

2024 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, 2024. For full details and guidelines, please refer to the 2024 American Medical Association CPT® Professional Edition.

New CPT® Codes

Evaluation and Management Services

99459: Pelvic examination. Add-on code to be used with other primary E/M services.

Pathology and Laboratory Services

Genomic Sequencing Procedures

81457 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability

81458 DNA analysis, copy number variants and microsatellite instability

81459 DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements

81462 Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (e.g., plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements

81463 DNA analysis, copy number variants, and microsatellite instability

81464 DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements

Proprietary Laboratory Analysis (PLA) Codes – Appendix O

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

NavDx, Naveris

0359U Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer ISOPSA, Cleveland Diagnostics

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0360U Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy
Nodify CDT, Biodesix

0362U Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping , fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes
Thyroid GuidePx, Protean BioDiagnostics, Qualisure Diagnostics

0363U Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma
CxBladder Triage, Pacific Edge Diagnostics

0364U Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (MCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantification of disease burden, when appropriate
clonoSEQ Assay, Adaptive Biotechnologies

0365U Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PA11, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a risk score for probability of bladder cancer
Oncuria Detect, DiaCarta Clinical Lab

0366U Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PA11, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a risk score for probability of recurrent bladder cancer
Oncuria Monitor, DiaCarta Clinical Lab

0367U Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PA11, SDC1, and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
Oncuria Predict, DiaCarta Clinical Lab

0368U Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, , FLI1, CLIP4, ZNF132, and TWIST1), multiplex quantitative polymerase chain reaction (qPCR),

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circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer

Coloscape Colorectal Cancer Detection, DiaCarta Clinical Lab

0375U Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score

OvaWatch, Aspira Women's Health

0376U Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical features, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes the predictive algorithm to androgen deprivation-therapy response, if appropriate;

ArteraAI Prostate, Artera Inc

0379U Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden

Solid Tumor Expanded Panel, Quest Diagnostics

0387U Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricin (AMLo) by immunohistochemistry, formalin-fixed paraffin embedded (FFPE) tissue, report for risk of progression

AMBLor melanoma prognostic test, Avero Diagnostics

0388U Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with alteration detection

InvisionFirst-Lung Liquid Biopsy, Invitae, Inc

0391U Oncology (solid tumor), DNA and RNA by next generation-sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number variations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score

Strata Select, Strata Oncology Inc

0395U Oncology (lung), multi-omics (microbial DNA by shotgun next generation-sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease

OncobiotaLUNG, Micronoma

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0403U Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer
MyProstateScore 2.0, LynxDX

0404U Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression
DiviTum TKA, Biovica Inc, Biovica International AB

0405U Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected
BTG Early Detection of Pancreatic Cancer, Breakthrough Genomics

0406U Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as a likelihood of lung cancer
Cypath Lung, Precision Pathology Services, bioAffinity Technologies Inc

0409U Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next generation-sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability
LiquidHALLMARK, Lucence Health

0410U Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported a cancer detected or not detected
Avantect Pancreatic Cancer Test, ClearNote Health

0413U Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural arrangements, DNA from blood or bone marrow, report of clinically significant alterations
DH Optical Genome Mapping/Digital Karyotyping Assay, The Clinical Genomics and Advanced Technology (CGAT) Laboratory at Dartmouth Health, Bionano Genomics

0414U Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker
LungOI, Imagene

0418U Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score
PreciseDX Breast Biopsy Test, PreciseDX, PreciseDX NYC

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Medicine

Introductory language added for hyperthermic intraperitoneal chemotherapy (HIPEC) procedures which are add-on codes created to be reported in conjunction with specified surgical procedures.

96547 Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed first 60 minutes

96548 each additional 30 minutes

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.

0794T Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have previously been interpreted and reported separately

Revised CPT® Codes

Evaluation and Management Codes

Clarification of the risk of parenteral controlled substances has been added to the "Risk of Complications and/or Morbidity or Mortality of Patient Management." The decision to use these substances appears under high risk of morbidity from treatment in the medical decision-making table.

Time for office and outpatient E/M codes is no longer described with a time range. Instead, the minimum time previously established must be met or exceeded.

