HealthCatalyst

2025 Mid-Year CPT®/HCPCS Code Set Updates

Jennifer Bishop, RHIT, CCS, CCS-P, CHRI

Disclaimer Statement

This presentation was current at the time it was published or provided via the web and is designed to provide accurate and authoritative information regarding the subject matter covered. The information provided is only intended to be a general overview with the understanding that neither the presenter nor the event sponsor is engaged in rendering specific coding advice. It is not intended to take the place of either the written policies or regulations. We encourage participants to review the specific regulations and other interpretive materials, as necessary.

All CPT® codes are trademarked by the American Medical Association (AMA) and all revenue codes are copyrighted by the American Hospital Association (AHA).

Agenda

- Overview of Additions, Revisions, and Deletions By Section
- CPT® Additions
- CPT® Revisions
- CPT® Deletions
- Guideline Revisions
- HCPCS Additions
- HCPCS Revisions
- HCPCS Payment Changes
- HCPCS Deletions
- Questions

Overview By Section

Section	Added	Deleted	Revised
Category III	40	0	0
PLA	23	6	1
HCPCS	45	17*	4

* Includes HCPCS code M0248, which was discontinued as of 12/12/2024, but included for the first time with the July 2025 updates

CPT® Category III Additions

HealthCatalyst

CPT® Category III Additions

0948T, *Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional*

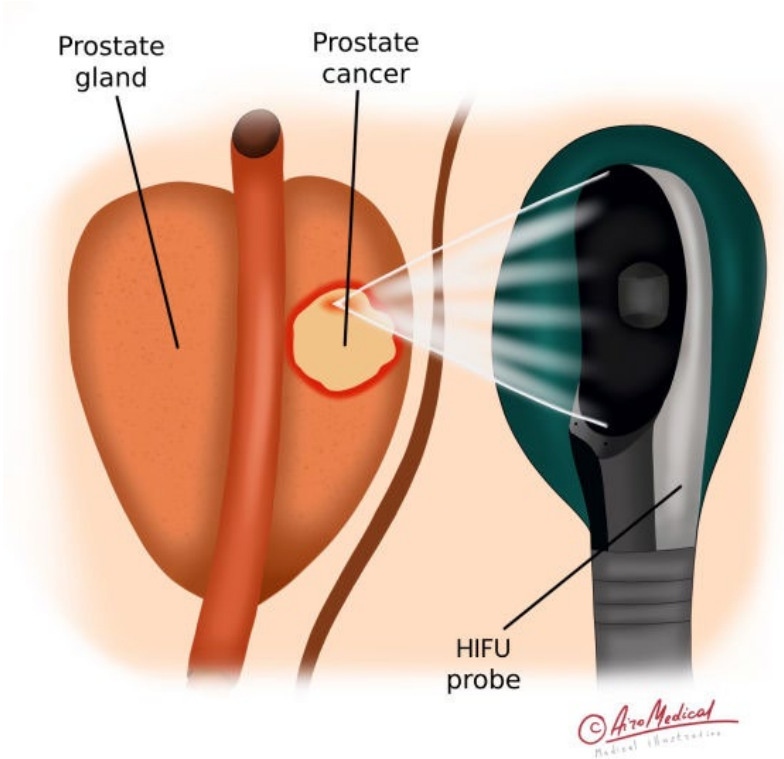
0949T, *Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results*

- Use 0948T and 0949T to report remote interrogation of cardiac contractility modulation (CCM) system for up to a 90-day period of monitoring. Data for all device functions, including the programmed parameters, lead(s), battery, automatic capture, and sensing function are included
- Use 0948T for analysis of data by physician or other qualified healthcare professional
- Use 0949T for review of data by technician
- Codes for insertion, revision, repositioning, or removal of CCM reported with codes 0408T-0418T

CPT® Category III Additions

0950T, *Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance*

- For ablation of malignant prostate tissue via transrectal approach with HIFU and ultrasound guidance, see 55880



