



JANUARY 2025

2025 Coding Updates: New Year, New Codes!

VDMP-JANUARY-2025

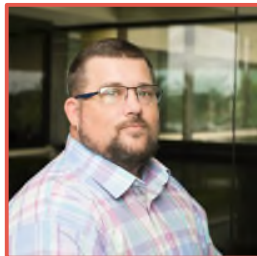
Veradigm's Provider Engagement Team



Amanda Banister, CPC
SENIOR MANAGER

Previous Experience: Amanda has over 25 years of healthcare experience, including 15 years of practice administration for both private practice and regional healthcare systems. Amanda has extensive experience coaching teams in the implementation of process and quality improvement activities. She has worked directly with Providers and their teams to improve their care coordination, population health management and risk stratification efforts as well as improvements in documentation and accurate coding related to HCC's and HEDIS quality scores including 5 Star and Part D measures. .

Education: Amanda is a Lean Six Sigma in HealthCare Black Belt, a Certified Clinical Microsystems Coach and a Certified Professional Coder.



Ryan Stull
PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Ryan has over 20 years of experience in the healthcare field working in the business office of a large-scale health system, on the provider clinic side as well as the insurance/payor side. He has been involved with educating providers and their office staff on Quality and Risk, how to close gaps in care and process flow.

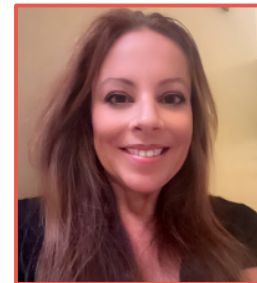
Education: Ryan has a bachelors degree in Management and Organizational Leadership and a Black Belt in Six Sigma



Aimee Fritz, CPC, CRC, CCS
PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Aimee has over 20 years of experience in the healthcare field on the provider/clinic side as well as the insurance/payer side. She has been involved with the education and training of Providers, their staff and other medical coders on Risk Adjustment models, associated incentive programs, HCC coding guidelines and documentation requirements. Aimee has also assisted with process flows in office, as well as RAF score improvement.

Education: Aimee is a Lean Six Sigma in HealthCare Green Belt, a Certified Professional Coder, a Certified Risk Adjustment Coder and a Certified Coding Specialist.



Cindy Guarino, CRC, LPN
PROVIDER ENGAGEMENT SPECIALIST

Previous Experience: Cindy has over 12 years of diversified healthcare experience, including HCC coding, HEDIS abstracting, and risk adjustment coding. As a nurse, she has experience in pediatrics, community health, Covid response, ambulatory care, and health coaching. She is a skilled preceptor and educator.

Education: Cindy earned an associate degree in nursing, is a Licensed Practical Nurse, and a Risk Adjustment Coder.

A G E N D A

JANUARY 2025

- **New ICD 10 Codes, Revisions & Deletions by Chapter for 2025**
- **Key Takeaways from the FY 2025 ICD-10-CM Code Updates**
- **Revisions to Guidelines, External Causes, Neoplasms Table, and Drugs Table**
- **Updates to Evaluation and Management (E/M) Telehealth Codes**
- **Coding Examples Reflecting the New Changes**
- **Veradigm's Provider Engagement Resources**

Disclaimer

Educational Webinars

All documentation provided is researched and collected by today's presenter for the education of our customers. Any questions concerning the meaning or interpretation of coding requirements or application should be directed to your coding advisor or legal counsel.

The information included in the following slides is accurate as of 1/1/2025.

