

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12992	Date: December 13, 2024
	Change Request 13889

SUBJECT: Calendar Year (CY) 2025 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

I. SUMMARY OF CHANGES: The purpose of this Recurring Update Notification (RUN) is to provide instructions for the CY 2025 clinical laboratory fee schedule, mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment. This RUN applies to chapter 16, section 20.

EFFECTIVE DATE: January 1, 2025

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 6, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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II. GENERAL INFORMATION

A. Background: This Recurring Update Notification (RUN) provides instructions for the CY 2025 clinical laboratory fee schedule (CLFS), mapping for new codes for clinical laboratory tests, updates for laboratory costs subject to the reasonable charge payment, and other CLFS related information. This RUN applies to chapter 16, section 20.

B. Policy: Clinical Laboratory Fee Schedule (CLFS)

Section 1834A of the Act, as established by Section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), required significant changes to how Medicare pays for Clinical Diagnostic Laboratory Tests (CDLTs) under the CLFS. The CLFS final rule “Medicare Clinical Diagnostic Laboratory Tests Payment System Final Rule” (CMS-1621-F) was published in the Federal Register on June 23, 2016. The CLFS final rule implemented section 1834A of the Act. Under the CLFS final rule, reporting entities must report to CMS certain private payer rate information (applicable information) for their component applicable laboratories. The data collection period (the period where applicable information for an applicable laboratory is obtained from claims for which the laboratory received final payment during the period) was from January 1, 2019 through June 30, 2019.

Next CLFS Data Reporting Period for Clinical Diagnostic Laboratory Tests--DELAYED

On September 26, 2024, Section 221 of the Continuing Appropriations and Extensions Act, 2025 was passed and delayed data reporting requirements for clinical diagnostic laboratory tests (CDLTs) that are not advanced diagnostic laboratory tests, and it also delayed the phase-in of payment reductions under the CLFS from private payor rate implementation. Please see below for the following changes:

- The next data reporting period will be from January 1, 2026 – March 31, 2026 and based on the original data collection period of January 1, 2019 through June 30, 2019.
- A 0% payment reduction will be applied for CY 2025 so that a CDLT that is not an ADLT may not be reduced compared to the payment amount for that test in CY 2024, and for CYs 2026-2028 payment may not be reduced by more than 15-percent per year compared to the payment amount established for a test the preceding year.
- After the next data reporting period, there is a three-year data reporting cycle for CDLTs that are not ADLTs, (that is 2029, 2032, etc.).

Advanced Diagnostic Laboratory Tests (ADLTs)

- Please refer to the following CMS website for additional information regarding these tests: <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs>

Clinical Laboratory Fee Schedule Update to Fees

For a pap smear test, Section 1833(h)(7) of the Act requires payment to be the lesser of the local fee or the National Limitation Amount, but not less than a national minimum payment amount. However, for pap smear tests, payment may also not exceed the actual charge. The **CY 2025** national minimum payment amount is **\$18.19** (This value reflects the **CY 2024** national minimum payment with a **2.4 percent** increase or **\$17.76 times 1.024**). The affected codes for the national minimum payment amount are: 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0143, G0144, G0145, G0147, G0148, Q0111, Q0115, and P3000.

The annual update to payments made on a reasonable charge basis for all other laboratory services is the CPI-U less the multi-factor productivity (MFP) adjustment percentage points(s), which for **CY 2025 is calculated to equal 3.0 (CPI-U) minus 0.6 (MFP) or 2.4 percent** (See 42 CFR 405.509(b)(1)).

The Part B deductible and coinsurance do not apply for services paid under the CLFS.

Access to Data File

The CY 2025 CLFS data file shall be retrieved and downloaded through the CMS cloud fee file API on or after January 1, 2024.

The January 1, 2025, CY 2025 CLFS Public Use File (PUF) will be available on the CMS website in the last week of December, at <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/files>. The CLFS PUF is available in multiple formats including Excel, text, and comma delimited.