CPT® Category III Additions

0951T, *Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor*

0952T, *Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor*

0953T, *Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor*

0954T, *Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers*

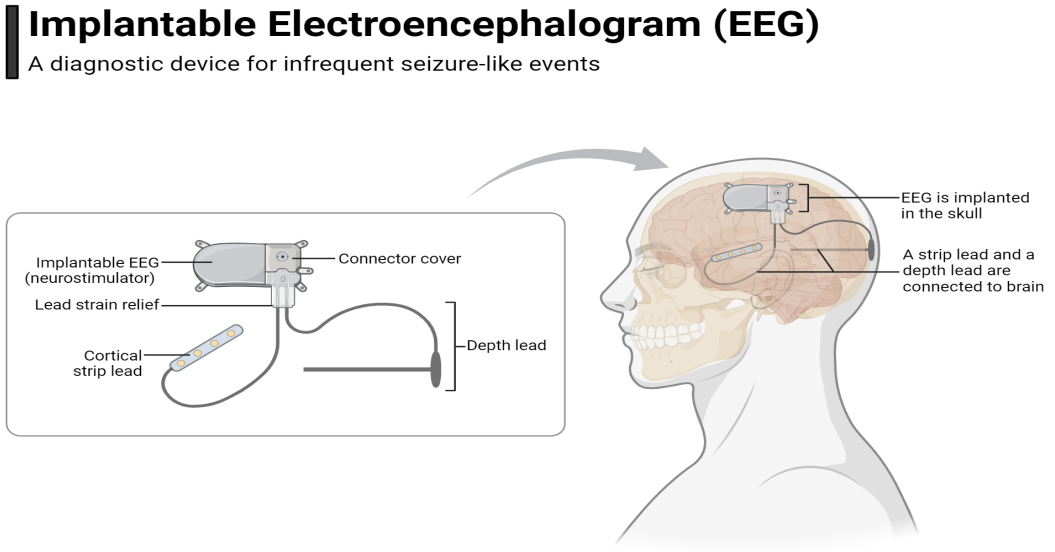
0955T, *Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components*

- The Esteem® fully implanted active middle ear implant (FI-AMEI)

CPT® Category III Additions

Sub-scalp Implantable Telemetric EEG (SITE) devices are currently being developed for treatment of epilepsy and other potential conditions

- Neuroview Technology is main US developer of this technology, which is undergoing clinical trials at the current time | Minder® recently received FDA approval for similar device



CPT® Category III Additions

0956T, *Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance*

0957T, *Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance*

- Do not report 0957T in conjunction with 0958T or 0960T

0958T, *Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance*

- Do not report 0958T in conjunction with 0957T or 0960T

0959T, *Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance*

0960T, *Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance*

- Do not report 0960T in conjunction with 0957T or 0958T

CPT® Category III Additions

0961T, *Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)*

- Use 0961T in conjunction with 88307 or 88309
- Do not report more than one unit of 0961T per specimen
- SWIR enhances the identification and retrieval of lymph nodes – Nodes react to light and appear darker while fat reflects lights and appears brighter

CPT® Category III Additions

0962T, *Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional*

CPT® Category III Additions

0963T, *Anoscopy with directed submucosal injection of bulking agent into anal canal*

- Do not report 0963T in conjunction with 46600 [*Anoscopy, diagnostic, including collection of specimen(s) by brushing or washing, when performed (Separate procedure)]*
- Treatment for fecal incontinence when anal sphincter is weakened or dysfunctional

CPT® Category III Additions

0964T, *Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism*

0965T, *Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism*

0966T, *Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism*

CPT® Category III Additions

0967T, *Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system*

- Colovac device – Currently in clinical trials

CPT® Category III Additions

0968T, *Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array*

0969T, *Removal of epicranial neurostimulator system*

- For insertion of cranial neurostimulator pulse generator or receiver other than skull mounted, see 61885 or 61886; for revision or removal, see 61888
- For insertion of skull-mounted cranial neurostimulator pulse generator or receiver, see 61889
- For removal of skull-mounted cranial neurostimulator pulse generator or receiver, see 61892
- EASEE® device, approved as a Breakthrough device by the FDA

