucleic acid (DNA or RNA); *Helicobacter pylori* (*H. pylori*), clarithromycin resistance, amplified probe technique
 - For *H. pylori*, stool, **use** 87338.
 - For *H. pylori*, immunoassay, **use** 87339.
 - For assays that detect clarithromycin resistance and identify *H. pylori* using a single procedure, **use** 87513.
 - For *H. pylori*, without clarithromycin resistance by amplified probe nucleic acid testing, **use** 87798.
- **87564** – *new* – Infectious agent detection by nucleic acid (DNA or RNA); *Mycobacterium tuberculosis*, rifampin resistance, amplified probe technique
 - For assays that detect rifampin resistance and identify *Mycobacterium tuberculosis* using a single procedure, **use** 87564.
- **87594** – *new* – Infectious agent detection by nucleic acid (DNA or RNA); *Pneumocystis jirovecii*, amplified probe technique

MICROBIOLOG Y, CONT.

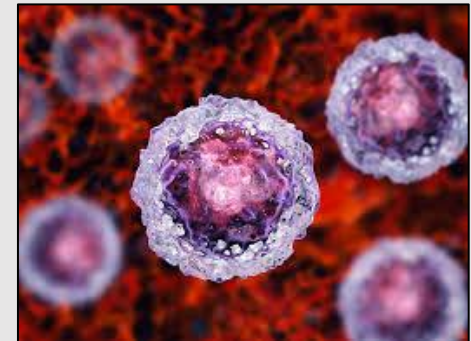
- **87626** – *new* – Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)
 - **Do not report** 87626 in conjunction with 87624, 87625, for the same procedure. For singular pooled result of high-risk HPV types [eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 58, 59, 68], use 87624. For separately reported high-risk HPV types 16 and 18 only, including type 45, if performed, **use** 87625.
- **87624** – *revised* – Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result

ANATOMIC PATHOLOGY PROCEDURES

- **88387** – *revised* – 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)~~
→ Immaterial revision.
- **88388** – *deleted* – 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)
→ No replacement code noted.

CATEGORY III SUNDOWN

- **0564T** – *deleted* – Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations – **See** unlisted code 89240.





PLA CODES

PLA CODES

APR 1, 2024 – JAN 1, 2024



101 codes added

8 codes
deleted

4 codes
revised



PLA: NEW CODES – SAMPLE

- **0521U** – *new* – Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood
- **0522U** – *new* – Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiquantitative, blood
- **0523U** – *new* – Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change
- **0524U** – *new* – Obstetrics (preeclampsia), sFlt-1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value
- **0525U** – *new* – Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug
- **0526U** – *new* – Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time



**MEDICINE
SERVICES AND
PROCEDURES**

MEDICINE SERVICES AND PROCEDURES

33 codes added

9 codes deleted

23 codes revised



VACCINES, TOXOIDS

Cell Culture Influenza Vaccine

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

Chikungunya virus vaccine

- **90593** – *new* – Chikungunya virus vaccine, recombinant, for intramuscular use
→ Will be published in CPT 2026 but effective January 1st, 2025.

Avian Flu Vaccine

- **90695** – *new* – Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use



VACCINES, TOXOIDS, CONT.

- **90654** – *deleted* – Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
 - **Replacement codes** per the AMA 2025 data file. 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756
- **90630** – *deleted* – Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
 - **Replacement codes** per the AMA. 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662



BEHAVIORAL HEALTH: OPIOID TREATMENT PROGRAM (OTP)

- **G0532** – *new* – Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)
- **G0533** – *new* – Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)
- **G0534** – *new* – Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)



OTP, CONT.

- **G0535** – *new* – Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)
- **G0536** – *new* – Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet out treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)



OTP, CONT.

- **G2076** – *revised* – Intake activities, including initial medical examination that is conducted by an appropriately licensed practitioner and preparation of a care plan, which may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, and that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals, including harm reduction interventions; the patient's needs and goals in the areas of education, vocational training, and employment; and the medical and psychiatric, psychosocial, economic, legal, housing, and other recovery support services that a patient needs and wishes to pursue, conducted by an appropriately licensed/credentialed personnel (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to each primary code

OTP, CONT.

- **G2077** – *revised* – Periodic assessment; assessing periodically by an otp practitioner and includes a review of moud dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to each primary code

*MOUD – Medications for Opioid Use Disorder

BEHAVIORAL HEALTH: MEDICATION ASSISTED TREATMENT



- **G2069** – *revised* – Medication assisted treatment, buprenorphine (injectable) ~~weekly~~ administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)
- **G2070** – *deleted* – Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)
 - **G2071** – *deleted* – Implant removal
 - **G2072** – *deleted* – Implant insertion and removal

OPHTHALMOLOGY SERVICES AND PROCEDURES

- **92137** – *new* – Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography
 - **Do not report** 92133, 92134, 92137 at the same patient encounter.
 - **Report** 92137 separately when performed at same encounter as 92235, 92240, 92242.
- **92132** – *revised* – ~~Scanning-e~~ Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral
- **92133** – *revised* – ~~Scanning-e~~ Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- **92134** – *revised* – ~~Scanning-e~~ Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina

NEW TECHNOLOGIES

- **0936T** – *new* – Photobiomodulation therapy of retina, single session
→ For bilateral procedure, **report 0936T with** modifier 50.
- **0615T** – *revised* – Automated ~~Eye-movement~~ analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and re

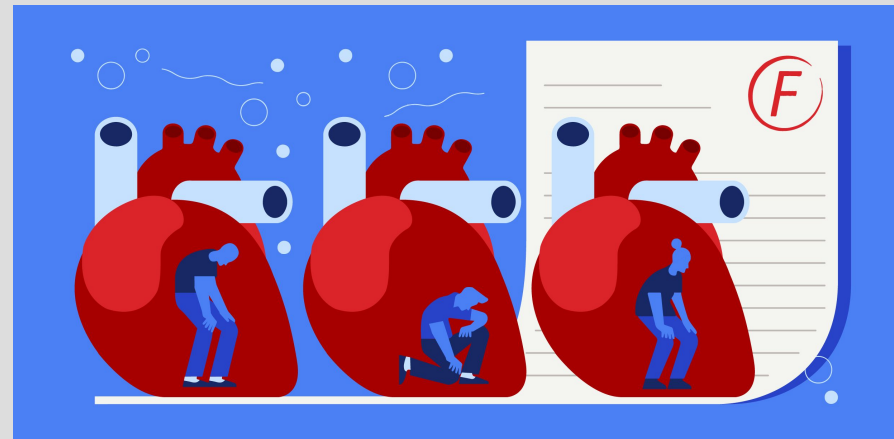


CARDIOVASCULAR PROCEDURES

- **93656** – *revised* – 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
→ Immaterial revision.

