# 2025 CPT Code Changes What Providers and Billers Need to Know

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Every year, the American Medical Association (AMA) releases updates to the Current Procedural Terminology (CPT) codes—and 2025 is no exception. These changes impact everything from how providers document care to how claims are coded, submitted, and reimbursed. Staying up to date is not just a best practice—it’s critical for ensuring accurate billing, avoiding denials, and maintaining compliance.

If you're a provider, biller, or practice manager, here’s a breakdown of the most important changes and how to prepare your team for a smooth transition.

## What’s New in the 2025 CPT Code Set

The 2025 CPT update includes **revisions, deletions, and new codes** across multiple specialties, with particular emphasis on:

* **Telehealth Services:** Several temporary telehealth codes introduced during the public health emergency have now been revised or made permanent. Look for updates in E/M, behavioral health, and chronic care.
* **Digital Health and Remote Monitoring:** New codes have been added to support expanding use of wearable devices, app-based patient tracking, and virtual assessments.
* **Minimally Invasive Procedures:** Expect changes in procedural coding for gastroenterology, cardiology, and orthopedic specialties.
* **Immunization and Lab Testing Codes:** Updates reflect new formulations, diagnostic tests, and FDA-approved therapies—especially in pediatric and preventive care.

## Key Actions for Practices and Billing Teams

**1. Review the AMA 2025 CPT Codebook**  
Get a copy of the updated CPT code set and review changes that impact your specialty. Flag any codes that your providers frequently use so you can update cheat sheets, billing systems, and EHR templates.

**2. Train Providers and Clinical Staff**  
CPT changes aren’t just a billing issue—proper documentation supports proper coding. Conduct training to ensure providers understand new or revised codes and how to support them with clear clinical notes.

**3. Update Billing Software and Claim Edits**  
Ensure that your billing platform, clearinghouse, and any automated coding tools are updated with the 2025 code set. Pay close attention to claim scrubbing rules that may reject outdated codes starting January 1.

**4. Communicate With Payers**  
Some payers take time to adopt new codes, while others may have specific requirements. Check payer policies and communicate early to avoid reimbursement delays.

**5. Audit Early and Often**  
In Q1 2025, consider performing monthly audits to identify misuse of new codes or documentation gaps. Addressing issues early can prevent costly denials and rework.

## Final Thoughts

The annual CPT code update is an opportunity to tighten your billing process, ensure compliance, and optimize reimbursement. By preparing now, your team can start 2025 on the right foot—with clean claims, timely payments, and fewer billing headaches.

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