CPT® Category III Additions

0970T, *Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor*

0971T, *Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral*

- Do not report 0970T or 0971T in conjunction with 76641, 76642, 76940, 76942
- Report 0970T once per tumor; report 0971T once per breast
- For cryosurgical ablation of fibroadenoma, see 19105
- For cryoablation of malignant breast tumor, see 0581T

CPT® Category III Additions

0972T, *Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report*

0973T, *Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm*

0974T, *Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; each additional 100 sq cm (List separately in addition to code for primary procedure)*

0975T, *Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm*

0976T, *Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; each additional 100 sq cm (List separately in addition to code for primary procedure)*

CPT® Category III Additions

Codes 0973T-0976T describe selective enzymatic debridement of partial- and/or full-thickness burn eschar. The codes require general anesthesia or moderate sedation and include wound cleansing, preparation, and topical application of a selective enzyme agent, repeated dressing soaks, mechanical debridement, and monitoring of patient

- Do not report in conjunction with 11042-11047 (Debridement of subcutaneous tissue, muscle, or bone), 97597 or 97598 (sharp selective debridement) for the same wound during the same session
- For non-selective enzymatic debridement, see 97602

CPT® Category III Additions

0977T, *Upper gastrointestinal blood detection, sensor capsule, with interpretation and report*

- PillSense™ GI Blled Detection System

CPT® Category III Additions

0978T, *Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil*

0979T, *Submucosal cryolysis therapy; soft palate only*

0980T, *Submucosal cryolysis therapy; base of tongue and lingual tonsil only*

- Do not report 0979T or 0980T in conjunction with 0978T
- Can be used to reduce tissue volume to treat issues like snoring or submucosal cleft palate

CPT® Category III Additions

0981T, *Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed*

- Do not report 0981T in conjunction with 36010 or 36013 (Introduction of catheter into vena cava, right heart or main pulmonary artery), 37252 or 37253 (IVUS), 75825 (Inferior Vena Cava Venography), 76000 (Fluoroscopy), 93451, 93456, 93460 or 93461 (Right heart catheterization), 93566 (Injection procedure for selective RV or RA angiography), 93593, 93594, 93596 or 93597 (Right heart catheterization for congenital heart defects)
- For implantation of wireless pulmonary artery sensor, see 33289
- For remote monitoring of implantable IVC pressure monitor, see 0982T
- FIRE1 System

CPT® Category III Additions

0982T, *Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment*

0983T, *Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional*

- Do not report 0982T more than once per episode of care
- Do not report 0982T for monitoring lasting less than 16 days
- Report 0983T only once per 30 days

CPT® Category III Additions

0984T, *Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)*

- Do not report 0984T in conjunction with 36221 (Non-selective catheter placement), 36222, 36225 or 36226 (Selective catheter placement), 37215 or 37216 (Transcatheter placement of carotid artery intravascular stent)
- Report 0984T once per session

0985T, *Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)*

CPT® Category III Additions

0986T, *Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)*

- Do not report 0986T in conjunction with 36223, 36224, 36225 or 36226 (Selective catheter placement), 61624 (Endovascular occlusion), 61630 (Endovascular intracranial balloon angioplasty), 61635 (Endovascular intracranial stent placement), 61640 (Endovascular balloon dilatation of vasospasm), 61645, (Endovascular intracranial mechanical thrombectomy), or 61650 (Endovascular intracranial prolonged infusion of pharmacologic agent)
- Report 0986T once per session