ALL CODING GUIDANCE OBTAINED FROM THE AAPC ICD-10CM EXPERT

<https://www.aapc.com/icd-10/>

Code Changes

The ICD-10-CM code set was updated for 2025, with the new codes taking effect on October 1, 2024:

- New codes: 252
- Revised codes: 13
- Deleted codes: 36
- Reactivated: 0¹

ICD-10

Seldom will you see a reactivated code in ICD-10-CM

¹ [CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center](#)-Retrieved 12.18.24

² <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTAT4taF5KBNa6MegbZWTd53jr23thAUQmPVg&s> -Image Retrieved 12.26.24

Coding Updates by Chapter



Chapter 2

Neoplasms

The addition of sixty-three new ICD-10-CM diagnosis codes enables precise identification of lymphoma in both active and remission stages. Several codes are converted to parent codes and expanded with fifth character 'A' to indicate cancer “in remission.”⁴

³ <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRJJAJvznGzHC18Jdg40oDkISSSViGdCQt8jQ&s> –Image Retrieved 12.18.24

⁴ [Key Takeaways From The FY 2025 ICD-10-CM Code Updates - AGS Health](#) –Retrieved 12.18.24

Lymphoma Remission Codes

ICD-10-CM Code	Description Type
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission
C82.0A	Other Hodgkin lymphoma, in remission
C83.0A	Small cell B-cell lymphoma, in remission
C84.6A	Anaplastic large cell lymphoma, ALK-positive, in remission
C84.7B	Anaplastic large cell lymphoma, ALK-negative, in remission*
C85.1A	Unspecified B-cell lymphoma, in remission
C85.2A	Mediastinal (thymic) large B-cell lymphoma, in remission
C86.21	Enteropathy-type (intestinal) T-cell lymphoma, in remission*

*Note that many of these codes will simply be added to the existing categories, with the addition of the character “A” at the end of the code. However, that is not the convention for all of the options, so consult the ICD-10-CM coding manual or an encoder for specifics before billing.⁵

⁵ [Oncology Code Changes in 2025 ICD-10-CM Update Include Lymphoma and More](#) –Retrieved 12.18.24 5



Chapter 2

Neoplasms



New Code!

**ICD-10-CM C83.390:
Primary central nervous system lymphoma
(PCNSL)**

















³ <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRJJAJvznGzHC18Jdg40oDkISSSViGdCQt8jQ&s> –Image Retrieved 12.18.24

⁴ [Key Takeaways From The FY 2025 ICD-10-CM Code Updates - AGS Health](#) –Retrieved 12.18.24

Chapter 3

Disease of the blood and blood-forming organs and certain disorders involving the immune system

ICD-10-CM D61.03: Fanconi anemia ¹

Characteristics	Possible Complications	Treatments
		
 Inherited	 Blood cancer	 Bone marrow transplant
 Pancytopenia	 Liver cancers	 Blood transfusions
 Physical abnormalities	 Decreased fertility in men	 Medications
 Learning disabilities	 Bone marrow failure	 Hormone therapy
		 Vaccines

⁷ [Fanconi anemia: MedlinePlus Medical Encyclopedia](#) –Retrieved 12.19.24

Chapter 4

Endocrine, Nutritional, and Metabolic Diseases

Presymptomatic Type 1 Diabetes Mellitus (E10.A-) codes are assigned for early-stage Type 1 diabetes that predates the onset of symptoms.⁸

The new 2025 ICD-10-CM codes for pre-symptomatic Type 1 diabetes are:

- E10.A0, Type 1 diabetes mellitus, presymptomatic, unspecified
- E10.A1, Type 1 diabetes mellitus, presymptomatic, Stage 1
 - Stage 1 is described as multiple confirmed islet autoantibodies with normoglycemia in the 2025 ICD-10-CM Tabular Index.
- E10.A2, Type 1 diabetes mellitus, presymptomatic, Stage 2
 - Stage 2 is described as multiple confirmed islet autoimmunity with dysglycemia in the 2025 ICD-10-CM Tabular Index.