Public Comments and Final Payment Determinations

On June 25, 2024, CMS hosted a public meeting to solicit comments on the reconsidered codes from CY 2024 and new CY 2025 Current Procedural Terminology (CPT) codes. Notice of the meeting was published in the **Federal Register** on April 16, 2024 (CMS-1819-N). Recommendations were received from many attendees, including individuals representing laboratories, manufacturers, and medical societies. CMS posted proposed payment determinations on the web site at <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/annual-public-meetings>. Additional written comments from the public were accepted until October 25, 2024. CMS also posted a summary of the public comments and the rationale for the final payment determinations at the same CMS web site identified in the previous sentence.

Pricing Information

The CY 2025 CLFS includes separately payable fees for certain specimen collection methods (codes 36415, P9612, P9615, and G0471). The fees have been established in accordance with Section 1833(h)(4)(B) of the Act.

The fees for clinical laboratory travel codes P9603 and P9604 are updated on an annual basis. The clinical laboratory travel codes are billable only for traveling to perform a specimen collection for either a nursing home or homebound patient. If there is a revision to the standard mileage rate for CY 2025, CMS will issue a separate instruction on the clinical laboratory travel fees.

The CY 2025 clinical laboratory fee schedule may also include codes that have a “QW” modifier to both identify codes and determine payment for tests performed by a laboratory having only a CLIA certificate of waiver. Code will be listed if applicable.

Mapping Information

Please see table attached to the Transmittal entitled "CY2025 CLFS Annual Updates and Laboratory Services Subject to Reasonable Charge Payment", Tab "**A. Mapping Information**," which lists the mapping information for codes.

Laboratory Costs Subject to Reasonable Charge Payment in CY 2025

Hospital outpatient claims are paid under a reasonable charge basis (See Section 1842(b)(3) of the Act). In accordance with 42 CFR 405.502 through 42 CFR 405.508, the reasonable charge may not exceed the lowest of the actual charge or the customary or prevailing charge for the previous 12-month period ending June 30, updated by the inflation-indexed update. The inflation-indexed update is calculated using the change in the applicable Consumer Price Index (CPI) for the 12-month period ending June 30 of each year as set forth in 42 CFR 405.509(b)(1). The CPI update for CY 2025 is **3.0 percent**.

Manual instructions for determining the reasonable charge payment can be found in publication 100-04, Medicare Claims Processing Manual, chapter 23, section 80 through 80.8. If there is not sufficient charge data for a code, the instructions permit considering charges for other similar services and price lists.

Services described by Healthcare Common Procedural Coding System (HCPCS) codes in the following list are performed for independent dialysis facility patients. Publication 100-04, Medicare Claims Processing Manual, chapter 8, section 60.3 instructs that the reasonable charge basis applies. However, when these services are performed for hospital-based renal dialysis facility patients, payment is made on a reasonable cost basis. Also, when these services are performed for hospital outpatients, payment is made under the hospital Outpatient Prospective Payment System (OPPS).

Blood Products

Please see table attached to the Transmittal entitled "**CY2025 CLFS Annual Updates and Laboratory Services Subject to Reasonable Charge Payment**," Tab "**B. Reasonable Charge**."

Transfusion Medicine

Please see table attached to the Transmittal entitled "**CY2025 CLFS Annual Updates and Laboratory Services Subject to Reasonable Charge Payment**," Tab "**B. Reasonable Charge**."

Reproductive Medicine Procedures

Please see table attached to the Transmittal entitled "**CY2025 CLFS Annual Updates and Laboratory Services Subject to Reasonable Charge Payment**," Tab "**B. Reasonable Charge**."

New Codes

Proprietary Laboratory Analysis (PLAs)

Please see table attached to the Transmittal entitled "**CY2025 CLFS Annual Updates and Laboratory Services Subject to Reasonable Charge Payment**," Tab "**C. New Codes Eff. 1-1-2025**."

The listed new codes have been added to the national HCPCS file with an effective date of January 1, 2025 and do not need to be manually added to the HCPCS files by the MACs. However, these new codes are contractor-priced (where applicable) until they are nationally priced and undergo the CLFS annual payment

determination process in accordance with the Social Security Act § 1833(h)(8), § 1834A(c) and § 1834(A)(f).

MACs shall only price PLA codes for laboratories within their jurisdiction.

Deleted Codes Effective January 1, 2025

Please see table attached to the Transmittal entitled "CY2025 CLFS Annual Updates and Laboratory Services Subject to Reasonable Charge Payment," Tab "D. Deleted Codes Eff. 1-1-2025."