CARDIOLOGY

- **C9786** – *deleted* – Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report – **See 0932T.**





AI-ASSISTED HEART FAILURE DETECTION

- **0932T** – *new* – Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional
 - **Use** 0932T in conjunction with a concurrent echocardiography [separately reported] or a previously performed transthoracic echocardiography [i.e., 93300, 93307, 93308, 93350, 93351].





AI-BASED QT INTERVAL MONITORING

- **0902T** – *new* – QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device
 - **Do not report** 0902T in conjunction with 93000, 93005, 93010, 93040, 93041, 93042.
 - Established to report corrected QT interval (QTc) interval derived by augmentative algorithmic analysis.
 - Describes the use of an augmentative algorithm to derive the QTc from mobile ECG data.
 - Analyzing 30 seconds of ECG data/tracing that is measured from a 6-lead mobile ECG. The algorithmic output is QT and RR interval information.
 - Using these two parameters, QTc is calculated using the standard QT correction formulae.

ALGORITHM-BASED ELECTROCARDIOGRAM (ECG)



- **0903T** – *new* – Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report
→ **Do not report** 0903T in conjunction with 93000, 93005, 93010, 0904T, 0905T.
- **0904T** – *new* – tracing only
→ **Do not report** 0904T in conjunction with 93000, 93005, 93010, 0903T, 0905T.
- **0905T** – *new* – interpretation and report only
→ **Do not report** 0905T in conjunction with 93000, 93005, 93010, 0903T, 0904T.





LEFT ATRIAL PRESSURE SENSORS

- **0933T** – *new* – ***This would be coded by a coder*** – Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation
 - **Do not report** 0933T in conjunction with 33289, 36013, 36014, 36015, 75741, 75743, 75746, 76000, 93451, 93453, 93456, 93457, 93460, 93461, 93568, 93569, 93573, 93593, 93594, 93596, 93597, 93598. For implantation of a wireless pulmonary artery pressure sensor, **use** 33289.
- **0934T** – *new* – ***This could be in the chargemaster*** – Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional
 - **Report** 0934T only once per 30 days). Do not report 0934T, if monitoring period is less than 16 days.
 - **Do not report** 0934T in conjunction with 93264. For remote monitoring of an implantable wireless pulmonary artery pressure sensor, **use** 93264.



NEW TECHNOLOGY – EXTERNAL ECG

- **0937T** – *new* – External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
- **0938T** – *new* – recording (including connection and initial recording)
- **0939T** – *new* – scanning analysis with report
- **0940T** – *new* – review and interpretation by a physician or other qualified health care professional
 - **Report** 0937T, 0938T, 0939T, 0940T for each 30-day period of service.
 - **Do not report** 0938T, 0939T, 0940T in conjunction with 0937T.
 - **Do not report** 0937T, 0938T, 0939T, 0940T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272, 99091, 99453, 99454, for the same monitoring period.

NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES

- **93896** – *new* – Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
- **93897** – *new* – 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** – *new* – 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)
 - All the new codes should be used **with** 93886, **not** with 93888.
- **93893** – *revised* – Transcranial Doppler study of the intracranial arteries; ~~emboli~~ venous-arterial shunt detection with intravenous microbubble injection
- **93890** – *deleted* – vasoreactivity study – **See 93896.**

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

- **96003** – *deleted* – Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
→ No replacement code noted.



MEDICAL GENETICS AND GENETIC COUNSELING

- **96041** – *new* – Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter
 - **Do not report** 96041 for less than 16 minutes of genetic counselor time.
 - For education regarding genetic risks by a nonphysician to a group, see 98961, 98962.
 - For genetic counseling and education to a group by a physician or other qualified health care professional, use 99078.
 - For genetic counseling and/or risk factor reduction intervention provided to patient[s] without symptoms or established disease, by a physician or other qualified health care professional who may report evaluation and management services, see 99401-99412.
 - For genetic counseling and education provided to an individual by a physician or other qualified health care professional who may report evaluation and management services, see the appropriate evaluation and management codes.
- **96040** – *deleted* – Medical genetics and genetic counseling services, each – **See 96041**.



WOUND CARE

- **0906T** – *new* – Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm
- **+0907T** – *new* – each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)



EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

- **98960** – *revised* – Education and training for patient self-management by a nonphysician qualified ~~nonphysician~~ health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
- **98961** – *revised* – Education and training for patient self-management by a nonphysician qualified ~~nonphysician~~ health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
- **98962** – *revised* – Education and training for patient self-management by a nonphysician qualified ~~nonphysician~~ health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

Immaterial revisions.



CAREGIVER TRAINING

- **G0539** – *new* – Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes
- **G0540** – *new* – Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes
- **G0541** – *new* – Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes



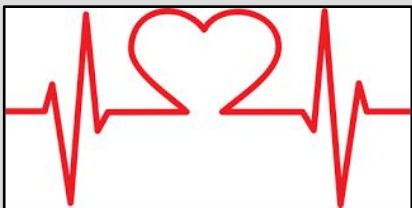
CAREGIVER TRAINING

- **G0542** – *new* – Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use G0542 in conjunction with G0541)
- **G0543** – *new* – Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD)



- **G0537** – *new* – Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ascvd) risk assessment, 5-15 minutes, not more often than every 12 months
- **G0538** – *new* – Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month





NON-FACE-TO-FACE NONPHYSICIAN SERVICES: TELEPHONE AND DIGITAL

- **98966** – *revised* – Telephone assessment and management service provided by a nonphysician qualified ~~nonphysician~~ 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
 - **98967** – *revised* – ; 11-20 minutes of medical discussion
 - **98968** – *revised* – ; 21-30 minutes of medical discussion
- **98970** – *revised* – Nonphysician qualified ~~nonphysician~~ 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
 - **98971** – *revised* – ; 11-20 minutes
 - **98972** – *revised* – ; 21 or more minutes

Immaterial revisions.



NON-FACE-TO-FACE NONPHYSICIAN SERVICES: REMOTE THERAPEUTIC MONITORING

- **98975** – *revised* – Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment
- **98976** – *revised* – Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of ~~with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor~~ respiratory system, each 30 days
- **98977** – *revised* – device(s) supply for data access or data transmissions to support monitoring of ~~with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor~~ musculoskeletal system, each 30 days
- **98978** – *revised* – device(s) supply for data access or data transmissions to support monitoring of ~~with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor~~ cognitive behavioral therapy, each 30 days



PHARMACEUTICALS
LEVEL II HCPCS

PHARMACEUTICAL S LEVEL II HCPCS

39 codes added

19 codes deleted

3 codes revised





ADDITIONS (NOT REPLACEMENTS)

- **C9173** – *new* – Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram
- **J0601** – *new* – Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)
- **J0602** – *new* – Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)
- **J0603** – *new* – Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)



ADDITIONS, CONT.