⁸ <https://acdis.org/articles/news-fy-2025-icd-10-cm-code-updates-guidelines-released> -Retrieved 12.18.24

Chapter 4

Endocrine, Nutritional, and Metabolic Diseases

Hypoglycemia levels⁸

The new 2025 ICD-10-CM codes are:

- E16.A1, Hypoglycemia level 1
- E16.A2, Hypoglycemia level 2
- E16.A3, Hypoglycemia level 3

The clinical classification levels are:

- **Level 1** is a glucose concentration less than 70 mg/dL and should be used as an “alert value” to help individuals avoid more severe hypoglycemia
- **Level 2** is a glucose concentration less than 54 mg/dL and is the threshold at which neuroglycopenic symptoms begin to occur
- **Level 3** is a severe event characterized by altered mental and/or physical functioning

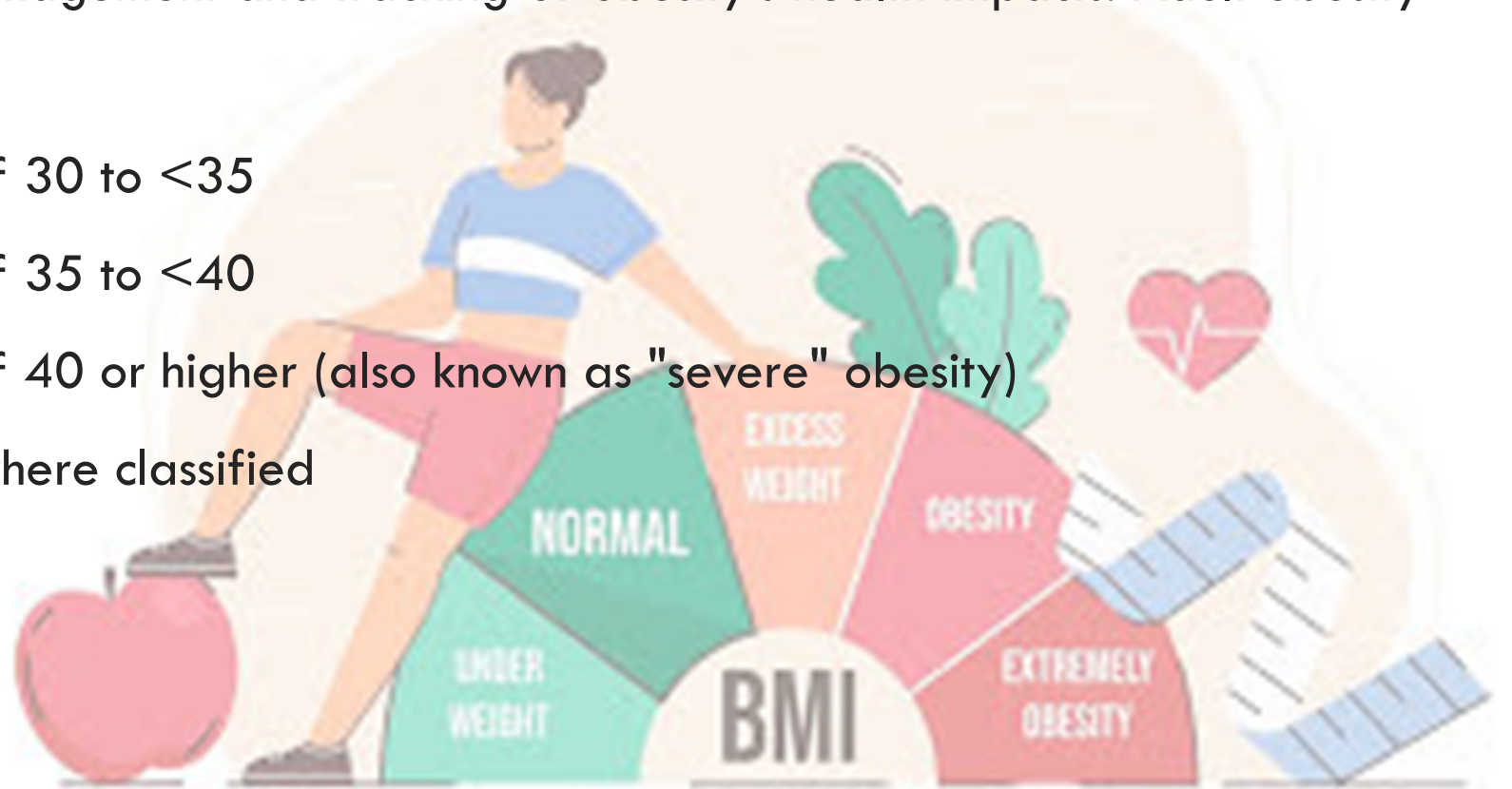
⁸ <https://acdis.org/articles/news-fy-2025-icd-10-cm-code-updates-guidelines-released> -Retrieved 12.18.24