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13889.1	Contractors shall be aware of any new Advanced Diagnostic Laboratory Test (ADLT) codes, and/or CPT/HCPCS codes (including their TOS designation(s) and Effective date), and/or any deleted/terminated codes as applicable listed in this Change Request and shall update their systems as necessary to accept/delete/terminate them.	X	X						X	
13889.1.1	In instances where Medicare covered CLFS procedure codes do not yet appear on the quarterly CLFS file or the quarterly Integrated Outpatient Code Editor (IOCE) update, contractors shall locally price the codes until they appear on the CLFS file and/or, for Part A claims, the IOCE.	X	X							
13889.2	Contractors shall not search their files to either retract payment or retroactively pay claims; however, contractors should adjust claims if they are brought to their attention.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13889.3	The contractor shall use the cloud fee schedule to determine the payment limit for claims for separately payable Medicare Part B laboratory tests processed or reprocessed on or after January 1, 2025.	X	X							
13889.4	A/B MAC shall retrieve the CY 2025 Clinical Laboratory Fee Schedule from the CMS cloud on or after January 1, 2025.	X	X							Hybrid Cloud Data Center (HCDC)
13889.5	A/B MAC Part B contractors shall determine the reasonable charge for the codes identified as paid under the reasonable charge basis.		X							
13889.6	A/B MAC Part B contractors shall determine customary and prevailing charges by using data from July 1, 2023 through June 30, 2024 CPI-U, for CY 2025 of 3.0 percent.		X							
13889.7	A/B MAC Part A contractors shall determine payment on a reasonable cost basis when these services are performed for hospital-based renal dialysis facility patients.	X								

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information:N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Calendar Year (CY) 2025 Clinical Laboratory Fee Schedule (CLFS) Mapping Information ¹

¹CPT codes, descriptions and other data only are copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT Code #	Code Type <i>(new, revised, reconsidered, or existing)</i> New, revised and reconsidered codes are priced at the same rate as code (s) noted in column D, "Rate".	Rate
0445U	New	Crosswalk to 0358U
82233	New	Gapfill
82234	New	Gapfill
83884	New	Gapfill
86581	New	Gapfill
84394	New	Gapfill
0462U	New	Crosswalk to 83520
0480U	New	Crosswalk to 0323U
86041	Reconsidered	Crosswalk to 83519
86042	Reconsidered	Crosswalk to 83519

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86043	Reconsidered	Crosswalk to 86255
86366	Reconsidered	Crosswalk to 83519
0431U	New	Crosswalk to 84238
0432U	New	Crosswalk to 84238
0443U	New	Gapfill
0451U	New	Crosswalk to 0077U
0394U	Reconsidered	Crosswalk to G0482
87564	New	Crosswalk to 87556+87641
84393	New	Gapfill
81515	New	Crosswalk to 81514

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0435U	New	Crosswalk to 0248U
0502U	New	Crosswalk to 87624
0505U	New	Crosswalk to 87507+87506
0515U	New	Crosswalk to 80230
0511U	New	Crosswalk to 0248U
0514U	New	Crosswalk to 80145
0430U	New	Crosswalk to 82103+83993+82653+84376
0427U	New	Crosswalk to 85049
0520U	New	Crosswalk to G0483
0503U	New	Crosswalk to 0384U

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0504U	New	Crosswalk to 87507
87594	New	Crosswalk to 87481
87626	New	Crosswalk to 87801
0468U	New	Crosswalk to 0003M x .5
0436U	New	Gapfill
0446U	New	Crosswalk to 81490
0447U	New	Crosswalk to 81490
0518U	New	Crosswalk to G0483
0429U	New	Crosswalk to 87624
0458U	New	Crosswalk to 81500

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0517U	New	Crosswalk to G0483
0482U	New	Crosswalk to 0243U x 2
87593	New	Crosswalk to 87635
0442U	New	Crosswalk to 87811
0457U	New	Crosswalk to 0394U
0519U	New	Crosswalk to G0483
0450U	New	Crosswalk to 0077U
0455U	New	Crosswalk to 0402U
0483U	New	Gapfill
0463U	New	Gapfill