- **J0605** – *new* – Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)
- **J0607** – *new* – Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)
- **J0608** – *new* – Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)
- **J0609** – *new* – Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)
- **J0615** – *new* – Calcium acetate, oral, 23 mg (for esrd on dialysis)
- **J0870** – *new* – Injection, imetelstat, 1 mg



ADDITIONS, CONT.

- **J0901** – *new* – Vadadustat, oral, 1 mg (for esrd on dialysis)
- **J1307** – *new* – Injection, crovalimab-akkz, 10 mg
- **J1552** – *new* – Injection, immune globulin (alyglo), 500 mg
- **J2290** – *new* – Injection, nafcillin sodium, 20 mg
- **J2472** – *new* – Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg
- **J3392** – *new* – Injection, exagamglogene autotemcel, per treatment



ADDITIONS, CONT.

- **J7514** – *new* – Mycophenolate mofetil (myhibbin), oral suspension, 100 mg
- **J7601** – *new* – Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg
- **J9076** – *new* – Injection, cyclophosphamide (baxter), 5 mg
- **J9292** – *new* – Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg
- **Q0155** – *new* – Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- **Q5139** – *new* – Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg



ADDITIONS, CONT.

- **Q5140** – *new* – Injection, adalimumab-fkjp, biosimilar, 1 mg
- **Q5141** – *new* – Injection, adalimumab-aaty, biosimilar, 1 mg
- **Q5142** – *new* – Injection, adalimumab-ryvk biosimilar, 1 mg
- **Q5143** – *new* – Injection, adalimumab-adbm, biosimilar, 1 mg
- **Q5146** – *new* – Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
- **Q9996** – *new* – Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
- **Q9997** – *new* – Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
- **Q9998** – *new* – Injection, ustekinumab-aekn (selarsdi), 1 mg



REVISIONS

- **J2468** – *revised* – Injection, palonosetron hydrochloride (posfrea), 25 micrograms
- **J9033** – *revised* – Injection, bendamustine ~~hel (treanda)~~ hydrochloride, 1 mg
- **J9072** – *revised* – Injection, cyclophosphamide ~~(dr. reddy's)~~ (avyxa), 5 mg





DELETED WITH REPLACEMENT

- **C9169** – *deleted* – Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram – **See J9028**.
- **C9170** – *deleted* – Injection, tarlatamab-dlle, 1 mg – **See J9026**.
- **C9171** – *deleted* – Injection, pegulicianine, 1 mg – **See A9615**.
- **C9172** – *deleted* – Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose – **See J1414**.
- **C9290** – *deleted* – Injection, bupivacaine liposome, 1 mg – **See J0666**.
- **J0135** – *deleted* – Injection, adalimumab, 20 mg – **See J0139** *per 1 mg*.
- **J2796** – *deleted* – Injection, romiplostim, 10 mcg – **See J2802** *per 1 mcg*.
- **Q5131** – *deleted* – Injection, adalimumab-aacf (idacio), biosimilar, 20 mg – **See Q5144** *per 1 mg*
- **Q5132** – *deleted* – Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg – **See Q5145** *per 1 mg*.



DELETIONS, CONT.

- **J0570** – *deleted* – Buprenorphine implant, 74.2 mg – No replacement.
- **J2806** – *deleted* - Injection, sincalide (maia), not therapeutically equivalent to j2805, 5 micrograms – No replacement.
- **J9058** – *deleted* – Injection, bendamustine hydrochloride (apotex), 1 mg – **See J9033.**
- **J9059** – *deleted* – Injection, bendamustine hydrochloride (baxter), 1 mg– **See J9033.**
- **J9259** – *deleted* – Injection, paclitaxel protein-bound particles (american regent), not therapeutically equivalent to j9264, 1 mg – No replacement.



HIV PREP REPLACEMENT

The codes below (**Q0516-Q0520**) have been *deleted* and replaced with *new* code **Q0521**.

- **Q0521** – *new* – Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription
- **Q0516** – *deleted* – Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 30-days
- **Q0517** – *deleted* – Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 60-days
 - **Q0518** – *deleted* – per 90-days
- **Q0519** – *deleted* – Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 30-days
 - **Q0520** – *deleted* – per 60-days



SUPPLIES
LEVEL II HCPCS



SUPPLIES LEVEL II HCPCS

18 codes added





NEW SUPPLY HCPCS

- **C1735** – *new* – Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components
- **C1736** – *new* – Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components
- **C1737** – *new* – Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)
- **C1738** – *new* – Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device
- **C1739** – *new* – Tissue marker, imaging and non-imaging device (implantable)



NEW SUPPLY HCPCS

- **C9804** – *new* – Elastomeric infusion pump (e.g., on-q* pump with bolus), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
- **C9806** – *new* – Rotary peristaltic infusion pump (e.g., ambit pump), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
- **C9807** – *new* – Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)



NEW SUPPLY HCPCS

- **C9808** – *new* – Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
- **C9809** – *new* – Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)



NEW SKIN SUBSTITUTES

- **Q4346** – *new* – Shelter dm matrix, per square centimeter
- **Q4347** – *new* – Rampart dl matrix, per square centimeter
- **Q4348** – *new* – Sentry sl matrix, per square centimeter
- **Q4349** – *new* – Mantle dl matrix, per square centimeter
- **Q4350** – *new* – Palisade dm matrix, per square centimeter
- **Q4351** – *new* – Enclose tl matrix, per square centimeter
- **Q4352** – *new* – Overlay sl matrix, per square centimeter
- **Q4353** – *new* – Xceed tl matrix, per square centimeter



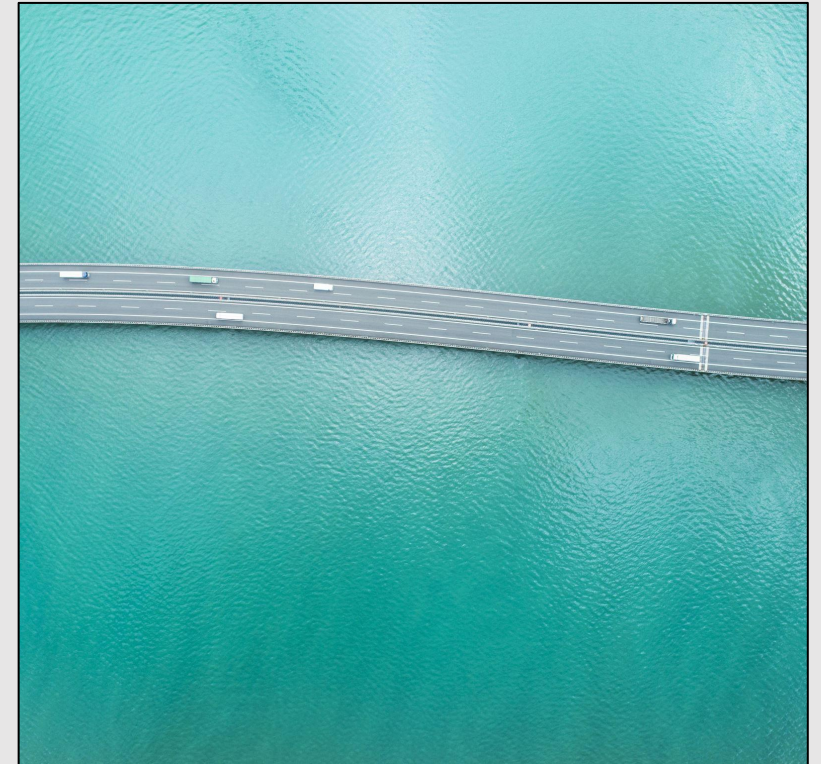
THANK YOU FOR PARTICIPATING!