Chapter 4

Endocrine, Nutritional, and Metabolic Diseases

Obesity Classifications: Four new ICD-10-CM diagnosis codes (E66.811-E66.89) define various classes of obesity, improving the management and tracking of obesity's health impacts. Adult obesity is categorized as follows:⁴

- **E66.811 Obesity, Class 1:** BMI of 30 to <35
- **E66.812 Obesity, Class 2:** BMI of 35 to <40
- **E66.813 Obesity, Class 3:** BMI of 40 or higher (also known as "severe" obesity)
- ****E66.89** Other obesity not elsewhere classified



⁹https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcSdCiI94M4d9Gq0Ou5_wH5sZA6IA5D4M1Z_8g&w=1000&h=1000&e=imp -Image Retrieved 12.26.24

⁴Key Takeaways From The FY 2025 ICD-10-CM Code Updates - AGS Health -Retrieved 12.18.24

Chapter 5

Mental, Behavioral, and Neurodevelopmental disorders

ICD-10 codes for mental health disorders

In the 2025 update of ICD-10-CM, Chapter 5 – Mental and Behavioral Disorders adds type and severity to eating disorders and 2 new codes for mental and behavioral conditions in adults.¹⁰

ICD-10-CM Code	Description Type
F50.010	Anorexia nervosa, restricting type, mild
F50.023	Anorexia nervosa, binge eating/purging type, extreme
F50.21	Bulimia nervosa, mild
F50.814	Binge eating disorder, in remission
F50.83	Pica in adults
F50.84	Rumination disorder in adults

¹⁰ <https://www.wolterskluwer.com/en/expert-insights/2025-icd10-code-updates#:~:text=Discover%20the%20ess> –Retrieved 12.19.24

Chapter 6

Diseases of the Nervous System

These codes help clinicians more precisely document and treat KCNQ2-related epilepsy, which is a common genetic epilepsy syndrome in children. KCNQ2 refers to the gene that is affected, not a medical condition.⁴

➤ The four new codes for KCNQ2-related epilepsy are:

ICD-10-CM Code	Description Type
G40.841	KCNQ2-related epilepsy, not intractable, with status epilepticus
G40.842	KCNQ2-related epilepsy, not intractable, without status epilepticus
G40.843	KCNQ2-related epilepsy, intractable, with status epilepticus
G40.844	KCNQ2-related epilepsy, intractable, without status epilepticus

⁴ [Key Takeaways From The FY 2025 ICD-10-CM Code Updates - AGS Health](#) –Retrieved 12.18.24

Chapter 6

Diseases of the Nervous System

ICD-10-CM G90.81: Serotonin syndrome

- Serotonin syndrome is a serious condition resulting from medications that increase serotonin levels in the body.¹¹

ICD-10-CM G90.889: Other disorders of the autonomic nervous system

- This is a catch-all code for autonomic nervous system issues not classified elsewhere, which may include rare or poorly defined autonomic dysfunctions.¹²

ICD-10-CM G93.45: Developmental and epileptic encephalopathy

- DEE encompasses a group of severe epilepsies marked by drug-resistant seizures and significant developmental delays or loss of developmental skills.¹³

¹¹ <https://www.mayoclinic.org/diseases-conditions/serotonin-syndrome/symptoms-causes/syc-20354758> -Retrieved 12.18.24

