Errata and Technical Corrections – CPT® 2025
Date: October 20, 2025

The information that follows is sourced to either a publication errata or a technical correction by the CPT Editorial Panel. An errata (denoted as **E**) for the current edition of the CPT code set will publish information that was approved by the CPT Editorial Panel and inadvertently excluded from the current code set. Technical corrections (denoted as **T**) are clarifications of original Panel intent for the current code structure. All items below are errata if they are not designated as a technical correction in the right-hand column. The order of the entries on this document is by code order. Additionally, each entry shows the date of publication to this document. The links immediately following are provided as a guide to the most recently added items. **The effective date for each item is January 1, 2025**. Updates to this document are made as issues surface requiring clarification.

Most recent entries added to *Errata and Technical Corrections - CPT® 2025*

- Revise the guideline in the Surgery Somatic Nerves subsection to include code 64418.
- Revise index by replacing Sleep Studies code range 95805–95811 with codes 95800, 95801, 95806 for home services.

Evaluation and Management
Telemedicine Services

Posted 3/14/25 T

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

Service	New/Established	Synchronous	Level/Unit Reported	Service Reported	Other E/M Notations
Synchronous audio-video (98000-98007)	Both	Yes	MDM or total time on the date of the service. No minimum required time, unless level selected by time.	Per single calendar date	Do not report with same-day in-person E/M
Synchronous audio-only (98008-98015)	Both	Yes	MDM or total time on the date of the service. Must be more than 10 minutes of medical discussion.	Per single calendar date	Do not report with same-day in-person E/M
Brief synchronous communication	Established	Yes	A single 5- to 10-minute	Per single calendar date	Not related to E/M in prior 7 days

Updated: October 20, 2025

technology service (98016)			medical discussion		or leading to E/M in next 24 hours
Online digital E/M (99421-99423)	Established	No	Minutes during 7-day period	Per 7 days	Not related to E/M in prior 7 days or leading to E/M in next 24 hours
Interprofessional telephone/Internet/EHR consultations (99446-99451)	Both	Not required	Minutes during 7-day period	Per 7 days	No in-person encounter within 14 days
Interprofessional telephone/Internet/EHR consultations (99452)	Both	Not required	Minutes during a single day	Per 14 days	~~No in-person encounter within 14 days~~ Do not report with same-day E/M
Care management and remote treatment management (99424, 99425, 99437, 99484, 99491)	Established	Not required	Minutes	Per calendar month	Physician or QHP time excluded on date of other E/M
All services (98000-98016, 99421-99425, 99437, 99446-99452, 99484, 99491)	Same time is not counted twice◄				

Revise the Telemedicine and Non-Face-to-Face Services table in the Evaluation and Management Telemedicine Services subsection by replacing "No in-person encounter within 14 days" with "Do not report with same-day E/M" in the row for code 99452 only.

Evaluation and Management
►Telemedicine Services◄
►Synchronous Audio-Only Evaluation and Management Services◄
►Established Patient◄

Posted 12/30/24 E

#●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)◄~~

Posted 03/14/25 T

#●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)◄~~

#●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)◄~~

#●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)◄

Delete exclusionary parenthetical notes throughout the Synchronous Audio-Only Evaluation and Management Services subsection for established patients. (12/30/24) (03/14/25)

Evaluation and Management
Prolonged Services
Prolonged Service Without Direct Patient Contact on Date Other Than the Face-to-Face Evaluation and Management Service

Posted 3/14/25 T

99358 **Prolonged evaluation and management service** before and/or after direct patient care; first hour

+99359 each additional 30 minutes (List separately in addition to code for prolonged service)

(Use 99359 in conjunction with 99358)

►(Do not report 99358, 99359 on the same date of service as 98000-98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99417, 99418, 99483)◄ **Revise exclusionary parenthetical note following code 99359 to include code range 98000-98016 in the Prolonged Service Without Direct Patient Contact on Date Other Than the Face-to-Face Evaluation and Management Service subsection.**	
Evaluation and Management **Prolonged Services** **Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service** ► Code 99417 is used to report prolonged total time (ie, combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services, office consultation, synchronous audio-video visit, synchronous audio-only visit or other outpatient evaluation and management services (ie, 98003, 98007, 98011, 98015, 99205, 99215, 99245, 99345, 99350, 99483). Code 99418 is used to report prolonged total time (ie, combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of an inpatient evaluation and management service (ie, 99223, 99233, 99236, 99255, 99306, 99310). Prolonged total time is time that is 15 minutes beyond the time threshold required to report the highest-level primary service. Codes 99417, 99418 are only used when the primary service has been selected using time alone as the basis and only after the time required to report the highest-level service has been exceeded by 15 minutes. Cognitive assessment and care plan services code 99483 does not have a required time threshold, and 99417 may be reported when the typical time has been exceeded by 15 minutes. To report a unit of 99417, 99418, 15 minutes of prolonged services time must have been attained. Do not report 99417, 99418 for any time increment of less than 15 minutes.◄ ►When reporting 99417, 99418, the initial time unit of 15 minutes may be added once the time threshold required for the primary E/M code has been surpassed by 15 minutes. For example, to report the initial unit of 99417 for an office or other outpatient encounter for a new patient ~~encounter~~ (99205), do not report 99417 until at least 15 minutes of time have been accumulated beyond 60 minutes (ie, 75 minutes) on the date of the encounter. For an office or other outpatient encounter for an established patient ~~encounter~~ (99215), do not report 99417 until at least 15 minutes of time have been accumulated beyond 40 minutes (ie, 55 minutes) on the date of the encounter.◄ **Revise the Prolonged Service Without Direct Patient Contact on Date Other Than the Face-to-Face Evaluation and Management Service guidelines by: 1) adding "synchronous audio-video visit, synchronous audio-only visit"; 2) adding codes 98003, 98007, 98011, and 98015 to the examples of services which can be reported in conjunction with code 99417; 3) deleting two instances of "encounter"; and 4) adding "office or other outpatient encounter for an" to describe new and established patients.**	**Posted 3/14/25 T**
Evaluation and Management **Preventive Medicine Services** The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults. The extent and focus of the services will largely depend on the age of the patient.	**Posted 3/14/25 T**