0987T, *Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)*

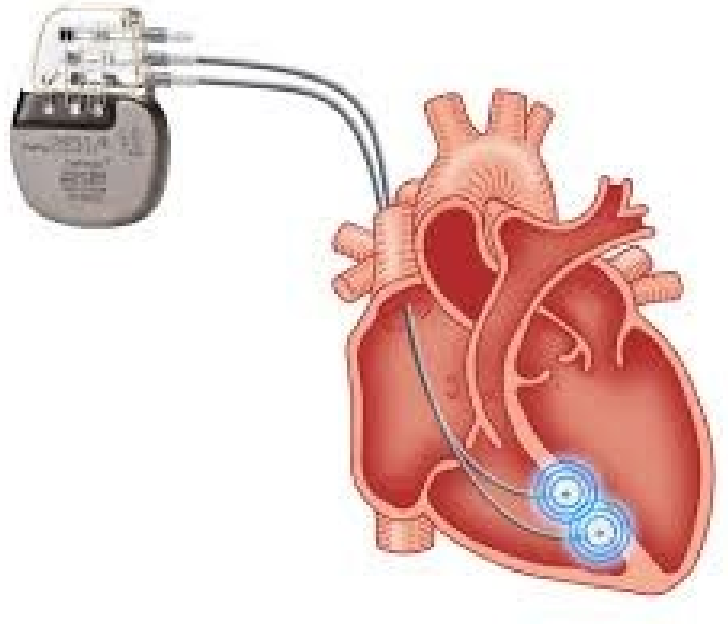
Guideline Updates

HealthCatalyst

Guideline Revision Category III Codes

Guidelines associated with codes 0408T-0418T revised:

- Clarification that cardiac contractility modulation (CCM) systems consist of a pulse generator, two ventricular leads and one atrial lead, when performed, as two or three leads may be used
- Removed guidance stating that left heart catheterization with a high-fidelity transducer is intrinsic to the CCM procedure | Removed note stating that 93452, 93453, 93458, 93459, 93460, 93461 may not be separately reported
- Added guidance to clarify that all imaging guidance is still included in CCM procedure



Proprietary Laboratory Analyses (PLA) Additions

HealthCatalyst

CPT® PLA Additions

0552U, *Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease- causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder*

- Test Name: PGT-M
- Lab Name: Igenomix®, Part of Vitrolife Group™
- Manufacturer Name: Igenomix®

0553U, *Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested*

- Test Name: PGT-A Plus
- Lab Name: Igenomix®, Part of Vitrolife Group™
- Manufacturer Name: Thermo Fisher Scientific

CPT® PLA Additions

0554U, *Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested*

- Test Name: PGT-SR
- Lab Name: Igenomix®, Part of Vitrolife Group™
- Manufacturer Name: Thermo Fisher Scientific

CPT® PLA Additions

0555U, *Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested*

- Test Name: PGT-SR Plus
- Lab Name: Igenomix®, Part of Vitrolife Group™
- Manufacturer Name: Thermo Fisher Scientific

CPT® PLA Additions

0556U, *Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected*

- Test Name: HealthTrackRx Bronchitis
- Lab Name: HealthTrackRx
- Manufacturer Name: Thermo Fisher Scientific

0557U, *Infectious disease (bacterial vaginosis and vaginitis), real- time amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species, Trichomonas vaginalis, Neisseria gonorrhoeae, Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. glabrata, C. krusei), Herpes simplex viruses 1 and 2, vaginal fluid, reported as detected or not detected for each organism*

- Test Name: HealthTrackRx Vaginitis
- Lab Name: HealthTrackRx
- Manufacturer Name: Thermo Fisher Scientific

CPT® PLA Additions

0558U, *Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression*

- Test Name: IGoCheck™ (Blood- Based Colorectal Cancer Test)
- Lab Name: Milagen, Inc
- Manufacturer Name: Milagen, Inc

0559U, *Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression*

- Test Name: MammoCheck™ (Blood- Based Breast Cancer Test)
- Lab Name: Milagen, Inc
- Manufacturer Name: Milagen, Inc