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**TAKE HOME
MATERIALS**



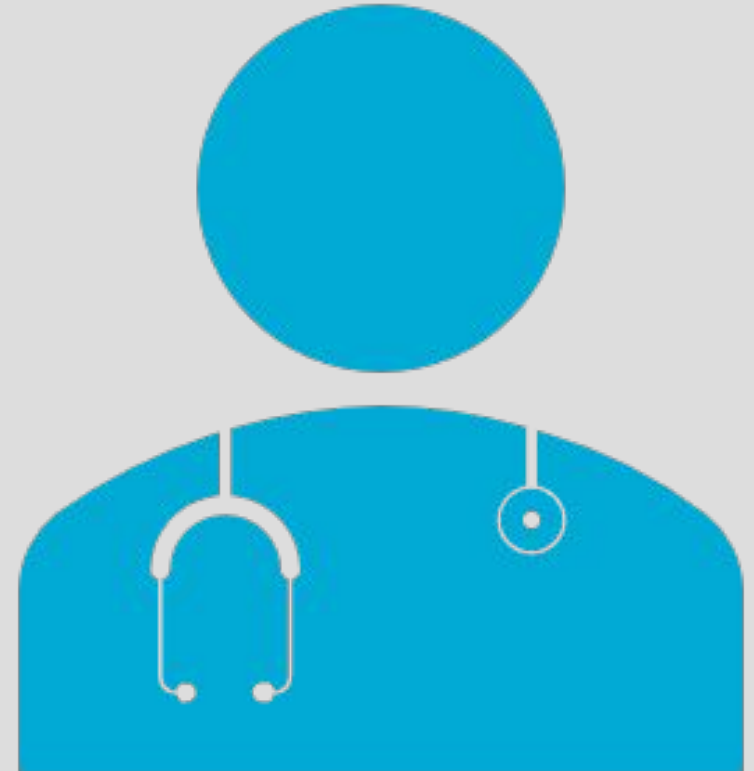
**PRO FEE:
EVALUATION &
MANAGEMENT (E/M)**

EVALUATION AND MANAGEMENT



Overview of E/M changes: 33 new, 4 deleted

- **New Telemedicine (Audio + Video):**
98000-98007
- **New Telemedicine (Audio Only):** **98008-98015**
- **Deleted Codes:** **99441-99443**



TELEMEDICINE DELETED CODES

- **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** – ; 11-20 minutes of medical discussion
 - **99443** – ; 21-30 minutes of medical discussion
 - **To report**, see 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016)◀





CPT DESCRIPTION FOR AUDIO-VIDEO

•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;

•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;



TELEMEDICINE – AUDIO-VIDEO

Medically appropriate history and/or exam

| Status | MDM Level | Time (minutes) | E/M Code |
|-------------|-----------------|----------------|----------|
| New | Straightforward | 15 | 98000 |
| New | Low | 30 | 98001 |
| New | Moderate | 45 | 98002 |
| New | High | 60 | 98003 |
| Established | Straightforward | 10 | 98004 |
| Established | Low | 20 | 98005 |
| Established | Moderate | 30 | 98006 |
| Established | High | 40 | 98007 |



CPT DESCRIPTION FOR AUDIO ONLY

•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;

•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;



TELEMEDICINE – AUDIO ONLY

- Greater than 10 minutes of medical discussion
- Medically appropriate history and/or exam


| Status | MDM Level | Time (minutes) | E/M Code |
|-------------|-----------------|----------------|----------|
| New | Straightforward | 15 | 98008 |
| New | Low | 30 | 98009 |
| New | Moderate | 45 | 98010 |
| New | High | 60 | 98011 |
| Established | Straightforward | >10 | 98012 |
| Established | Low | 20 | 98013 |
| Established | Moderate | 30 | 98014 |
| Established | High | 40 | 98015 |

CMS: STATEMENT ON TELEMEDICINE

“We do not believe there is a programmatic need to recognize the audio/video and audio-only telemedicine E/M codes for payment under Medicare.”



VIRTUAL CHECK-IN

- **G2012**  **98916**
- 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
 - Patient initiates.
 - Determine if more extensive visit type is needed.
 - Video not required.
 - If on the same date as in-person visit, time may be aggregated.



POST DISCHARGE

- **G0544** – *new* – Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month





COMPLEXITY

- **G0545** – *new* – Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent or discharge)
- **G0559** – *new* – Post-operative follow-up visit complexity inherent to evaluation and management services addressing surgical procedure(s), provided by a physician or qualified health care professional who is not the practitioner who performed the procedure (or in the same group practice) and is of the same or of a different specialty than the practitioner who performed the procedure, within the 90-day global period of the procedure(s), once per 90-day global period, when there has not been a formal transfer of care and requires the following required elements, when possible and applicable: reading available surgical note to understand the relative success of the procedure, the anatomy that was affected, and potential complications that could have arisen due to the unique circumstances of the patient's operation... (list separately in addition to office/outpatient evaluation and management visit, new or established)



INTERPROFESSIONAL

- **G0546** – *new* – Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review
 - **G0547** – *new* – 11-20 minutes of medical consultative discussion and review
 - **G0548** – *new* – 21-30 minutes of medical consultative discussion and review
 - **G0549** – *new* – 31 or more minutes of medical consultative discussion and review



INTERPROFESSIONAL, CONT.

- **G0550** – *new* – Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient’s treating/requesting practitioner, 5 minutes or more of medical consultative time
- **G0551** – *new* – Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes

ADVANCED PRIMARY CARE

- **G0556-G0558** – *new* – Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death...

See full description with guidelines.



DIGITAL MENTAL HEALTH TREATMENT DEVICE (DMHT)



- **G0552** – *new* – Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan
- **G0553** – *new* – First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the dmht device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
- **G0554** – *new* – Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the dmht device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month



MENTAL HEALTH: SAFETY PLANNING

- **G0560** – *new* – Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe



SURGERY

GENERAL SURGERY

Updates were made to CPT's general surgery section to reflect novel approaches in skin grafts for wound care and recovery (**15011-15018**) and advancements in surgical techniques for the elimination of tumors within the abdomen (**49186-49190**).