►If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented evaluation and management service, then the appropriate synchronous audio-video visit, synchronous audio-only visit, brief communication technology-based service, or office/outpatient code (ie, 98000-98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215) should also be reported. Modifier 25 should be added to the synchronous audio-video visit, synchronous audio-only visit, brief communication technology-based service, or office/outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.◄ **Revise guideline by: 1) adding "synchronous audio-video visit, synchronous audio-only visit, brief communication technology-based service, or"; and 2) adding code range 98000-98016 in the Evaluation and Management Preventive Medicine Services subsection.**	
Evaluation and Management **Non-Face-to-Face Services** **Telephone Services** 99439 Code is out of numerical sequence. See 99480-99489 ►~~(99441, 99442, 99443 have been deleted. To report, see 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016)~~◄ ►(99441 has been deleted. For brief communication technology-based service [eg, virtual check-in] by a physician or other QHP for an established patient, 5-10 minutes of medical discussion, use 98016)◄ ►(99442, 99443 have been deleted. For synchronous audio-only visit for evaluation and management of a new patient, see 98008, 98009, 98010, 98011. For synchronous audio-only visit for evaluation and management of an established patient, see 98012, 98013, 98014, 98015)◄ **Remove deleted cross-reference parenthetical note for codes 99441, 99442, and 99443 and add two new deleted cross-reference parenthetical notes in the Evaluation and Management Telephone Services subsection to instruct users how to appropriately report codes 98008-98016.**	**Posted 12/30/24 T**
Evaluation and Management **Non-Face-to-Face Services** **Online Digital Evaluation and Management Services** #99421 **Online digital evaluation and management service**, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes #99422 11-20 minutes #99423 21 or more minutes (Report 99421, 99422, 99423 once per 7-day period) (Clinical staff time is not calculated as part of cumulative time for 99421, 99422, 99423) (Do not report online digital E/M services for cumulative service time less than 5 minutes) (Do not count 99421, 99422, 99423 time otherwise reported with other services) ►(Do not report 99421, 99422, 99423 on a day when the physician or other qualified health care professional reports E/M services [98000-98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245])◄	**Posted 3/14/25 T**

(Do not report 99421, 99422, 99423 when using 99091, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99487, 99489, 99491, 99495, 99496, for the same communication[s]) (Do not report 99421, 99422, 99423 for home and outpatient INR monitoring when reporting 93792, 93793) **Revise exclusionary parenthetical note following code 99423 to include code range 98000-98016 in the Online Digital Evaluation and Management Services subsection.**	
Evaluation and Management **Non-Face-to-Face Services** **Interprofessional Telephone/Internet/Electronic Health Record Consultations** ►Telephone/Internet/electronic health record consultations of less than five minutes should not be reported. Consultant communications with the patient and/or family may be reported using 98000~~-98012, 98013, 98014, 98015,~~ 98016, 98966, 98967, 98968, 99421, 99422, 99423, and the time related to these services is not used in reporting 99446, 99447, 99448, 99449. Do not report 99358, 99359 for any time within the service period, if reporting 99446, 99447, 99448, 99449, 99451.◄ When the sole purpose of the telephone/Internet/electronic health record communication is to arrange a transfer of care or other face-to-face service, these codes are not reported. The treating/requesting physician or other qualified health care professional may report 99452, if spending 16-30 minutes in a service day preparing for the referral and/or communicating with the consultant. Do not report 99452 more than once in a 14-day period. If the telephone/Internet/electronic health record referral service(s) and an E/M service are performed on the same day by the treating/requesting physician or other qualified health care professional and total time is used to select the level of E/M service, the time spent providing the referral service is added to the time spent on the day of the encounter performing the E/M service. If MDM is used to select the level of E/M service, the work of performing the referral service is considered part of the MDM. Do not report 99452 separately on the same date an E/M service is reported. ~~►(For telephone services provided by a physician or other qualified health care professional to a patient, see 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016)◄~~ ►(For brief communication technology-based service [eg, virtual check-in] by a physician or other QHP for an established patient, 5-10 minutes of medical discussion, use 98016)◄ ►(For synchronous audio-only visit for evaluation and management of a new patient, see 98008, 98009, 98010, 98011. For synchronous audio-only visit for evaluation and management of an established patient, see 98012, 98013, 98014, 98015)◄ ►(For telephone services provided by a nonphysician qualified health care professional who may not report evaluation and management services, see 98966, 98967, 98968)◄ (For online digital E/M services provided by a physician or other qualified health care professional to a patient, see 99421, 99422, 99423) **Revise the Evaluation and Management Interprofessional Telephone/Internet/Electronic Health Record Consultations subsection by: 1) revising the guideline to replace codes 98012, 98013, 98014, and 98015 with code 98000 to update the range; 2) deleting the cross-reference parenthetical note referencing codes 98008-98016; and 3) adding two new cross-reference parenthetical notes to instruct users how to appropriately report codes 98008-98016.**	**Posted 12/30/24 T**
Evaluation and Management **Non-Face-to-Face Services** **Remote Physiologic Monitoring Treatment Management Services**	**Posted 3/14/25 T**