CPT® PLA Additions

0560U, *Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments*

- Test Name: Haystack MRD™ Baseline
- Lab Name: Quest Diagnostics®
- Manufacturer Name: Quest Diagnostics®

0561U, *Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD*

- Test Name: Haystack MRD™ Monitoring
- Lab Name: Quest Diagnostics®
- Manufacturer Name: Quest Diagnostics®

CPT® PLA Additions

0562U, *Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants*

- Test Name: PGDx elio™ plasma focus Dx
- Lab Name: Personal Genome Diagnostics Inc
- Manufacturer Name: Personal Genome Diagnostics Inc

0563U, *Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative*

- Test Name: BIOFIRE® SPOTFIRE® Respiratory/Sore Throat (R/ST) Panel – Respiratory Menu
- Lab Name: bioMérieux
- Manufacturer Name: bioMérieux

CPT® PLA Additions

0564U, *Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative*

- Test Name: BIOFIRE® SPOTFIRE® Respiratory/Sore Throat (R/ST) Panel – Sore Throat Menu
- Lab Name: bioMérieux
- Manufacturer Name: bioMérieux

0565U, *Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell- free DNA, plasma, algorithm reported as cancer signal detected or not detected*

- Test Name: EarlyDx MethylScan™ HCC
- Lab Name: EarlyDiagnostics Laboratory
- Manufacturer Name: EarlyDiagnostics, Inc

CPT® PLA Additions

0566U, *Oncology (lung), qPCR- based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result*

- Test Name: EPISEEK™ MPE (Malignant Pleural Effusion Detection Test)
- Lab Name: Precision Epigenomics Inc
- Manufacturer Name: Precision Epigenomics Inc

0567U, *Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants*

- Test Name: Genomic Unity® 2.0
- Lab Name: Variantyx Inc
- Manufacturer Name: Variantyx Inc

CPT® PLA Additions

0568U, *Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology*

- Test Name: LucentAD™ Complete
- Lab Name: Quanterix Corporation
- Manufacturer Name: Quanterix Corporation

0569U, *Oncology (solid tumor), next- generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate*

- Test Name: Guardant Reveal™
- Lab Name: Guardant Health, Inc
- Manufacturer Name: Guardant Health, Inc

CPT® PLA Additions

0570U, *Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl- terminal hydrolase L1 (UCH- L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison*

- Test Name: i-STAT TBI
- Lab Name: Abbott Point of Care
- Manufacturer Name: Abbott Point of Care

0571U, *Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants*

- Test Name: LiquidHALLMARK® ctDNA and ctRNA
- Lab Name: Lucence Health, Inc
- Manufacturer Name: Lucence Health, Inc

CPT® PLA Additions

0572U, *Oncology (prostate), high-throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer*

- Test Name: ProsTAV®
- Lab Name: Life Length S.L.
- Manufacturer Name: Life Length S.L.

0573U, *Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous*

- Test Name: Amplified Sciences PanCystPro™
- Lab Name: Amplified Sciences, Inc

0574U, *Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)*

- Test Name: NanoDetect-TB™
- Lab Name: NanoPin Technologies, Inc

Proprietary Laboratory Analyses (PLA) Deletions

HealthCatalyst

CPT® PLA Deletions

Deleted Code	Potential Replacement(s)
0240U, *Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected*	87636
0241U, *Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected*	87637

CPT® PLA Deletions

Deleted Code	Potential Replacement(s)
0369U, *Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique*	
0370U, *Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab*	
0373U, *Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen*	
0374U, *Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine*	

Proprietary Laboratory Analyses (PLA) Revision

HealthCatalyst

CPT® PLA Revision

Code	New Description	Previous Description
0285U	*Oncology, disease progression and response monitoring to radiation, chemotherapy, or other systematic cancer treatments, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported in ng/mL*	*Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported ~~as a radiation toxicity score~~*