INTEGUMENTARY – SKIN CELL SUSPENSION AUTOGRAFT (SCSA)

- **15011** – *new* – Harvest of skin for skin cell suspension autograft; first 25 sq cm or less
 - **+15012** – ;each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)
- **15013** – *new* – 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** – ;each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)
- **15015** – *new* – 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** – ;each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

SCSA, CONT.

- **15017** – *new* – 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** – ;each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)
- **C8002** – *new* – Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)
- **15819** – *deleted* – Cervicoplasty
→ Due to low utilization.

INTRAOPERATIVE FLUORESCENCE IMAGING MARGIN ASSESSMENT, BREAST



- **+0945T** – *new* – Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)
 - **Use** 0945T in conjunction with 19301.
 - **Report** 0945T once per procedure.
 - **Do not report** 0945T in conjunction with 88172, 0546T.

MUSCULOSKELETAL

Carpometacarpal (CMC) suspension arthroplasty is done using an interpositional tendon transfer.



25447 + 26480 + 25310



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

Do not report 25448 in conjunction with 25447. **Do not report** 25448 in conjunction with 25310, 26480, when performed for intercarpal or carpometacarpal joint arthroplasty.

- **21630** – *revised* – Radical resection of sternum;
→ Flagged as revised in CPT manual but no change made.
- **25447** – *revised* – Arthroplasty, **interposition**, intercarpal or carpometacarpal joints; interposition (eg, tendon)
- **21632** – *deleted* – Radical resection of sternum; with mediastinal lymphadenectomy
→ No replacement code.

MUSCULOSKELETAL LEVEL II HCPCS

- **C8003** – *new* – Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)



CARDIOLOGY & INTERVENTIONA L CARDIOLOGY

- **33471** – *deleted* – Valvotomy, pulmonary valve, closed heart, via pulmonary
- **33737** – *deleted* – open heart, with inflow occlusion
- **33813** – *deleted* – Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass

No replacement codes.

- **33814** – *revised* – Obliteration of aortopulmonary septal defect, with cardiopulmonary bypass; ~~with cardiopulmonary bypass~~
→ No longer a child code to code 33813.

SURGERY = CARDIOLOGY & INTERVENTIONAL CARDIOLOGY: NEW TECHNOLOGY



Cardiac Contractility Modulation-defibrillation system (CCM-D)

- 17 added codes

→ **0915T-0931T**

- Reports insertion, removal, removal and replacement, repositioning, and programming procedures for a cardiac contractility modulation-defibrillation



SURGERY – CARDIOLOGY & INTERVENTIONAL CARDIOLOGY: CCM-D, CONT.

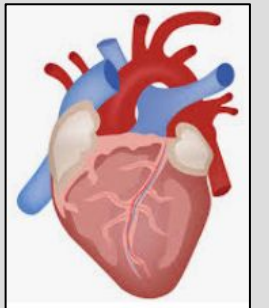


- **0915T** – *new* – Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)
 - **0916T** – *new* – pulse generator only
 - **0917T** – *new* – single transvenous lead (pacing or defibrillation) only
 - **0918T** – *new* – dual transvenous leads (pacing and defibrillation) only
 - **Do not report** 0915T, 0916T, 0917T, 0918T in conjunction with 33206-33275, 0926T, 0927T, 0931T. **Do not report** 0916T, 0917T, 0918T in conjunction with 0915T.

SURGERY – CARDIOLOGY & INTERVENTIONAL CARDIOLOGY: CCM-D, CONT.



- **0919T** – *new* – Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only
→ **Do not report** 0919T in conjunction with 33206-33275, 0915T, 0916T, 0923T, 0925T, 0926T, 0927T, 0931T.
- **0920T** – *new* – ; single transvenous pacing lead only
- **0921T** – *new* – ; single transvenous defibrillation lead only
- **0922T** – *new* – ; dual (pacing and defibrillation) transvenous leads only
→ **Do not report** 0920T in conjunction with 33206-33275, 0926T, 0927T, 0931T.



SURGERY – CARDIOLOGY & INTERVENTIONAL CARDIOLOGY: CCM-D, CONT.



- **0923T** – *new* – Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only
 - **Do not report** 0923T in conjunction with 33206-33275, 0915T, 0916T, 0919T, 0925T, 0926T, 0927T, 0931T.
- **0924T** – *new* – Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters
 - **Do not report** 0924T in conjunction with 33206-33275, 0915T, 0926T, 0927T, 0931T.

SURGERY – CARDIOLOGY & INTERVENTIONAL CARDIOLOGY: CCM-D, CONT.



- **0925T** – *new* – Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator
 - **Do not report** 0925T in conjunction with 10140, 10180, 11042, 11043, 11044, 11045, 11046, 11047, 13100, 13101, 13102, 33206-33275, 0915T, 0916T, 0919T, 0923T, 0931T.
- **0926T** – *new* – Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system
 - **Do not report** 0926T in conjunction with 33206-33275, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0927T, 0930T, 0931T.



CARDIOLOGY: CCM-D, CONT.

- **0927T** – *new* – Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system
 - **Do not report** 0927T in conjunction with 33206-33275, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0926T, 0930T, 0931T.
- **0928T** – *new* – Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional
 - **Do not report** 0928T in conjunction with 33206-33275.
- **0929T** – *new* – Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results
 - **Do not report** 0929T in conjunction with 33206-33275.

SURGERY – CARDIOLOGY & INTERVENTIONAL CARDIOLOGY: CCM-D, CONT.



- **0930T** – *new* – Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator
→ **Do not report** 0930T in conjunction with 33206-33275, 0931T.
- **0931T** – *new* – Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator
→ **Do not report** 0931T in conjunction with 33206-33275, 0915T-0927T, 0930T.



CARDIOVASCULAR SERVICES – DELETED

- **0553T** – *deleted* – Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention
 - For percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, **use** unlisted code 37799.
- **C7558** – *deleted* – Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed



PCI BY THERAPEUTIC DRUG DELIVERY

- **0913T** – *new* – Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch
 - **Do not report** 0913T in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92973, 92978, for interventions on the same target lesion in the same major coronary artery or graft as the target lesion treated with drug-delivery balloon intervention.
- **0914T** – *new* – Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)
 - **Use 0914T** in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943.



CARDIOLOGY LEVEL II HCPCS

- **C7562** – *new* – Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible
- **C7563** – *new* – Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries
- **C7564** – *new* – Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
- **C9610** – *new* – Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)

HEMIC AND LYMPHATIC

Replace **deleted** Category III codes **0537T–0540T** with **new** codes for...