To report remote therapeutic monitoring treatment management services provided by physician or other qualified health care professional, see 98980, 98981. ► Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (synchronous audio-video visits 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, synchronous audio-only visits 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, brief communication technology-based services 98016, office or other outpatient services 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, home or residence services 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, initial or subsequent hospital inpatient or observation services 99221, 99222, 99223, 99231, 99232, 99233, inpatient or observation consultations 99252, 99253, 99254, 99255). Do not count any time related to other reported services (eg, 93290, 93793, 99291, 99292).◄ **Revise guideline to include "synchronous audio-video visits 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, synchronous audio-only visits 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, brief communication technology-based services 98016" in the Evaluation and Management Remote Physiologic Monitoring Treatment Management Services subsection.**	
Evaluation and Management **Newborn Care Services** ►When newborns are seen in follow-up after the date of discharge in the office or other outpatient setting, see 98000-98016, 99202-99215, 99381, 99391, as appropriate.◄ 99460 **Initial hospital or birthing center care,** per day, for evaluation and management of normal newborn infant **Revise guideline to include code range 98000-98016 in the Evaluation and Management Newborn Care Services subsection.**	**Posted 3/14/25 T**
Evaluation and Management **Cognitive Assessment and Care Plan Services** 99483 **Assessment of and care planning** for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: ▪ Cognition-focused evaluation including a pertinent history and examination, ▪ Medical decision making of moderate or high complexity, ▪ Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, ▪ Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), ▪ Medication reconciliation and review for high-risk medications, ▪ Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), ▪ Evaluation of safety (eg, home), including motor vehicle operation, ▪ Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, ▪ Development, updating or revision, or review of an Advance Care Plan, ▪ Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter. (For services of 75 minutes or longer, use 99417)	**Posted 3/14/25 T**

►(Do not report 99483 in conjunction with E/M services [98000-98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99367, 99368, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; brief emotional/behavioral assessment [96127]; psychological or neuropsychological test administration [96146]; health risk assessment administration [96160, 96161]; medication therapy management services [99605, 99606, 99607])◄

Revise exclusionary parenthetical note following code 99483 to include code range 98000-98016 in the Evaluation and Management Cognitive Assessment and Care Plan Services subsection.

Evaluation and Management
Care Management Services
Chronic Care Management Services

Posted 3/14/25 T

#99490 **Chronic care management services** with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored;

first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

#✚99439 each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

(Use 99439 in conjunction with 99490)

(Chronic care management services of less than 20 minutes duration in a calendar month are not reported separately)

(Chronic care management services of 60 minutes or more and requiring moderate or high complexity medical decision making may be reported using 99487, 99489)

(Do not report 99439 more than twice per calendar month)

(Do not report 99439, 99490 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99487, 99489, 99491, 99605, 99606, 99607)

►(Do not report 99439, 99490 for service time reported with 93792, 93793, 98000~~-98012, 98013, 98014, 98015,~~ 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607)◄

#99491 **Chronic care management services** with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

#✚99437 each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) (Use 99437 in conjunction with 99491) (Do not report 99437 for less than 30 minutes) (Do not report 99437, 99491 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99439, 99487, 99489, 99490, 99605, 99606, 99607) ►(Do not report 99437, 99491 for service time reported with 93792, 93793, 98000~~-98012, 98013, 98014, 98015,~~ 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99495, 99496, 99605, 99606, 99607)◄ **Revise exclusionary parenthetical notes following codes 99439 and 99437 by replacing codes 98012, 98013, 98014, and 98015 with "98000-" to update the telemedicine code range.**	
Evaluation and Management **Care Management Services** **Complex Chronic Care Management Services** 99487 **Complex chronic care management services** with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ▪ comprehensive care plan established, implemented, revised, or monitored, ▪ moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. (Complex chronic care management services of less than 60 minutes duration in a calendar month are not reported separately) ✚99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) (Report 99489 in conjunction with 99487) (Do not report 99489 for care management service of less than 30 minutes) (Do not report 99487, 99489 during the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99439, 99490, 99491) ► (Do not report 99487, 99489 for service time reported with 93792, 93793, ~~98012, 98013, 98014, 98015,~~ 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607)◄ **Revise exclusionary parenthetical note following code 99489 by deleting codes 98012, 98013, 98014, and 98015 in the Evaluation and Management Complex Chronic Care Management Services subsection.**	**Posted 3/14/25 T**
Evaluation and Management **Care Management Services** **Principal Care Management Services**	**Posted 3/14/25 T**

#99424 **Principal care management services,** for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

#+99425 each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

(Use 99425 in conjunction with 99424)

(Principal care management services of less than 30 minutes duration in a calendar month are not reported separately)

(Do not report 99424, 99425 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99426, 99427, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491)

►(Do not report 99424, 99425 for service time reported with 93792, 93793, 98000~~-98012, 98013, 98014, 98015,~~ 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607)◄

#99426 **Principal care management services,** for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.