HCPCS Additions

HCPCS Drug Additions

Code	Description	Brand Name
C9174	*Injection, datopotamab deruxtecan-dlnk, 1 mg*	Datroway
C9175	*Injection, treosulfan, 50 mg*	Grafapex™
J0165	*Injection, epinephrine, not otherwise specified, 0.1 mg*	
J0166	*Injection, epinephrine (BPI), not therapeutically equivalent to J0165, 0.1 mg*	
J0167	*Injection, epinephrine (Hospira), not therapeutically equivalent to J0165, 0.1 mg*	
J0168	*Injection, epinephrine (International Medication Systems), not therapeutically equivalent to J0165, 0.1 mg*	
J0169	*Injection, epinephrine (Adrenalin), not therapeutically equivalent to J0165, 0.1 mg*	

HCPCS Drug Additions

Code	Description	Brand Name
J0616	*Injection, metoprolol tartrate, 1 mg*	
J0618	*Injection, calcium chloride, 2 mg*	
J1163	*Injection, diltiazem hydrochloride, 0.5 mg*	
J1326	*Injection, zolbetuximab-clzb, 2 mg*	Vyloy®
J2312	*Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg*	
J2313	*Injection, naloxone hydrochloride (Zimhi), 0.01 mg*	

HCPCS Drug Additions

Code	Description	Brand Name
J3373	*Injection, vancomycin hydrochloride, 10 mg*	
J3374	*Injection, vancomycin hydrochloride (Mylan) not therapeutically equivalent to J3373, 10 mg*	
J3375	*Injection, vancomycin hydrochloride (Xellia), not therapeutically equivalent to J3373, 10 mg*	
J3391	*Injection, atidarsagene autotemcel, per treatment*	Lenmeldy™
J7172	*Injection, marstacimab-hncq, 0.5 mg*	Hympavzi®
J7356	*Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg*	Vyalev®
J9174	*Injection, docetaxel (Beizray), 1 mg*	Beizray
J9220	*Injection, indigotindisulfonate sodium, 1 mg*	Bludigo

HCPCS Drug Additions

Code	Description	Brand Name
J9275	*Injection, cosibelimab-ipdl, 2 mg*	Unloxcyt
J9276	*Injection, zanidatamab-hrii, 2 mg*	Ziihera
J9289	*Injection, nivolumab, 2 mg and hyaluronidase-nvhy*	Opdivo Qvantig™
J9341	*Injection, thiotepa (Tepylute), 1 mg*	Tepylute
J9342	*Injection, thiotepa, not otherwise specified, 1 mg*	
J9382	*Injection, zenocutuzumab-zbco, 1 mg*	Bizengri®
Q2058	*Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion*	Aucatzyl®

HCPCS Skin Substitute Additions

Q4368, *AmchoThick, per square centimeter*

Q4369, *AmnioPlast 3, per square centimeter*

Q4370, *Aeroguard, per square centimeter*

Q4371, *Neoguard, per square centimeter*

Q4372, *AmchoPlast Excel, per square centimeter*

Q4373, *Membrane Wrap Lite, per square centimeter*

HCPCS Skin Substitute Additions

Q4375, *Duograft AC, per square centimeter*

Q4376, *Duograft AA, per square centimeter*

Q4377, *Trigraft FT, per square centimeter*

Q4378, *Renew FT Matrix, per square centimeter*

Q4379, *AmnioDefend FT Matrix, per square centimeter*

Q4380, *AdvoGraft One, per square centimeter*

Q4382, *AdvoGraft Dual, per square centimeter*

HCPCS Drug Additions

Code	Description	Brand Name
Q5098	*Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg*	Imuldosa™
Q5099	*Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg*	Stegeyma®
Q5100	*Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg*	Yesintek™
Q5153	*Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg*	Opuviz™