Chimeric antigen receptor T-cell (CAR-T) therapy...

- **38225** – ...harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
- **38226** – ...preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
- **38227** – ...receipt and preparation of CAR-T cells for administration
- **38228** – ...CAR-T cell administration, autologous

Be sure to review documentation in CPT® manual.



DELETED CODES

- **0537T** – *deleted* – 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 – **See 38225.**
 - **0538T** – *deleted* – preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) – **See 38226.**
 - **0539T** – *deleted* – receipt and preparation of CAR-T cells for administration – **See 38227.**
 - **0540T** – *deleted* – CAR-T cell administration, autologous – **See 38228.**



INTERVENTIONAL RADIOLOGY – BONE MARROW BIOPSY IMPLANT

- **0901T** – *new* – Placement of bone marrow sampling port, including imaging guidance when performed
→ **Do not report** 0901T in conjunction with 77002, 77012.



Deleted Codes

Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors;

- **49203** – *deleted* – largest tumor 5 cm diameter or less
- **49204** – *deleted* – largest tumor 5.1-10.0 cm diameter
- **49205** – *deleted* – largest tumor greater than 10.0 cm diameter
 - For open excision or destruction of intra-abdominal [ie, peritoneal, mesenteric, retroperitoneal] primary or secondary tumor[s] or cyst[s], see **49186, 49187, 49188, 49189, 49190**.
- **47802** – *deleted* – U-tube hepaticoenterostomy
 - No replacement code.

New Codes

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);

- **49186** – *new* – 5 cm or less
- **49187** – *new* – 5.1 to 10 cm
- **49188** – *new* – 10.1 to 20 cm
- **49189** – *new* – 20.1 to 30 cm
- **49190** – *new* – greater than 30 cm

Do not report in conjunction with 49000, 49010, 49215, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960. For excision of perinephric cyst, **use** 50290.

REMOVAL OF BARIUM ENEMA SERVICES

Deleted Codes

- **G0106** – *deleted* – Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema.
- **G0120** – *deleted* – Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.
- **G0122** – *deleted* – Colorectal cancer screening; barium enema.



OTHER LEVEL II HCPCS

- **C7565** – *new* – Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair

URINARY

- **51721** – *new* – 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
 - **Do not report** 51721 in conjunction with 51701, 51702, 55881, 55882, 72195, 72196, 72197, 77022. For insertion of transurethral ultrasound transducer and ablation of prostate tissue using thermal ultrasound transducer performed by the same physician, **use** 55882.
- **53865** – *new* – Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
 - For insertion of a permanent urethral stent, **use** 52282. For insertion of a temporary prostatic urethral stent without cystourethroscopy, including urethral measurement, **use** 53855. For catheterization with removal of temporary device for ischemic remodeling of bladder neck and prostate, **use** **53866**.
- **53866** – *new* – Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
 - For cystourethroscopy with removal of temporary device for ischemic remodeling of bladder neck and prostate, **use** 52310. For insertion of temporary device for ischemic remodeling of bladder neck and prostate, **use** **53865**.

URINARY, CONT.

- **51020** – *revised* – Cystotomy or cystostomy, with fulguration and/or insertion of radioactive material
→ Immaterial revision.
- **50135** – *deleted* – Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
→ No replacement code.
- **51030** – *deleted* – Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
→ No replacement code.
- **C9769** – *deleted* – Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts – **See 53865.**

URINARY – NEW TECHNOLOGY

- **0935T**– *new* – Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral
 - **Do not report** 0935T in conjunction with 52000, 52005, 76000, 0338T, 0339T.
- **0941T**– *new* – Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization
 - For insertion of permanent urethral stent, **use** 52282.
 - For placement of temporary prostatic urethral stent, **use** 53855.
- **0942T** – *new* – with removal and replacement of prostatic urethral scaffold
- **0943T** – *new* – with removal of prostatic urethral scaffold
 - **Do not report** 0943T in conjunction with 0942T.
 - **Do not report** **0941T**, 0942T, 0943T with 52000, 52282, 52310, 52315, 52441, 52442, 53855.

MALE GENITAL

- **55881** – *new* – Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation
 - **Do not report** 55881 in conjunction with **55882**.
 - For insertion of transurethral ultrasound transducer and ablation of prostate tissue using thermal ultrasound transducer performed by the same physician, **use 55882**.
- **55882** – *new* – 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
 - **Do not report** 55882 in conjunction with 55881.
 - **Do not report** 55881, 55882 in conjunction with 51701, 51702, 51721, 72195, 72196, 72197, 77022.
- **54438** – *deleted* – Replantation, penis, complete amputation including urethral repair
 - No replacement code.

ABLATION

- **C9734** – *deleted* – Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance – **See 55882.**



FEMALE GENITAL

- **58957** – *deleted* – Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed
 - For resection [tumor debulking] of recurrent ovarian, endometrial, tubal, or primary peritoneal gynecological malignancies, with omentectomy, if performed, without lymphadenectomy, **see** 49186, 49187, 49188, 49189, 49190).
- **58958** – *revised* – 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~~
 - Immaterial revision.

ENDOCRINE

- **60660** – *new* – Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
 - **Do not report** 60660 in conjunction with 76940, 76942, 77013, 77022.
 - For laser ablation of benign thyroid nodule[s], **use** 0673T.
- **60661** – *new* – Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)
 - **Use** 60661 in conjunction with 60660.
 - **Do not report** 60661 in conjunction with 76940, 76942, 77013, 77022.

ENDOCRINE, CONT.

- **G0564** – *new* – Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training
- **G0565** – *new* – Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation



NERVOUS

- **61715** – *new* – Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed
 - Replaces **0398T**.
 - **Do not report** in conjunction with 61781, 61800.
 - **Do not report** 61715 in conjunction with 70540, 70542, 70543, 70544, 70545, 70546, 70551, 70552, 70553, when performed in the same session.
- **0398T** – *deleted* – Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed – **See 61715**.



FASCIAL PLANE BLOCKS

- **64466** – *new* – Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
 - **64467** – by continuous infusion(s), including imaging guidance, when performed
- **64468** – *new* – Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed
 - **64469** – by continuous infusion(s), including imaging guidance, when performed
- **64473** – *new* – Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
 - **64474** – by continuous infusion(s), including imaging guidance, when performed

Do not report these codes with 76942, 77001, 77002, 77012, 77021.

INTEGRATED CRANIAL NERVE NEUROSTIMULATION



- **0908T** – *new* – Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
- **0909T** – *new* – Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
- **0910T** – *new* – Removal of integrated neurostimulation system, vagus nerve
- **0911T** – *new* – Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional
- **0912T** – *new* – with simple programming by physician or other qualified health care professional

See next slide for details.