#+99427 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

(Use 99427 in conjunction with 99426)

(Principal care management services of less than 30 minutes duration in a calendar month are not reported separately)

(Do not report 99427 more than twice per calendar month)

(Do not report 99426, 99427 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491)

►(Do not report 99426, 99427 for service time reported with 93792, 93793, 98000~~-98012, 98013, 98014, 98015,~~ 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071,

99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607)◄ **Revise exclusionary parenthetical notes following codes 99425 and 99427 by replacing codes 98012, 98013, 98014, and 98015 with "98000-" to update the telemedicine code range.**	
Evaluation and Management **Advance Care Planning** Codes 99497, 99498 are used to report the face-to-face service between a physician or other qualified health care professional and a patient, family member, or surrogate in counseling and discussing advance directives, with or without completing relevant legal forms. An advance directive is a document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time should he/she lack decisional capacity at that time. Examples of written advance directives include, but are not limited to, Health Care Proxy, Durable Power of Attorney for Health Care, Living Will, and Medical Orders for Life-Sustaining Treatment (MOLST). When using codes 99497, 99498, no active management of the problem(s) is undertaken during the time period reported. ►Codes 99497, 99498 may be reported separately if these services are performed on the same day as another evaluation and management service (98000-98016, 99202-99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381-99397, 99495, 99496).◄ **Revise guideline to include code range 98000-98016 in the Evaluation and Management Advance Care Planning subsection.**	**Posted 3/14/25 T**
Surgery **Maternity Care and Delivery** ►The services normally provided in uncomplicated maternity cases include antepartum care, delivery, and postpartum care. Pregnancy confirmation during a problem-oriented or preventive visit is not considered as part of antepartum care and should be reported using the appropriate E/M service codes 98000-98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99384, 99385, 99386, 99394, 99395, 99396 for that visit.◄ Delivery services include admission to the hospital, the admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery. When reporting delivery only services (59409, 59514, 59612, 59620), report inpatient postdelivery management and discharge services using E/M service codes (99238, 99239). Delivery and postpartum services (59410, 59515, 59614, 59622) include delivery services and all inpatient and outpatient postpartum services. Medical complications of pregnancy (eg, cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, preterm labor, premature rupture of membranes, trauma) and medical problems complicating labor and delivery management may require additional resources and may be reported separately. ►Postpartum care only services (59430) include synchronous audio-video visits, synchronous audio-only visits, brief communication technology-based services, or office or other outpatient visits following vaginal or cesarean section delivery.◄ For surgical complications of pregnancy (eg, appendectomy, hernia, ovarian cyst, Bartholin cyst), see services in the **Surgery** section.	**Posted 3/14/25 T**

Revise guideline to include code range 98000-98016 and "synchronous audio-video visits, synchronous audio-only visits, brief communication technology-based services" in the Surgery Maternity Care and Delivery subsection.	
Surgery **Maternity Care and Delivery** **Abortion** ►(For medical treatment of spontaneous complete abortion, any trimester, ~~use~~ see E/M codes 98000-98015, 99202-99233)◄ (For surgical treatment of spontaneous abortion, use 59812) 59812 Treatment of incomplete abortion, any trimester, completed surgically **Revise cross-reference parenthetical note to include code range 98000-98015 in the Surgery Abortion subsection.**	**Posted 3/14/25 T**
Surgery **Nervous System** **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic** **Somatic Nerves** Codes 64400-64450, 64454 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code. Imaging guidance and localization may be reported separately for 64400, 64405, 64408, 64418, 64420, 64421, 64425, 64430, 64435, 64449, 64450. Imaging guidance and any injection of contrast are inclusive components of 64415, 64416, 64417, 64445, 64446, 64447, 64448, 64451, 64454. Codes 64455, 64479, 64480, 64483, 64484 are reported for single or multiple injections on the same site. For 64479, 64480, 64483, 64484, imaging guidance (fluoroscopy or CT) and any injection of contrast are inclusive components and are not reported separately. For 64455, imaging guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately. **Revise the Surgery Somatic Nerves subsection guidelines to include code 64418 as a service in which imaging guidance and localization may be reported separately.**	**Posted 10/20/25 T**
Radiology **Radiologic Guidance** **Fluoroscopic Guidance** ✚77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) (Use 77002 in conjunction with 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27369, 27648, 32400, 32553, 36002, 38220, 38221, 38222, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64400, 64405, 64408, 64418, 64420, 64421, 64425, 64430, 64435, 64450, 64455, 64505, 64600, 64605) (77002 is included in all arthrography radiological supervision and interpretation codes. See **Administration of Contrast Material[s]** introductory guidelines for reporting of arthrography procedures)	**Posted 12/02/24 T**

