

CPT Code Changes 2025

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

~~**DELETED 0616T** 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~~

~~**DELETED 0617T** ;with removal of crystalline lens and insertion of intraocular lens~~

~~**DELETED 0618T** ;with secondary intraocular lens placement or intraocular lens exchange~~

EDITED 92132 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral

(Do not report 92132 in conjunction with 0730T)

(For computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134, 92137)

(For specular microscopy and endothelial cell analysis, use 92286)

(For tear film imaging, use 0330T)

EDITED 92133 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

EDITED 92134 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina

(Out of sequence)

NEW 92137 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)

EDITED 0615T Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report

Sunset January 2029

(For recording of saccades with electrooculography, see 92499, 92700)

NEW 0936T Photobiomodulation therapy of retina, single session

Sunset January 2030

(For bilateral procedure, report 0936T with modifier 50)

Cerebrovascular Arterial Studies CPT® 2025

“A complete transcranial Doppler (TCD) study (93886) includes ultrasound evaluation of the right and left anterior circulation territories and the posterior circulation territory (to include vertebral arteries and basilar artery). In a limited TCD study (93888) there is ultrasound evaluation of two or fewer of these territories.

For TCD, ultrasound evaluation is a reasonable and concerted attempt to identify arterial signals through an acoustic window. Use TCD study codes (93886, 93888, 93892, 93893) when a single study is performed. Use 93896, 93897, 93898, when a vasoreactivity study, emboli detection without intravenous microbubble injection, or venousarterial shunt detection with intravenous microbubble injection is performed in conjunction with a complete TCD on the same day. Code 93895 includes the acquisition and storage of images of the common carotid arteries, carotid bulbs, and internal carotid arteries bilaterally with quantification of intima media thickness (common carotid artery mean and maximal values) and determination of presence of atherosclerotic plaque.” (From CPT® 2025)

93880 Duplex scan of extracranial arteries; complete bilateral study

(Do not report 93880 in conjunction with 93895)

93882 ;unilateral or limited study

(Do not report 93882 in conjunction with 93895)

93886 Transcranial Doppler study of the intracranial arteries; complete study

(Do not report 93892, 93893 in conjunction with 93886, 93888)

93888 Transcranial Doppler study of the intracranial arteries; limited study
(Do not report 93888 in conjunction with 93886, 93892, 93893, 93896, 93897, 93898)
(93890 has been deleted. To report vasoreactivity study, use 93896)

DELETED: 93890 ~~vasoreactivity study (See 93893)~~

93892 Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection

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

(Do not report 93892, 93893 in conjunction with 93886, 93888)

NEW 93896 Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete

(List separately in addition to code for primary procedure)

(Use 93896 in conjunction with 93886)

(Do not report 93896 in conjunction with 93888)

NEW 93897 Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete

(List separately in addition to code for primary procedure)

(Use 93897 in conjunction with 93886)

(Do not report 93897 in conjunction with 93888)

NEW 93898 Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete

(List separately in addition to code for primary procedure)

(Use 93898 in conjunction with 93886)

(Do not report 93898 in conjunction with 93888)

93895 Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral

(Do not report 93895 in conjunction with 93880, 93882)

NOTE: 93896 Code is out of numerical sequence. See 93892-93922

93897 Code is out of numerical sequence. See 93892-93922

93898 Code is out of numerical sequence. See 93892-93922

Telehealth Codes

Telephone evaluation and Management codes deleted:

DELETED 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~~

DELETED 99442 ~~;11-20 minutes of medical discussion~~

DELETED 99443 ~~;21-30 minutes of medical discussion~~

Synchronous Audio-Video Evaluation and Management Services

“Codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007 may be reported for new or established patients.

Synchronous audio and video telecommunication is required. These services may be reported based on total time on the date of the encounter or MDM.” (CPT® 2025)

New Patient

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

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

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

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

(For services 75 minutes or longer, use prolonged services code 99417)

Established Patient

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

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

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

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

Synchronous Audio-Only Evaluation and Management Services

“Codes 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015 may be reported for new or established patients. They require more than 10 minutes of medical discussion. For services of 5 to 10 minutes of medical discussion, report 98016, if appropriate. If 10 minutes of medical discussion is exceeded, total time on the date of the encounter or MDM may be used for code level selection.”

New Patient

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

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

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

NEW 98011 Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

Established Patient

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

(Do not report 98012 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98012 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98012 during the same month with 99487, 99489)

(Do not report 98012 when performed during the service time of 99495, 99496)

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

(Do not report 98013 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98013 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98013 during the same month with 99487, 99489)

(Do not report 98013 when performed during the service time of 99495, 99496)

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

(Do not report 98014 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98014 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98014 during the same month with 99487, 99489)

(Do not report 98014 when performed during the service time of 99495, 99496)

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

(Do not report 98015 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98015 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98015 during the same month with 99487, 99489)

(Do not report 98015 when performed during the service time of 99495, 99496)

(For services 55 minutes or longer, use prolonged services code 99417)

Modifiers and Place of Service (POS) for Telehealth services (Not new in 2025)

Modifier 93: Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System

Modifier 95: Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System

POS 02: Telehealth Provided Other than in Patient's Home

POS 10: Telehealth Provided in Patient's Home

Brief Synchronous Communication Technology Service (eg, Virtual Check-In)

"Code 98016 is reported for established patients only. The service is patient-initiated and intended to evaluate whether a more extensive visit type is required (eg, an office or other outpatient E/M service [99212, 99213, 99214, 99215]). Video technology is not required. Code 98016 describes a service of shorter duration than the audio-only services and has other restrictions that are related to the intended use as a "virtual check-in" or triage to determine if another E/M service is necessary. When the patient-initiated check-in leads to an E/M service on the same calendar date, and when time is used to select the level of that E/M service, the time from 98016 may be added to the time of the E/M service for total time on the date of the encounter." (CPT® 2025) NOTE: CMS deleted G2012.

~~**DELETED G2012: Brief communication technology based service, e.g., 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 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**~~

NEW 98016 Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion

(Do not report 98016 in conjunction with 98000-98015)

(Do not report services of less than 5 minutes of medical discussion)

NEW G0559 Post-operative care services furnished by a practitioner other than the one who performed the surgical procedure (or another practitioner in the same group practice).

- Used with Evaluation and Management Services
- New or established patient
- Once per 90 day post operative period
- ONLY used when there is no formal transfer of care.