Minimum Time for Office and Outpatient E/M services			
New Patient Code	Minimum time	Established patient Code	Minimum Time
		99211	Not based on time
99202	15 minutes	99212	10 minutes
99203	30 minutes	99213	20 minutes
99204	45 minutes	99214	30 minutes
99205	60 minutes	99215	40 minutes

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A new table indicating the time to report initial and subsequent units of prolonged services has been added and reflects change from time range to minimum time for office and outpatient service codes.

Pathology and Laboratory Services

Genomic Sequencing Procedures

Guidelines for genomic sequencing technology and analysis has been revised to include applications other than next generational sequencing; additionally, the guidelines now include definitions pertinent to this technology and a table indicating what must be included in the analysis for reporting.

The code structure for the genomic sequencing analysis codes have been revised for consistency with expansion of the code set.

81445 Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis

81449 RNA analysis

81450 Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis

81451 RNA analysis

81455 Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis

81456 RNA analysis

Proprietary Laboratory Analysis (PLA) Codes

0022U Cholangiocarcinoma has been removed from the descriptor.

0113U The proprietary name has changed from MiPS (Mi-Prostate Score, MLabs to MyProstateScore, Lynx DX.

Medicine

96446 Language revised from “indwelling” catheter to “implanted” catheter.

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Deleted CPT Codes

Proprietary Laboratory Analysis (PLA) Codes

0053U Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
Prostate Cancer Risk Panel, Mayo Clinic, Laboratory Developed Test

0324U Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug
3D Predict™ Ovarian Doublet Panel, KIYATEC© Inc

0325U Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug
3D Predict™ Ovarian PARP Panel, KIYATEC© Inc

0357U Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents
Dawn IO Melanoma, InterVenn Biosciences

0397U Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select arrangements, and copy number variants
Agilent Resolution ctDX FIRST, Resolution Bioscience

Guideline Changes

Evaluation and Management Codes

Additional sections have been added for “Split or Shared Services” and “Multiple Evaluation and Management Services on the Same Date” to provide additional guidance, clarification, and definitions for these scenarios.

Guideline qualifications clarifies that split or shared service visit code level selection can be based on time or medical decision-making.

Multiple E/M visits may be performed on the same date by the same physician/QHP or another physician/QHP in the same specialty and subspecialty in the same practice. In addition, new definitions pertaining to these visits have been added.

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- Per Day: For hospital inpatient and observation and nursing facility services, a single service is to be reported for multiple visits that occur over the course of a single calendar date in the same setting using combined medical decision-making or time.
- Multiple encounters in different settings or facilities: When reporting more than one primary E/M service, time can only be allocated toward the code level selected for an individual service.
- Discharge services:
 - In the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. This constitutes a single stay for E/M purposes.
 - In a different facility: Discharge and initial services may be reported, but time spent on the discharge service cannot be counted towards time of the subsequent service. This constitutes a different stay for E/M purposes.
- Transitions between office/outpatient, home/residence, ED, and the hospital inpatient or observation or nursing facility: If only one service is reported for two settings, the total time on the date of the encounter or total MDM determines the level of service for the reported E/M. Prolonged services are reported as appropriate for the primary service reported, regardless of where the patient was located when the prolonged services time threshold was met. The reporting physician or other QHP has discretion on choice of primary service.

Hospital Inpatient and Observation Codes

Additional language has been added to clarify admission and discharges service code reporting.

- Hospital/Observation services less than 8 hours: Report only from the initial hospital/observation codes 99221-99223.
- Hospital/Observation services greater than 8 hours and discharged on the same calendar date: Report from the admission/discharge codes 99234-99236. These codes are to only be used by the physician/QHP who performs both the initial and discharge services.
- Hospital/observation services greater than 8 hours and discharged on different calendar date: Report from the initial hospital/observation codes 99221-99223 and from the discharge management codes 99238-99239.

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Unlisted Codes

Changes have been made to unlisted code reporting to clarify the use of unlisted codes including the number of times the codes may be used, reporting in addition to Category I and Category II codes when separate work is performed, reporting multiple unlisted codes together, and using modifiers with the unlisted codes. Some sections within the manual may have specific instructions on using the unlisted codes as well.

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