►(Do not report 77002 in conjunction with 64466, 64467, 64468, 64469, 64473, 64474)◄ **Add parenthetical note following code 77002 to the Radiology Fluoroscopic Guidance subsection.**	
Medicine **Immunization Administration for Vaccines/Toxoids** #●90480 Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose ►(Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322)◄ ►(Do not report 90480 in conjunction with 90476-90759)◄ **Remove the resequenced (#) symbol to note that code 90480 is not out of numerical sequence in the Medicine Immunization Administration for Vaccines/Toxoids subsection.**	**Posted 12/02/24 E**
Medicine **Psychiatry** ►Psychiatry services include diagnostic services, psychotherapy, and other services to an individual, family, or group. Patient condition, characteristics, or situational factors may require services described as being with interactive complexity. Services may be provided to a patient in crisis. Services are provided in all settings of care and psychiatry services codes are reported without regard to setting. Services may be provided by a physician or other qualified health care professional. Some psychiatry services may be reported with **evaluation and management services** (98000-98016, 99202-99255, 99281-99285, 99304-99316, 99341-99350) or other services when performed. **Evaluation and management services** (98000-98016, 99202-99285, 99304-99316, 99341-99350) may be reported for treatment of psychiatric conditions, rather than using **psychiatry services** codes, when appropriate.◄ Hospital inpatient or observation care in treating a psychiatric inpatient or partial hospitalization may be initial or subsequent in nature (see 99221-99233). **Revise guideline to include code range 98000-98016 in the Medicine Psychiatry subsection.**	**Posted 3/14/25 T**
Medicine **Psychiatry** **Psychiatric Diagnostic Procedures** ★◂90792 Psychiatric diagnostic evaluation with medical services ►(Do not report 90791 or 90792 in conjunction with 98000-98016, 99202-99316, 99341-99350, 99366-99368, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)◄ (Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services) **Revise exclusionary parenthetical note following code 90792 to include code range 98000-98016 in the Medicine Psychiatric Diagnostic Procedures subsection.**	**Posted 3/14/25 T**
Medicine **Psychiatry** **Psychiatric Diagnostic Procedures** **Psychotherapy**	**Posted 3/14/25 T**

★✚◂90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) ►(Use 90833 in conjunction with 98000-98015, 99202-99255, 99304-99316, 99341-99350)◄ ★✚◂90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) ►(Use 90836 in conjunction with 98000-98015, 99202-99255, 99304-99316, 99341-99350)◄ ★✚◂90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) ►(Use 90838 in conjunction with 98000-98015, 99202-99255, 99304-99316, 99341-99350)◄ (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services) **Revise inclusionary parenthetical notes following codes 90833, 90836, 90838 to include code range 98000-98015 in the Medicine Psychotherapy subsection.**	
Medicine **Psychiatry** **Psychiatric Diagnostic Procedures** **Other Psychiatric Services or Procedures** ★✚90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) (Use 90863 in conjunction with 90832, 90834, 90837) ►(For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report evaluation and management codes, use the appropriate evaluation and management codes 98000-98015, 99202-99255, 99281-99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341-99350 and the appropriate psychotherapy with evaluation and management service 90833, 90836, 90838)◄ (Do not count time spent on providing pharmacologic management services in the time used for selection of the psychotherapy service) **Revise cross-reference parenthetical note following code 90863 to include code range 98000-98015 in the Medicine Other Psychiatric Services or Procedures subsection.**	**Posted 3/14/25 T**
Medicine **Dialysis** **Hemodialysis** ► Codes 90935, 90937 are reported to describe the hemodialysis procedure with all evaluation and management services related to the patient's renal disease on the day of the hemodialysis procedure. These codes are used for inpatient end-stage renal disease (ESRD) and non-ESRD procedures or for outpatient non-ESRD dialysis services. Code 90935 is reported if only one evaluation of the patient is required related to that hemodialysis procedure. Code 90937 is reported when patient re-evaluation(s) is required during a hemodialysis procedure. Use modifier 25 with evaluation and management codes, including synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016), new or established patient office or other outpatient services (99202-99215), office or other outpatient consultations (99242, 99243, 99244, 99245), hospital inpatient or observation care including admission and discharge (99234, 99235, 99236), initial and subsequent hospital inpatient or observation care (99221, 99222, 99223, 99231, 99232, 99233), hospital inpatient or observation discharge services (99238,	**Posted 3/14/25 T**

99239), new or established patient emergency department services (99281-99285), critical care services (99291, 99292), inpatient neonatal intensive care services and pediatric and neonatal critical care services (99466-99480), nursing facility services (99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316), and home or residence services (99341-99350), for separately identifiable services unrelated to the dialysis procedure or renal failure that cannot be rendered during the dialysis session.◄ **Revise guideline to include "synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016)" in the Hemodialysis subsection.**	
Medicine **Dialysis** **Miscellaneous Dialysis Procedures** ► Codes 90945, 90947 describe dialysis procedures other than hemodialysis (eg, peritoneal dialysis, hemofiltration or continuous renal replacement therapies), and all evaluation and management services related to the patient's renal disease on the day of the procedure. Code 90945 is reported if only one evaluation of the patient is required related to that procedure. Code 90947 is reported when patient re-evaluation(s) is required during a procedure. Use modifier 25 with evaluation and management codes, including synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016), office or other outpatient services (99202-99215), office or other outpatient consultations (99242, 99243, 99244, 99245), hospital inpatient or observation care including admission and discharge (99234, 99235, 99236), initial and subsequent hospital inpatient or observation care (99221, 99222, 99223, 99231, 99232, 99233), hospital inpatient or observation discharge services (99238, 99239), new or established patient emergency department services (99281-99285), critical care services (99291, 99292), inpatient neonatal intensive care services and pediatric and neonatal critical care services (99466-99480), nursing facility services (99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316), and home or residence services (99341-99350) for separately identifiable services unrelated to the procedure or the renal failure that cannot be rendered during the dialysis session.◄ **Revise guideline to include "synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016)" in the Miscellaneous Dialysis Procedures subsection.**	**Posted 3/14/25 T**
Medicine **Cardiovascular** **Peripheral Arterial Disease Rehabilitation** ► Peripheral arterial disease (PAD) rehabilitative physical exercise consists of a series of sessions, lasting 45-60 minutes per session, involving use of either a motorized treadmill or a track to permit each patient to achieve symptom-limited claudication. Each session is supervised by an exercise physiologist or nurse. The supervising provider monitors the individual patient's claudication threshold and other cardiovascular limitations for adjustment of workload. During this supervised rehabilitation program, the development of new arrhythmias, symptoms that might suggest angina or the continued inability of the patient to progress to an adequate level of exercise may require review and examination of the patient by a physician or other qualified health care professional. These services would be separately reported with an appropriate level E/M service code, including synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016), office or other outpatient services (99202-99215), initial hospital inpatient or observation care (99221-99223), subsequent hospital inpatient or observation care (99231-99233), critical care services (99291-99292).◄ 93668 Peripheral arterial disease (PAD) rehabilitation, per session	**Posted 3/14/25 T**