INTEGRATED CRANIAL NERVE NEUROSTIMULATION



- **Do not report** 0908T in conjunction with 64553, 64568, 0909T, 0910T, 0911T, 0912T.
- **Do not report** 0909T in conjunction with 64570, 0908T, 0910T, 0911T, 0912T.
- **Do not report** 0910T in conjunction with 64570, 0908T, 0909T.
- **Do not report** 0911T in conjunction with 95970, 95971, 95972, 0908T, 0909T, 0912T.
- **Do not report** 0912T in conjunction with 95970, 95971, 95972, 0908T, 0909T, 0911T.

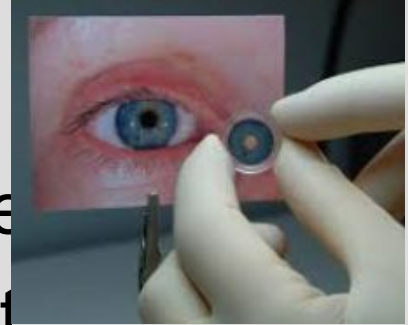




EYE AND OCULAR ADNEXA

- **66683** – *new* – Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
 - **Use** in conjunction with 66825, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991, for lens or intraocular lens surgery[ies] performed concurrently.
 - **Do not report** in conjunction with 65800, 65810, 65815, 65865, 65870, 65875, 66020, 66030, 66500, 66505, 66600, 66625, 66630, 66635, 66680, 66682, 66770, 67500, 67515, 69990, for the same eye, same surgeon, or same operative session.
 - For severing adhesions of anterior segment, incisional technique, without concurrent iris prosthesis implantation, **see** 65865, 65870, 65875, 65880.
 - For removal of iris tissue without concurrent iris prosthesis implantation, **see** 66600, 66605, 66625, 66630, 66635.
 - For repair of iris without concurrent iris prosthesis implantation, **see** 66680, 66682.

IRIS PROSTHESIS



- **0616T** – *deleted* – Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens. **See 66683.**
- **0617T** – *deleted* – with removal of crystalline lens and insertion of intraocular lens. **See 66683.**
- **0618T** – *deleted* – with secondary intraocular lens placement or intraocular lens exchange. **See 66683.**

EAR

- **G0561** – *new* – Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583t)





OTHER CODES

HOME PULMONARY ARTERY PRESSURE MONITORING



- **G0555** – *new* – Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring





ACUPUNCTURE PROCEDURES

- **97811** – *revised* – 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** – *revised* – 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)





**CODE UPDATES
PRIOR TO
JANUARY 1, 2025**

MAAA: MULTIANALYTE ASSAYS WITH ALGORITHMIC ANALYSES



- **0020M** – *new* – Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass
 - Retroactive 07/01/2024.
 - Epignostix CNS Tumor Methylation Classifier, Heidelberg Epignostix GmbH.
 - Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass.



PLA REVISIONS – PRE-JANUARY 1

- **0248U** – Oncology (~~brain~~), spheroid cell culture in ~~a~~ 3D microenvironment, 12-drug panel, ~~tumor-~~ brain- or brain metastasis—response prediction for each drug
- **0351U** – Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection
- **0356U** – Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
- **0403U** – Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch ~~post-digital-rectal-examination~~-urine (~~or processed first-catch urine~~), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer



PLA: DELETIONS – PRE-JAN 1

- **0078U** – *deleted* – Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
- **0167U** – *deleted* – Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood
- **0204U** – *deleted* – Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected

No replacement codes noted.



PLA: DELETIONS, CONT.

- **0353U** – *deleted* – Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected
- **0354U** – *deleted* – Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)
- **0396U** – *deleted* – Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions
- **0416U** – *deleted* – Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine

VACCINES, TOXOIDS

COVID Updates

- **90480** – *new* – Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
 - **Report** for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322.
 - **Do not report** 90480 in conjunction with 90476-90759.

Deleted Codes:

- **0001A – 0164A** – Prior COVID immunization administrations – **See 90480.**

VACCINES, TOXOIDS, CONT.

COVID Updates, cont.

- **91318** – *new* – Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
 - **91319** – ... mRNALNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
 - **91320** – ...mRNALNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
 - **91321** – ...mRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use
 - **91322** – ...mRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use

Report with administration code **90480**.

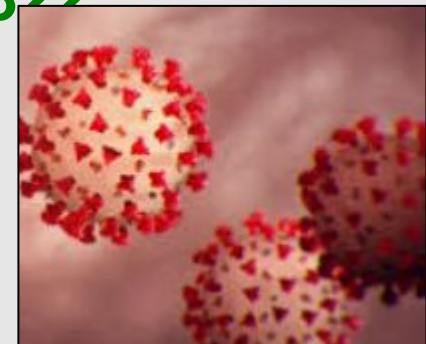
VACCINES, TOXOIDS CONT.

COVID Updates, cont.

- **91304** – *revised* – Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, ~~preservative free~~, 5 mcg/0.5 mL dosage, for intramuscular use

Deleted Codes:

- **91300-91303, 91305-91317** – Prior COVID vaccines – See **91318-91322**



VACCINES, TOXOIDS, CONT.

Meningococcal ABCWY Vaccine

- **90624** – *new* – 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
→ Retroactively effective October 1, 2024.
-

Messenger RNA (mRNA) Influenza Vaccine

- **90637** – *new* – Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use
→ **90638** – ; 60 mcg/0.5 mL dosage, for intramuscular use
-
- Retroactively effective July 1, 2024.

Pneumococcal Conjugate Vaccine 21-Valent

- **90684** – *new* – Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use

MONOCLONAL ANTIBODY ADMINISTRATIO N

- **96380** – *new* – Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
- **96381** – *new* – Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

Report for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [**90380**, **90381**].

NEW TECHNOLOGY: TRANSPERINEAL LASER ABLATION (TPLA)

- **0714T** – *revised* – Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL
 - **0867T** – *new* – ; prostate volume greater or equal to 50 mL

Do not report in conjunction with 76940, 76942, 77002, 77012, 77021.



GASTROENTEROLOGY: GASTRIC ELECTROPHYSIOLOGY MAPPING



- **0868T** – *new* – High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report
→ **Do not report** 0868T in conjunction with 91132, 91133, 0779T.



MUSCULOSKELETAL: NEW TECHNOLOGY

- **0869T** – *new* – Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed
→ **Do not report** 0869T in conjunction with 0707T.
- Established to report the injection of bone-substitute material for bone and/or soft tissue hardware fixation augmentation.
- Differs from other CPT® codes in that the bone substitute material is injected to reinforce the bone prior to affixing hardware in the affected area.





