

CPT 2025 Anticipated Code Changes

For the 2025 Current Procedural Terminology (CPT®) code set, a number of radiology code changes have been proposed to include new codes to report MRI-monitored transurethral ultrasound ablation prostate (TULSA), transcranial Doppler, percutaneous radiofrequency (RF) ablation of thyroid, fascial plane blocks, and magnetic resonance (MR) examination safety procedures. Additionally, MRI-guided high intensity-focused ultrasound (MRgFUS) will be converted from Category III to Category I.

There will be a new subsection for Telemedicine Services in the E/M section with 17 new codes and guidelines for reporting telemedicine E/M office visits.

The ACR urges its members to review and consider how the new code changes may impact their practices.

CATEGORY I

The following Category I codes will be available January 1, 2025:

MR Examination Safety Procedures

A new subsection with guidelines will be established for reporting six new codes describing MR safety services, including implant or foreign body evaluation, safety consultation, electronics preparation, and implant positioning or immobilization. The codes and guidelines will be listed in the new Magnetic Resonance (MR) Safety Implant/Foreign Body Procedures of the Radiology/Diagnostic Radiology (Diagnostic Imaging) section.

The new codes will describe the work involved with the proper assessment, consultation, and medical physics exam customization for patients who have an implant, device, or foreign body prior to having an MRI study.

MRI-Monitored Transurethral Ultrasound Ablation

MRI-monitored TULSA utilizes robotically driven directional thermal ultrasound and closed-loop temperature feedback control software to deliver predictable physician-prescribed ablation of prostate tissue for treatment of prostate cancer.

MRI Guided High Intensity Focused Ultrasound (MRgFUS)

MRgFUS code 0398T will be converted from Category III to Category I. This noninvasive procedure ablates tissue within the skull without open surgery. Code 0398T will be deleted.

Three new codes have been created to report this procedure; the codes will include treatment planning, insertion, and ablation of prostate tissue.

Transcranial Doppler

Three new add-on codes will be available to report procedures performed with a complete transcranial Doppler study of intracranial arteries: vasoreactivity study, emboli detection without intravenous microbubble injection, and venous-arterial shunt detection with intravenous microbubble injection.

Code 93893 will be revised to describe venous-arterial shunt detection and code 93890 will be deleted. In addition, the Cerebrovascular Arterial Studies guidelines will be revised to clarify when the existing transcranial Doppler study codes 93886, 93888, 93892, and 93893 and the new add-on codes are reported.

Percutaneous RF Ablation of Thyroid

Currently, there are no existing CPT codes to report RF ablation of the thyroid under imaging guidance. Available in 2025, there will be a new code to report percutaneous radiofrequency ablation of thyroid and an add-on code to report ablation of additional nodule(s).

Fascial Plane Blocks (FPB)

Six new codes have been created to report specific fascial plane block infiltration (injection or infusion) of the thoracic, lower extremity, and abdominal regions in post-operative pain management.

Codes 64486-64489 will be editorially revised to specify reporting transverse abdominus plane blocks, the guidelines in the Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Somatic Nerves will also be revised to reflect these changes.

OTHER

Telemedicine Office Visits

17 new telemedicine codes and guidelines for reporting the codes will be added to a new E/M subsection for telemedicine services within the E/M office visits or Other Outpatient Services subsection of the CPT code book. The new codes will allow reporting for the work involved with telemedicine (audio-visual and audio-only) office visits and will be structured like the current office and other outpatient E/M codes (four levels depending on medical decision making or time, as well as separate codes for new and established patients).

Additionally, a new virtual check-in code will be available to report an evaluation of whether the patient needs to be seen in person. The services covered by this new CPT code will be similar to the Healthcare Common Procedure Coding System (HCPCS) code G2012, *Brief communication technology-based virtual check-in*. Codes 99441, 99442, 99443 will be deleted.

REVISION

The following guidelines will be revised in 2025:

Vascular Procedures Guidelines

Guidelines in the Vascular Procedures subsection of the Radiology section will be revised to clarify that add-on code 75774, *Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)*, may be reported for both arteries and veins for each additional vessel. The cross-reference parenthetical notes following code 75774 that direct users to codes 75600-75756 (angiography) and 36215-36248 (catheterization) will be deleted.

The following codes will be revised in 2025:

- 64486** Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)
- 64487** Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)
- 64488** Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
- 64489** Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)
- 93893** Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection

DELETION

The following codes will be deleted in 2025:

- 0398T** Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
- 93890** Transcranial Doppler study of the intracranial arteries; vasoreactivity study
- 99441** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

99443 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

CODES RETAINED

The following Category III codes that were scheduled to sunset in 2025 will be extended for another 5 years until December 2030:

0071T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue

0072T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue

0075T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel

+0076T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)

0200T Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed

0201T Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed

0554T Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report

- 0555T** Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data
- 0556T** Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density
- 0557T** Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report
- 0558T** Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
- 0559T** Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
- +0560T** Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
- 0561T** Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
- +0562T** Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)