Revise guideline to include "synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016)" in the Peripheral Arterial Disease Rehabilitation subsection.	
Medicine **Cardiovascular** **Home and Outpatient International Normalized Ratio (INR) Monitoring Services** Home and outpatient international normalized ratio (INR) monitoring services describe the management of warfarin therapy, including ordering, review, and interpretation of new INR test result(s), patient instructions, and dosage adjustments as needed. If a significantly, separately identifiable evaluation and management (E/M) service is performed on the same day as 93792, the appropriate E/M service may be reported using modifier 25. Do not report 93793 on the same day as an E/M service. ►Do not report 93792, 93793 in conjunction with ~~98012, 98013, 98014, 98015, 98016,~~ 98966, 98967, 98968, 98970, 98971, 98972, 99421, 99422, 99423, when telephone or online digital evaluation and management services address home and outpatient INR monitoring.◄ Do not count time spent in 93792, 93793 in the time of 99439, 99487, 99489, 99490, 99491, when reported in the same calendar month. 93792 Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results (For provision of test materials and equipment for home INR monitoring, see 99070 or the appropriate supply code) 93793 Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed ►(Do not report 93793 in conjunction with 98000-98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245)◄ (Report 93793 no more than once per day, regardless of the number of tests reviewed) **Revise the Home and Outpatient International Normalized Ratio (INR) Monitoring Services subsection by: 1) deleting codes 98012, 98013, 98014, 98015, and 98016 from the guideline preceding code 93792; and 2) adding code range 98000-98016 to the exclusionary parenthetical note following code 93793.**	**Posted 3/14/25 T**
Medicine **Pulmonary** **Pulmonary Diagnostic Testing, Rehabilitation, and Therapies** ► Codes 94010-94799 include laboratory procedure(s) and interpretation of test results. If a separate identifiable evaluation and management service is performed, the appropriate E/M service code, including new or established patient synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), new or established patient synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016), new or established	**Posted 3/14/25 T**

patient office or other outpatient services (99202-99215), office or other outpatient consultations (99242, 99243, 99244, 99245), emergency department services (99281-99285), nursing facility services (99304-99316), and home or residence services (99341-99350), may be reported in addition to 94010-94799.◄ Spirometry (94010) measures expiratory airflow and volumes and forms the basis of most pulmonary function testing. When spirometry is performed before and after administration of a bronchodilator, report 94060. Measurement of vital capacity (94150) is a component of spirometry and is only reported when performed alone. The flow-volume loop (94375) is used to identify patterns of inspiratory and/or expiratory obstruction in central or peripheral airways. Spirometry (94010, 94060) includes maximal breathing capacity (94200) and flow-volume loop (94375), when performed. **Revise guideline to include "new or established patient synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), new or established patient synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016)" in the Pulmonary Diagnostic Testing, Rehabilitation, and Therapies subsection.**	
Medicine **Allergy and Clinical Immunology** **Definitions** ***Immunotherapy (desensitization, hyposensitization):*** is the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy. Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases. ***Other therapy:*** for medical conferences on the use of mechanical and electronic devices (precipitators, air conditioners, air filters, humidifiers, dehumidifiers), climatotherapy, physical therapy, occupational and recreational therapy, see Evaluation and Management services. ► Do not report evaluation and management (E/M) services for test interpretation and report. If a significant separately identifiable E/M service is performed, the appropriate E/M service code, which may include new or established patient synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), new or established patient synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016), new or established patient office or other outpatient services (99202-99215), hospital inpatient or observation care (99221-99223, 99231-99233), consultations (99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255), emergency department services (99281-99285), nursing facility services (99304-99316), home or residence services (99341-99350), or preventive medicine services (99381-99429), should be reported using modifier 25.◄ **Revise guideline to include "new or established patient synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), new or established patient synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016)" in the Allergy and Clinical Immunology subsection.**	**Posted 3/14/25 T**
Medicine **Behavior Management Services** During these sessions, the parent(s)/guardian(s)/caregiver(s) are trained, using verbal instruction, video and live demonstrations, and feedback from physician or other qualified health care professional or other parent(s)/guardian(s)/caregiver(s) in group sessions, to use skills and strategies to address behaviors impacting the patient's mental or physical health diagnosis. These skills and strategies help to support compliance with the identified patient's treatment and the clinical plan of care.	**Posted 3/14/25 T**