PERITONEAL ASCITES PUMP SERVICES

- **0870T** – *new* – Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed
 - **Do not report** 0870T in conjunction with 49082, 49083, 49405, 49406, 49418, 51100, 51101, 51102, 76942, 76989, 77002, 0871T, 0872T, 0873T, 0874T, 0875T.
- **0871T** – *new* – Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed
 - **Do not report** 0871T in conjunction with 49082, 49083, 75984, 76998, 77002, 0870T, 0873T, 0874T, 0875T.
- **0872T** – *new* – Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed
 - **Do not report** 0872T in conjunction with 49082, 49083, 49405, 49406, 49418, 51100, 51101, 51102, 75984, 76942, 76989, 76998, 77002, 0870T, 0873T, 0874T, 0875T. For single-catheter replacement, report 0872T with modifier 52.

PERITONEAL ASCITES PUMP SERVICES, CONT.



- **0873T** – *new* – Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed
→ **Do not report** 0873T in conjunction with 0870T, 0871T, 0872T, 0874T, 0875T.
- **0874T** – *new* – Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters
→ **Do not report** 0874T in conjunction with 0870T, 0871T, 0872T, 0873T, 0875T.
- **0875T** – *new* – Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional
→ **Do not report** 0875T in conjunction with 0870T, 0871T, 0872T, 0873T.

NEW TECHNOLOGY: COMPUTER-AIDED DUPLEX SCAN OF HEMODIALYSIS FISTULA

- **0876T** – *new* – Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)
 - **Do not report** 0876T in conjunction with 76376, 76377, 90940, 90951-90966, 93990.
 - For duplex scan of hemodialysis access, including arterial inflow and venous outflow, use 93990.



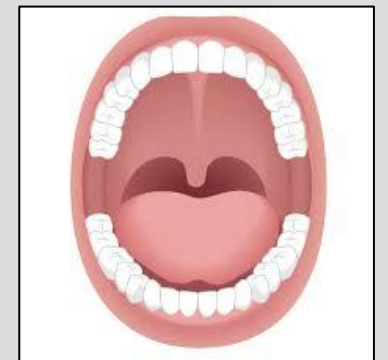
NEW TECHNOLOGY: NONINVASIVE AI ANALYSIS



- **0877T** – *new* – Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging
→ **Do not report** 0877T in conjunction with 71250, 71260, 71270, 71275.
- **0878T** – *new* – obtained with concurrent CT examination of the same structure
→ **Use** 0878T in conjunction with 71250, 71260, 71270, 71271, 71275, when evaluating same organ, tissue, or target structure.
- **0879T** – *new* – radiological data preparation and transmission
- **0880T** – *new* – physician or other qualified health care professional interpretation and report

ORAL CRYOTHERAPY

- **0881T** – *new* – Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device
 - **Use** in conjunction with 96409, 96413, 96416, when chemotherapy is also performed.
 - **Do not report** 0881T more than once per chemotherapy session.



INTRAOPERATIVE STIMULATION OF PERIPHERAL NERVES

New Add-On Codes for Nerve Repair Procedures

- **+0882T** – *new* – Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)
- ❖ **Use** in conjunction with 64702, 64704, 64708, 64713, 64718, 64719, 64721, 64831, 64834, 64835, 64836, 64856, 64857, 64892, 64893, 64895, 64896, 64897, 64898, 64905, 64910, 64911, 64912.
 - **+0883T** each additional nerve (List separately in addition to code for primary procedure)
 - **Use** in conjunction with 0882T.



ENDOSCOPIC DRUG-COATED GI BALLOON

- **0884T** – *new* – Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed
 - **Do not report** 0884T in conjunction with 43191, 43195, 43196, 43200, 43213, 43214, 43220, 43226, 76000.
- **0885T** – *new* – Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed
 - **Do not report** 0885T in conjunction with 45378, 45386, 76000, 0886T.
 - For endoscopic balloon dilation of multiple strictures during the same procedure, **use** 0885T with modifier 59 for each additional stricture dilated.
- **0886T** – *new* – Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed
 - **Do not report** 0886T in conjunction with 45300, 45303, 45330, 45340, 76000, 0885T.
 - For endoscopic balloon dilation of multiple strictures during the same procedure, **use** 0886T with modifier 59 for each additional stricture dilated.

END-TIDAL CONTROL – AGENT MONITORING

PRE-JANUARY 1, 2025

- **0887T** – *new* – End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)
 - **Use** in conjunction with 00100-01999.
 - Established to report use of a device (AI) that assists in management of the administration of anesthetic during procedures that utilize general anesthetic for the service.



URINARY NEW TECHNOLOGY

- **0888T**– *new* – Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance



NEW TECHNOLOGY: THETA-BURST STIMULATION



- **0889T** – *new* – Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation
 - **Report** 0889T once per personalized target development.
 - **Do not report** 0889T in conjunction with 70551, 70552, 70553, 70554, 70555, for the same session.
 - **Do not report** 0889T in conjunction with 77022.
- **0890T** – *new* – Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day
 - **Report** 0890T once on the first day of the course of treatment).
 - **Do not report** 0890T in conjunction with 77022.



THETA-BURST STIMULATION, CONT.

- **0891T** – *new* – Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day
 - **Do not report** 0891T in conjunction with 77022.
- **0892T** – *new* – Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day
 - **Do not report** 0892T in conjunction with 77022. Do not report 0892T in conjunction with 0890T, 0891T on the same day.
 - If a significant, separately identifiable evaluation and management, medication management, or psychotherapy service is performed, the appropriate E/M or psychotherapy code may be reported in addition to these codes. E/M activities directly related to cortical mapping, motor-threshold determination, delivery and management of accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation are not separately reported.

RESPIRATORY: NON-INVASIVE PGE ANALYSIS



- **0893T** – *new* – Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report



NORMOTHERMIC LIVER PERFUSION SERVICES



- **0894T** – *new* – Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion
- **0895T** – *new* – Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)
 - **+0896T** – *new* – each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)
 - **Use** in conjunction with 0895T.

NEW TECHNOLOGY: NONINVASIVE AUGMENTATIVE



- **0897T** – *new* – Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report
→ **Do not report** 0897T in conjunction with 93000, 93005, 93010, when performed on the same day.
- **0898T** – *new* – Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report
→ **Do not report** 0898T in conjunction with 76376, 76377.

NEW TECHNOLOGY: NONINVASIVE AUGMENTATIVE



- **0899T** – *new* – Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
 - **Use** 0899T in conjunction with 75563. **Do not report** 0899T in conjunction with 0900T. For AQMBF with PET, **use** 78434. For AQMBF with SPECT, **use** 0742T.
- **0900T** – *new* – Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
 - **Use** 0900T in conjunction with 75563. **Do not report** 0900T in conjunction with 0899T. For AQMBF with PET, **use** 78434. For AQMBF with SPECT, **use** 0742T.



**DME, QUALITY,
AND MEDICAID**

NOTICE



There were added and revised codes not included in this presentation:

- E-codes
- Quality G-codes
- Medicaid H-codes
- Quality M-codes