

# CPT® Changes for 2025

It's important to keep up with these new regulations.

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**A** new CPT® code set<sup>1</sup> took effect January 1, 2025. This new code set includes additions, deletions, and modifications that may be pertinent to lower extremity services. Some of the more pertinent 2025 CPT changes are shared here.

## Parenthesis

When CPT code descriptors are developed, every word, every letter, and every punctuation mark is carefully considered and heavily vetted. Every element of a CPT code descriptor is scrutinized before it is finalized. In most cases, if a word is in a code descriptor, it is there for a reason. If qualifying, clarifying information about a code is listed, that information must be carefully considered. CPT coding is rigid in nature. In the 2025 CPT code set, the CPT Editorial Panel chose to emphasize this concept by adding these two sentences to the CPT book:

*“Furthermore, all the language within a code descriptor should be assessed when selecting the appropriate procedure or service. This includes information directly in the description that may be enclosed in parentheses.”*

By adding this guidance, coders are reminded that all information about a code should be considered, including introduction language and language in parenthesis.

## New Telemedicine Codes

Prior to 2025, telemedicine was typically represented by choosing the CPT code that would have represented the service had it taken place face-to-face and adding a modifier to indicate telemedicine was provided. New CPT codes specific to telemedicine were added to the 2025 CPT code set. Effective Jan-

uary 1, 2025, only codes that specifically represent telemedicine should be used when telemedicine is provided. These new telemedicine codes may only be used to represent synchronous, real-time, interactive encounters that employ audio-video technology or audio-only technology. CPT reminds users that these telemedicine codes must represent evaluation and management services and should not be “used to report routine telecommunications related to a

established patients (CPT 98004 - 98007). There are 8 new audio-only telemedicine codes, 4 for new patients (CPT 98008-98011) and 4 for established patients (CPT 98012-98015). Each of these 16 codes lists both a medical decision-making level and a total time value in minutes. Much like office and other outpatient evaluation and management services, the level of these telemedicine codes may be selected based

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previous encounter.” An example provided of a “routine telecommunications related to a previous encounter” is communicating laboratory results.

In the past, there were certain restrictions on who was required to initiate some remote services in order to submit coding for that service. With these new audio-video telemedicine CPT codes and audio-only telemedicine CPT codes, there are no restrictions on code selection based on who must initiate the encounter. These new audio-video telemedicine and audio-only telemedicine CPT codes may not be submitted on the same day that an in-person evaluation and management occurs. However, there is no limitation on the number of days that must have passed since an in-person evaluation and management before these new audio-video telemedicine and audio-only telemedicine CPT codes may be submitted.

There are 8 new audio-video telemedicine codes, 4 for new patients (CPT 98000-98003) and 4 for

on either medical decision-making or total time. Each time the service is provided, the level should be selected based on both medical decision-making and total time. Whichever of those pathways results in a higher level code is the pathway that should be used to determine the level for that encounter.

## Telephone E&M Services Deleted

With the creation of these new audio-only telemedicine CPT codes, the telephone evaluation and management CPT codes (CPT 99441-CPT 99443) have been deleted effective January 1, 2025. No provider should submit CPT 99441-99443 on or after January 1, 2025.

## Virtual Check-In

Separate from telemedicine services, a virtual check-in is meant to represent a discussion where the provider is triaging the patient's com-

*Continued on page 36*

## CPT Changes (from page 35)

plaint and determining whether a more extensive visit type is required.

Effective January 1, 2025, HCPCS G2012 was deleted, and a new CPT code represents a virtual check-in:

*CPT® 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.<sup>1</sup>*

This code may only be submitted for services provided to established patients. Video is not required for submission of this code. To submit this code, the service must be initiated by the patient.

## Skin Cell Suspension Autograft

2025 sees the introduction of new CPT codes related to skin cell suspension autografting. Skin cell suspension autografting refers to harvesting skin from one area, preparing a suspension of autologous skin cells from this harvest, and spraying this suspension on a different area. This typically involves a relatively small area of harvested skin that can cover a much larger area than what was harvested after the preparation is complete. For example, in some circumstances a harvested piece of skin that is only 1 sq cm can result in enough suspension to cover 80 sq cm.

With this service, the harvested piece of skin is typically processed in an enzymatic solution that results in disaggregation of melanocytes, keratinocytes, and fibroblasts. These disaggregated cells, all cells that play a role in tissue repair, are part of the solution that is sprayed

onto the area of need. There are new CPT codes that represent the harvest of the graft, other new codes that represent the preparation of the skin cell suspension autograft, and a third set of new codes that represent the application of the skin cell suspension autograft. **PM**

## Reference

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