► For counseling and education provided by a physician or other qualified health care professional to a patient and/or family, see the appropriate evaluation and management codes, including synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016), office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215), hospital inpatient and observation care services (99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236), new or established patient office or other outpatient consultations (99242, 99243, 99244, 99245), inpatient or observation consultations (99252, 99253, 99254, 99255), emergency department services (99281, 99282, 99283, 99284, 99285), nursing facility services (99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316), home or residence services (99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350), and counseling risk factor reduction and behavior change intervention (99401-99429). See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.◄ **Revise guideline to include "synchronous audio-video visits (98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007), synchronous audio-only visits (98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015), brief communication technology-based services (98016)" in the Behavior Management Services subsection.**	
Medicine **Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration** Physician or other qualified health care professional work related to hydration, injection, and infusion services predominantly involves affirmation of treatment plan and direct supervision of staff. ►Codes 96360-96379, 96401, 96402, 96409-96425, 96521-96523 are not intended to be reported by the physician in the facility setting. If a significant, separately identifiable office or other outpatient evaluation and management (E/M) service is performed, the appropriate E/M service (98000-98016, 99202-99215, 99242, 99243, 99244, 99245) should be reported using modifier 25, in addition to 96360-96549. For same day E/M service, a different diagnosis is not required.◄ If performed to facilitate the infusion or injection, the following services are included and are not reported separately: a. Use of local anesthesia b. IV start c. Access to indwelling IV, subcutaneous catheter or port d. Flush at conclusion of infusion e. Standard tubing, syringes, and supplies **Revise guideline to include code range 98000-98016 in the Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration subsection.**	**Posted 3/14/25 T**
Medicine **Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration** **Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration** **Other Injection and Infusion Services** ✚96547 Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	**Posted 7/01/25 E**

✚96548 each additional 30 minutes (List separately in addition to code for primary procedure) ►(Use 96547, 96548 in conjunction with 38100, 38101, 38102, 38120, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 44010, 44015, 44110, 44111, 44120, 44121, 44125, 44130, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44202, 44203, 44204, 44207, 44213, 44227, 47001, 47100, 48140, 48145, 48152, 48155, 49000, 49010, 49186, 49187, 49188, 49189, 49190, 49320, 58200, 58210, 58575, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960)◄ **Revise the inclusionary parenthetical note following code 96548 to include codes 49186, 49187, 49188, 49189, and 49190.**	
Medicine **Education and Training for Patient Self-Management** ►The qualifications of the nonphysician qualified health care professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, nonphysician health care professional society/association, or other appropriate source.◄ ► (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes, including synchronous audio-video visits [98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007], synchronous audio-only visits [98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015], office or other outpatient services [99202-99215], initial and subsequent hospital inpatient or observation care [99221-99223, 99231-99233, 99234, 99235, 99236], new or established patient office or other outpatient consultations [99242, 99243, 99244, 99245], inpatient or observation consultations [99252, 99253, 99254, 99255], emergency department services [99281-99285], nursing facility services [99304-99316], home or residence services [99341-99350], and counseling risk factor reduction and behavior change intervention [99401-99429]. See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications)◄ (For counseling and education provided by a physician to a group, use 99078) **Revise cross reference parenthetical note to include "synchronous audio-video visits [98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007], synchronous audio-only visits [98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015]" in the Education and Training for Patient Self-Management subsection.**	**Posted 3/14/25 T**
Medicine **►Non-Face-to-Face Nonphysician Qualified Health Care Professional Services◄** **Telephone Services** ►Telephone services are non-face-to-face assessment and management services provided by a nonphysician qualified health care professional to a patient using the telephone. These codes are used to report episodes of care by the qualified health care professional initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent assessment and management service, procedure, and visit. Likewise, if the telephone call refers to a service performed and reported by the qualified health care professional within the previous seven days (either qualified health care professional requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous service or procedure. (Do not report 98966-98968 if reporting 98966-98968 performed in the previous seven days.)◄	**Posted 12/30/24 T**