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87513	New	Crosswalk to 87150
0472U	New	Gapfill
0479U	New	Crosswalk to 83520
0484U	New	Gapfill
0441U	New	Gapfill
0459U	New	Crosswalk to 0358U
0420U	New	Gapfill
0512U	New	Crosswalk to 0220U
0513U	New	Crosswalk to 0220U
0439U	New	Gapfill

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0440U	New	Gapfill
0466U	New	Gapfill
0490U	New	Crosswalk to 0337U
0491U	New	Crosswalk to 0338U
0492U	New	Crosswalk to 0338U
0355U	Reconsidered	Crosswalk to 81401
0500U	New	Crosswalk to 81233
0437U	New	Crosswalk to 0293U
0456U	New	Crosswalk to 0203U
0453U	New	Crosswalk to 81327

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0496U	New	Gapfill
0501U	New	Gapfill
0488U	New	Crosswalk to 81422
0489U	New	Gapfill
0494U	New	Crosswalk to 81422
0470U	New	Gapfill
81462	Reconsidered	Gapfill
81464	Reconsidered	Gapfill
0422U	New	Gapfill
0460U	New	Gapfill

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0485U	New	Gapfill
0486U	New	Gapfill
81558	New	Crosswalk to 81595
0493U	New	Crosswalk to 0118U
0508U	New	Gapfill
0509U	New	Gapfill
0425U	New	Gapfill
0426U	New	Gapfill
0449U	New	Crosswalk to 81162
0469U	New	Crosswalk to 81349

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CPT Code #	Code Type <i>(new, revised, reconsidered, or existing)</i> New, revised and reconsidered codes are priced at the same rate as code (s) noted in column D, "Rate".	Rate
0417U	Reconsidered	Gapfill
0020M	New	Gapfill
0481U	New	Crosswalk to 81120+81121+81345
0421U	New	Crosswalk to 81528
0464U	New	Crosswalk to 81327x3+82274
0471U	New	Crosswalk to 0005U
0498U	New	Gapfill
0499U	New	Crosswalk to 81445
0506U	New	Crosswalk to 0114U
0475U	New	Crosswalk to 0129U

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0474U	New	Crosswalk to 0129U
81432	Revised	Crosswalk to 0129U
81435	Revised	Crosswalk to 0129U
81437	Revised	Crosswalk to 0129U
0478U	New	Gapfill
0507U	New	Crosswalk to 0410U
0510U	New	Gapfill
81457	Reconsidered	Gapfill
81458	Reconsidered	Gapfill
81459	Reconsidered	Gapfill

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0444U	New	Crosswalk to 81455
0487U	New	Crosswalk to 0409U
0424U	New	Crosswalk to 0343U
0433U	New	Crosswalk to 0012M
0452U	New	Crosswalk to 81327
0465U	New	Crosswalk to 0114U
0467U	New	Crosswalk to 0171U
0495U	New	Crosswalk to 81539
0497U	New	Crosswalk to 0047U
81195	New	Crosswalk to 0260U

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0413U	Reconsidered	Crosswalk to 0260U
0454U	New	Crosswalk to 0260U
0423U	New	Crosswalk to 0380U
0434U	New	Crosswalk to 0380U
0438U	New	Crosswalk to 0380U
0461U	New	Gapfill
0476U	New	Crosswalk to 0380U
0477U	New	Crosswalk to 0380U
0516U	New	Crosswalk to 0380U