HCPCS Deletions

HCPCS Drug Deletions

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)	Possible NDC(s) Affected
C9173	*Injection, filgrastim-txid (Nypozi), biosimilar, 1 microgram*	Q5148	72374-101-01 72374-101-10 72374-102-01 72374-102-10
C9300	*Injection, indigotindisulfonate sodium, 1 mg*	J9220	81284-315-00 81284-315-05
C9301	*Obecabtagene autoleucel, up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose*	Q2058	83047-010-10 83047-100-10 83047-100-30 83047-300-30
C9302	*Injection, zanidatamab-hrii, 2 mg*	J9276	68727-950-01 68727-950-02

HCPCS Drug Deletions

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)	Possible NDC(s) Affected
C9303	*Injection, zolbetuximab-clzb, 1 mg*	J1326	0469-3425-10 0469-4425-30
C9304	*Injection, marstacimab-hncq, 0.5 mg*	J7172	0069-2151-01
J0171	*Injection, adrenalin, epinephrine, 0.1 mg*	J0165 J0166 J0167 J0168 J0169	Multiple
J0173	*Injection, epinephrine (Belcher), not therapeutically equivalent to J0171, 0.1 mg*	None	54288-103-01 542880103-10 54288-119-01 54288-119-25 54288-120-01 54288-152-01 54288-600-01

HCPCS Drug Deletions

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)	Possible NDC(s) Affected
J2310	*Injection, naloxone hydrochloride, per 1 mg*	J2312	Multiple
J2311	*Injection, naloxone hydrochloride (Zimhi), 1 mg*	J2313	78670-140-02 78670-140-11
J3370	*Injection, vancomycin HCl, 500 mg*	J3373	Multiple
J3371	*Injection, vancomycin HCl (Mylan), not therapeutically equivalent to J3370, 500 mg*	J3374	Multiple

HCPCS Drug Deletions

CPT/HCPCS Code	Long Description	Potential Replacement Code(s)	Possible NDC(s) Affected
J3372	*Injection, vancomycin HCl (Xellia), not therapeutically equivalent to J3370, 500 mg*	J3375	Multiple
J9340	*Injection, thiotepa, 15 mg*	J9341 J9342	Multiple
M0248*	*Intravenous infusion, Sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 Public Health Emergency*	None	0173-0901-86

* Discontinued on 12/12/2024

HCPCS Deletions

Deleted Code	Potential Replacement(s)
G9037, *Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e. not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes*	Part of Making Care Primary (MCP) model, which ended 12/31/2024
G9038, *Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care*	Part of Making Care Primary (MCP) model, which ended 12/31/2024

HCPCS Revisions

HCPCS Revisions

Code	New Description	Previous Description
C8005	*Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (PEF) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of lung(s) and all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)*	*Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (PEF) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) ~~of~~ all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)*

HCPCS Revisions

Code	New Description	Previous Description
J1954	*Injection, leuprolide acetate for depot suspension (Lutrate Depot), 7.5 mg*	*Injection, leuprolide acetate for depot suspension (~~Cipla~~), 7.5 mg*
J9292	*Injection, pemetrexed dipotassium, 10 mg*	*Injection, pemetrexed ~~(Avyxa), not therapeutically equivalent to J9305~~, 10 mg*
Q9998	*Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg*	*Injection, ustekinumab-aekn (Selarsdi), 1 mg*

Questions?

Responses to all Questions asked today can be located at:

www.healthcatalyst.com/learn/webinars

AAPC and AHIMA Certificates will be emailed tomorrow

For other questions, please email:

hcwebinars@healthcatalyst.com

Connect with us at

HFMA Annual Conference

June 22-25, 2025
Denver, CO

Stop by Booth #945
to meet Health Catalyst

Scan Me!

Golden Hour Gathering at EDGE

EDGE Restaurant and Bar | Denver, CO
Monday, June 23, 2025

Join us at the EDGE Restaurant & Bar Monday evening for a night filled with delicious food, drinks, and great company. This event offers the perfect opportunity to unwind and connect with fellow healthcare professionals and industry experts.