~~►(For telephone services provided by a physician, see 98012, 98013, 98014, 98015, 98016)◄~~ ►(For brief communication technology-based service [eg, virtual check-in] by a physician or other QHP for an established patient, 5-10 minutes of medical discussion, use 98016)◄ ►(For synchronous audio-only visit for evaluation and management of a new patient, see 98008, 98009, 98010, 98011. For synchronous audio-only visit for evaluation and management of an established patient, see 98012, 98013, 98014, 98015)◄ **Delete the cross-reference parenthetical note referencing codes 98012-98016 and add two new cross-reference parenthetical notes in the Medicine Telephone Services subsection to instruct users how to appropriately report codes 98008-98016.**	
Medicine **Remote Therapeutic Monitoring Treatment Management Services** ►Remote therapeutic monitoring treatment management services are provided when a physician or other qualified health care professional uses the results of remote therapeutic monitoring to manage a patient under a specific treatment plan. To report remote therapeutic monitoring, the service must be ordered by a physician or other qualified health care professional. To report 98980, 98981, any device used must be a medical device as defined by the FDA. Do not use 98980, 98981 for time that can be reported using codes for more specific monitoring services. Codes 98980, 98981 may be reported during the same service period as chronic care management services (99439, 99487, 99489, 99490, 99491), transitional care management services (99495, 99496), principal care management services (99424, 99425, 99426, 99427), behavioral health integration services (99484), psychotherapy services (90832-90853), health behavior assessment and intervention services (96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171), and psychiatric collaborative care services (99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Codes 98980, 98981 require at least one interactive communication with the patient or caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service. For the first completed 20 minutes of physician or other qualified health care professional time in a calendar month, report 98980, and report 98981 for each additional completed 20 minutes. Do not report 98980, 98981 for services of less than 20 minutes. Report 98980 once, regardless of the number of therapeutic monitoring modalities performed in a given calendar month.◄ ►Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (synchronous audio-video visits [98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007], synchronous audio-only visits [98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015], brief communication technology-based services [98016], office or other outpatient services [99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215], home or residence services [99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350], inpatient or observation care services [99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236], inpatient consultations [99252, 99253, 99254, 99255]). ◄ **Revise guideline to include "synchronous audio-video visits [98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007], synchronous audio-only visits [98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015], brief communication technology-based services [98016]" in the Remote Therapeutic Monitoring Treatment Management Services subsection.**	**Posted 3/14/25 T**
Medicine **Moderate (Conscious) Sedation** **Intraservice Work** Intraservice time is used to determine the appropriate CPT code to report moderate sedation services: ▪ Begins with the administration of the sedating agent(s);	**Posted 3/14/25 E**

▪ Ends when the procedure is completed, the patient is stable for recovery status, and the physician or other qualified health care professional providing the sedation ends personal continuous face-to-face time with the patient; ▪ Includes ordering and/or administering the initial and subsequent doses of sedating agents; ▪ Requires continuous face-to-face attendance of the physician or other qualified health care professional; ▪ Requires monitoring patient response to the sedating agents, including: ▪ Periodic assessment of the patient; ▪ Further administration of agent(s) as needed to maintain sedation; and ▪ Monitoring of oxygen saturation, heart rate, and blood pressure. If the physician or other qualified health care professional who provides the sedation services also performs the procedure supported by sedation (99151, 99152, 99153), the physician or other qualified health care professional will supervise and direct an independent trained observer who will assist in monitoring the patient's level of consciousness and physiological status throughout the procedure. **Correct guideline by adding an "F" to the bullet point in the Intraservice Work guidelines within the Moderate (Conscious) Sedation subsection.**	
Category II Codes **Diagnostic/Screening Processes or Results** 3017F Colorectal cancer screening results documented and reviewed (PV)~~1, 2~~ **Correct descriptor for code 3017F by adding superscript 12 to "(PV)" as it was inadvertently omitted. (7/01/25)** **Add a comma to update the (PV) superscript from "12" to "1, 2" in the descriptor for code 3017F. (8/01/25)**	**Posted 7/01/25 E** **Posted 8/01/25 E**
Category III Codes Noncontact near-infrared spectroscopy is used to measure cutaneous vascular perfusion. Codes 0640T, 0859T describe noncontact near-infrared spectroscopy for measurement of cutaneous vascular perfusion (other than for screening for peripheral arterial disease) that does not require direct contact of the spectrometer sensors with the patient's skin. Code~~s~~ 0640T~~, 0859T~~ may only be reported once~~,~~ when performing noncontact near-infrared spectroscopy of multiple wounds in one anatomic site (eg, multiple diabetic ulcers involving the plantar surface of the foot). For noncontact near-infrared spectroscopy studies for screening for peripheral arterial disease, use 0860T. #0640T Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site (Do not report 0640T in conjunction with 0860T) #+0859T each additional anatomic site (List separately in addition to code for primary procedure) (Use 0859T in conjunction with 0640T) (Report 0640T~~, 0859T~~ only once~~,~~ when performing noncontact near-infrared spectroscopy of multiple wounds in one anatomic site) (For noncontact near-infrared spectroscopy studies for screening for peripheral arterial disease, use 0860T) (0641T, 0642T have been deleted)	**Posted 6/02/25 T**

(For noncontact near-infrared spectroscopy studies other than for screening for peripheral arterial disease, see 0640T, 0859T) **Correct Category III by removing the "s" from "codes" in the guidelines, and by removing ", 0859T" and the comma after "once" in the guidelines and parenthetical note following code 0859T.**	
Category III Codes 0766T Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and ~~marking~~ mapping of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve ✚0767T each additional nerve (List separately in addition to code for primary procedure) **Update codes 0766T and 0767T by replacing the term "marking" with "mapping" in the Category III section which were originally revised in the CPT 2024 errata on November 11, 2024, but was not completed in time for the production of the 2025 code set.**	**Posted 12/02/24 T**
Index **Excision** Presacral Tumor…….49215 Prostate *See* ~~Proctectomy~~ Prostatectomy Pterygium…….....65420, 65426 **Revise index by replacing the term "proctectomy" with the term "prostatectomy" to identify excision of prostate.**	**Posted 5/01/25 E**
Index **Home Services** Respiratory Therapy……..99503 Sleep Studies……..~~95805-95811~~95800, 95801, 95806 Actigraphy Testing……..……....95803 Stoma Care……..99505 **Revise index by replacing Sleep Studies code range 95805–95811 with codes 95800, 95801, 95806 for home services.**	**Posted 10/20/25 E**