Laboratory Costs Subject to Reasonable Charge Payment in CY 2025

Code Category	Codes
Blood Products	<p>P9010 P9011 P9012 P9016 P9017 P9019 P9020 P9021 P9022 P9023 P9027 P9031 P9032 P9033 P9034 P9035 P9036 P9037 P9038 P9039 P9040 P9044 P9050 P9051 P9052 P9053 P9054 P9055 P9056 P9057 P9058 P9059 P9060 P9070 P9071 P9073 P9100</p> <p>Also, payment for the following codes should be applied to the blood deductible as instructed in Publication 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 3, Section 20.5 through 20.5.4: P9010 P9016 P9021 P9022 P9038 P9039 P9040 P9051 P9054 P9056 P9057 P9058</p> <p>NOTE: Biologic products not paid on a cost or prospective payment basis are paid based on Section 1842(o) of the Act. The payment limits based on Section 1842(o), including the payment limits for codes P9041, P9045, P9046, and P9047, should be obtained from the Medicare Part B drug pricing files.</p>
Transfusion Medicine	<p>86850 86860 86870 86880 86885 86886 86890 86891 86900 86901 86902 86904 86905 86906 86920 86921 86922 86923 86927 86930 86931 86932 86945 86950 86960 86965 86970 86971 86972 86975 86976 86977 86978 86985</p>
Reproductive Medicine Procedures	<p>89250 89251 89253 89254 89255 89257 89258 89259 89260 89261 89264 89268 89272 89280 89281 89290 89291 89335 89337 89342 89343 89344 89346 89352 89353 89354 89356</p>

New Codes Effective January 1, 2025

Proprietary Laboratory Analysis (PLAs)

The following new codes have been added to the national HCPCS file with an effective date of January 1, 2025 and do not need to be manually added to the HCPCS files by the MACs. However, these new codes are contractor-priced (where applicable) until they are nationally priced and undergo the CLFS annual payment determination process in accordance with the Social Security Act § 1833(h)(8), § 1834A(c) and § 1834(A)(f).
MACs shall only price PLA codes for laboratories within their jurisdiction.

Laboratory	CPT Code	Long Descriptor	Short Descriptor	TOS	Effective Date
Seronegative Rheumatoid Arthritis Panel, KSL Diagnostics-Beutner Laboratories, Inc, KSL Biomedical, Inc	0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	RF IGA&IGM CCP ANTB SR-A IA	5	01/01/25
Tissue Specific Markers for Early Diagnosis of Sjogren's Disease, KSL Diagnostics, Inc, KSL Diagnostics, Inc	0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiquantitative, blood	CA VI PSP&SP1 ANTB CL SEMIQL	5	01/01/25
oncoReveal™ CDx, Pillar Biosciences, Inc, Pillar Biosciences, Inc	0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	ONC SOLTUM DNA NGS SNV 22GEN	5	01/01/25
sFlt-1/PlGF, Thermo Fisher Scientific, Thermo Fisher Scientific	0524U	Obstetrics (preeclampsia), sFlt-1/PlGF ratio, immunoassay, utilizing serum or plasma, reported as a value	OB PE SFLT-1/PLGF IA SRM/PLS	5	01/01/25
3D Predict™ Ovarian, KIYATEC®, Inc, KIYATEC®, Inc	0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	ONC SPHRD CELL CUL 11-RX PNL	5	01/01/25
CXCL10 Urine Test, One Lambda™, Inc, One Lambda™, Inc	0526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	NEFRO RNL TRNSPL QUAN CXCL10	5	01/01/25
Abbott Alinity™ m HSV 1 & 2 / VZV Assay, Abbott Molecular, Inc	0527U	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected	HSV 1&2 VZV AMP PRB TQ PTHGN	5	01/01/25
BIOFIRE® FILMARRAY® Pneumonia (PN) Panel, bioMérieux, bioMérieux	0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria	LRT IAD 18BCT/8VIR&7ARG RNA	5	01/01/25
Lifetime Genomics Risk Assessment, VTE, GenomicMD, Inc, GenomicMD, Inc	0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	HEM VTE SNP F2&F5 GEN LEIDEN	5	01/01/25
LiquidHALLMARK®, Lucence Health, Inc, Lucence Health, Inc	0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	ONC PAN-SOL TUM CTDNA 77 GEN	5	01/01/25

Deleted Codes Effective January 1, 2025

The following codes are being deleted with a deletion date of January 1, 2025.

CPT Code	Long Descriptor	Delete Date
0346U	Beta amyloid, A β 40 and A β 42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	01/01/2025
0352U	Detection of bacteria causing vaginosis and vaginitis by multiplex amplified	01/01/2025
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	01/01/2025
0428U	Oncology (breast), targeted hybridcapture 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	01/01/2025
0448U	Oncology (lung and colon cancer), DNA, qualitative, next- generation sequencing detection	01/01/2025
0456U	Autoimmune (rheumatoid arthritis), next generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti- cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts	01/01/2025