2025 Current Procedural Terminology (CPT)
New, Revised and Deleted CPT® Codes for Oncology

This resource is a summary of the CPT coding changes effective **January 1st, 2025**. For full details and guidelines, please refer to the 2025 American Medical Association CPT® Professional Edition.

New CPT® Codes

Telemedicine Services

A new section has been added for telemedicine services within the Evaluation and Management section. These services are synchronous, real-time, interactive encounters utilizing either audio-video or audio-only technology and are utilized in the same manner as in-person E/M services. Level selection still follows E/M guidelines based on medical decision-making or total time on the date of the encounter.

Synchronous Audio-Video

New Patient

Code	Medical-Decision Making	Time
98000	Straightforward	15 minutes
98001	Low	30 minutes
98002	Moderate	45 minutes
98003	High	60 minutes

Established Patient

Code	Medical-Decision Making	Time
98004	Straightforward	10 minutes
98005	Low	20 minutes
98006	Moderate	30 minutes
98007	High	40 minutes

Synchronous Audio-Only

All audio-only evaluation and management visits require at least 10 minutes of medical discussion with the patient.

New Patient

Code	Medical-Decision Making	Time
98008	Straightforward	15 minutes
98009	Low	30 minutes
98010	Moderate	45 minutes
98011	High	60 minutes

Established Patient

Code	Medical-Decision Making	Time
98012	Straightforward	10 minutes
98013	Low	20 minutes
98014	Moderate	30 minutes
98015	High	40 minutes

Virtual Check-In

98016 Brief (synchronous) communication technology-based services by a physician or qualified healthcare professional who can report E/M services, provided to an established patient, not originating from a related E/M services within the previous 7 days or leading to an E/M or procedure within the next 24 hours or soonest available appointment, and requires 5-10 minutes of medical discussion.

Pathology and Laboratory Services

Proprietary Laboratory Analysis (PLA) Codes – Appendix O

0420U Oncology (urothelial), mrna expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma

0421U Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk

0422U Oncology (pan-solid tumor), analysis of dna biomarker response to anti-cancer therapy using cell-free circulating dna, biomarker comparison to a previous baseline pre-treatment cell-free circulating dna analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate

0424U Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer

0428U Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor dna (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden

0433U Oncology (prostate), 5 dna regulatory markers by quantitative pcr, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer

0435U Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations

0436U Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy

0444U Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)

0448U Oncology (lung and colon cancer), DNA, qualitative, next generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options

0450U Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-MS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides

0451U Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance

0452U Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer

0453U Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)

0458U Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score

0460U Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes

0461U Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes

0463U Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker

0464U Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result

0465U Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative

0467U Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden

0470U Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma

0471U Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations

0473U Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden

0474U Hereditary pan-cancer (e.g., hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene

0475U Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer

Medicine

Cellular and Gene Therapies

The guidelines included in this section define and summarize what CAR-T therapy is intended to do.

Previous category III codes for Chimeric Antigen Receptor Therapy services will be replaced in 2025 with new Category I codes. Each code may be reported only once per day. Care provided on the date of the encounter that is not related to the CAR-T service may be reported separately using an appropriate modifier. Management of uncomplicated adverse events is included in the infusion administration service, as are fluids used to administer the cells, any incidental hydration, and any concurrent supportive medication if related to the

CAR-T administration. The modification of the cells in an outside laboratory is not included in the service, as the work is done separately from that of which is described in the code descriptors.

38225 Chimeric antigen receptor T-cell therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day

38226 preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)

38227 receipt and preparation of CAR-T cells for administration

38228 CAR-T cell administration, autologous

Category II and III codes

Category II codes are used to record performance measurement. Category III codes are temporary codes assigned for emerging technology, services, procedures, and paradigms. Category II and III codes facilitate data collections and are not assigned relative value; therefore, these codes are not reimbursable.

0901T Placement of bone marrow sampling port, including imaging guidance when performed

Revised CPT® Codes

Inconsistent use of the phrase “qualified non-physician health care professional” throughout the CPT code set has been modified in some instances to indicate a non-physician role may provide the service.

Pathology and Laboratory Services

Genomic Sequencing Procedures

Proprietary Laboratory Analysis (PLA) Codes

0047U Revision to proprietary name: ~~Oncotype DX Genomic Prostate Score, Genomic Health, Inc, Genomic Health, Inc~~ Genomic Prostate Score® (GPS) Test, MDxHealth, Inc, MDxHealth, Inc

0356U Oncology (oropharyngeal **or anal**), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence

Deleted CPT Codes

Evaluation and Management Services

The following codes have been replaced with appropriate telemedicine codes.

99441-99443 Telephone evaluation and management services by a physician or other qualified health care professional to an established patient, parent, or guardian not originating from a related E/M service within the previous 7 days nor leading to an E/M service within the next 24 hours or soonest available appointment

Propriety Laboratory Analysis (PLA) Codes

0204U Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected
Afirma Xpression Atlas, Veracyte, Inc, Veracyte, Inc

Category II and III codes

0537T-0540T have been deleted. Chimeric antigen receptor T-cell therapy should be reported with new Category I codes.

Guideline Changes

Medicine

Cellular and Gene Therapies

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