

AAOE Webinar Series



2025 CPT Code Changes Decoded

What Orthopedic Practices Need to Know

Main Topic:

This session dives into the most significant updates, including new codes, revised definitions, and coding nuances specific to orthopedic procedures. Designed for coding professionals and practice managers, this webinar helps learners understand and apply the changes to ensure accurate coding, optimized reimbursement, and compliance with updated guidelines.

Speakers:

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Learning Objectives:

- Identify key CPT code changes for 2025 that specifically impact orthopedic procedures.
- Understand how to apply new and revised codes accurately within orthopedic practice settings.
- Assess the potential effects of coding changes on reimbursement and compliance.
- Develop strategies to educate practice staff on implementing updated CPT guidelines for improved accuracy.

Key Takeaways:

ICD-10 Changes

- Over 250 additions, deletions, and revisions, focusing heavily on musculoskeletal disorders.
- New **M51** codes for thoracic and lumbar disc disorders with expanded six-character requirements to specify conditions like discogenic pain, lower extremity pain, or no specified pain.
 - Example: M51.360 indicates discogenic back pain only; M51.362 reflects discogenic back pain and lower extremity pain.
- New **M65** codes for tendosynovitis with emphasis on specificity and laterality (e.g., shoulder, hand, or leg).

- Example: M65.942 specifies tendosynovitis of the left hand.
- Revised exclusions in the **M54** category for lumbar issues to align with the new codes.

CPT Changes

- Several new, revised, and deleted codes relevant to orthopedics, telehealth, and procedural coding.
- **Telehealth Updates:**
 - 17 new codes introduced for audio-video and audio-only encounters.
 - Deleted Codes: 99441–99443 and HCPCS G2012.
 - Telehealth coding now emphasizes compliance with CMS guidelines, requiring modifiers:
 - Modifier 95: Real-time audio and video.
 - Modifier 93: Audio only.
 - Place of service codes updated to differentiate between patient at home (10) and away from home (2).
- **Orthopedic-Specific Changes:**
 - Updates to procedures like thumb CMC arthroplasty (e.g., new code 25448 includes tendon transfer and interposition).
 - New codes for thoracic fascial plane blocks (e.g., 64466) for pain management in thoracic procedures.

Reimbursement and Compliance

- Emphasized avoiding claim denials by:
 - Ensuring templates reflect updated codes.
 - Proper use of modifiers and site-specific codes.
 - Accurate documentation for time-based codes and telehealth services.
- Tracking reimbursement trends and updating fee schedules and billing software to align with RVU changes.

Implementation Strategies

- Collaborative training: Assign specific team members to attend webinars, study coding updates, and conduct in-house sessions.
- Centralized resources: Maintain a shared drive with updated coding manuals, CMS guidelines, and educational materials.
- Focus on high RVU and high-volume codes for prioritizing training and updates.
- Regular use of coding platforms like AAPC and AHIMA to stay informed on changes.

Best Practices

- Engage in continuous education through webinars, coding manuals, and association resources.
- Use visual aids to enhance staff understanding of new codes.
- Regularly consult CMS and LCDs for guidance and compliance.