¹² [what falls under icd 10 code G90.889 - Google Search](#) -Retrieved 12.20.24

¹³ [https://www.epilepsy.com/what-is-epilepsy/syndromes/developmental-and-epileptic-encephalopathy#:~:text=Developmental%20and%20Epileptic%20Encephalopathy%20\(DEE\)%20*%20Early,Spikes%20\(Benign%20Rolandic%20Epilepsy\)%20*%20Dravet%20Syndrome.](https://www.epilepsy.com/what-is-epilepsy/syndromes/developmental-and-epileptic-encephalopathy#:~:text=Developmental%20and%20Epileptic%20Encephalopathy%20(DEE)%20*%20Early,Spikes%20(Benign%20Rolandic%20Epilepsy)%20*%20Dravet%20Syndrome.) -Retrieved 12.20.24

Chapter 9

Diseases of the Circulatory System

There are four new codes for fat and cement pulmonary embolism that will enhance the ability to distinguish and treat these conditions.¹

ICD-10-CM Code	Description type
I26.03	Cement embolism of pulmonary artery with acute cor pulmonale
I26.04	Fat embolism of the pulmonary artery with acute cor pulmonale
I26.95	Cement embolism of the pulmonary artery without acute cor pulmonale
I26.96	Fat embolism of the pulmonary artery without acute cor pulmonale

Two existing codes (I26.93-I26.94) are revised to add the term “thrombotic.”

- ICD-10-CM Code I26.93: Single subsegmental pulmonary embolism without acute cor pulmonale
- ICD-10-CM Code I26.94: Multiple subsegmental thrombotic pulmonary emboli without acute cor pulmonale

¹CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center-Retrieved 12.18.24

Chapter 10

Diseases of the Respiratory System

There are seven new codes for nasal valve collapse to differentiate between internal or external nasal valve collapse and if the collapse is static or dynamic.¹

ICD-10-CM Code	Description Type
J34.8200	Internal nasal valve collapse, unspecified
J34.8201	Internal nasal valve collapse, static
J34.8202	Internal nasal valve collapse, dynamic
J34.8210	External nasal valve collapse, unspecified
J34.8211	External nasal valve collapse, static
J34.8212	External nasal valve collapse, dynamic
J34.829	Nasal valve collapse, unspecified

¹[CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center](#)-Retrieved 12.18.24



Chapter 11

Diseases of the Digestive System

In this chapter, there are several new fifth- and sixth-character codes under K60.3 *Anal fistula*, K60.4 *Rectal fistula*, and K60.5 *Anorectal fistula* to allow the practitioner to report whether the condition is simple or complex and initial, persistent, or recurrent.

ICD-10-CM Code	Description Type
K60.311	Anal fistula, simple, initial
K60.32	Anal fistula, complex
K60.413	Rectal fistula, simple, recurrent
K60.422	Rectal fistula, complex, persistent
K60.50	Anorectal fistula, unspecified
K60.519	Anorectal fistula, simple, unspecified
K60.522	Anorectal fistula, complex, persistent

Chapter 12

Diseases of the Skin and Subcutaneous Tissue

In this chapter, there are two new codes under L29 Pruritus. They are:¹

- ICD-10-CM Code L29.81: Cholestatic pruritus
- ICD-10-CM Code L29.89: Other pruritus

Other new codes include:

- L66.81 is the code for Central centrifugal cicatricial alopecia
- L66.89 is the code for Other cicatricial alopecia



¹⁴ <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcSVsB6l6fLJrcuSfGdTotsUCExr4jk2UrDgiQ&s> –Image Retrieved 12.28.24

¹ CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center-Retrieved 12.18.24

Chapter 13

Diseases of the Musculoskeletal System and Connective Tissue

In this chapter, codes for synovitis and tenosynovitis have been bulked up by adding information for specific locations.

ICD-10-CM Code	Description Type
M65.971	Unspecified synovitis and tenosynovitis, right ankle and foot
M65.972	Unspecified synovitis and tenosynovitis, left ankle and foot
M65.979	Unspecified synovitis and tenosynovitis, unspecified ankle and foot
M65.98	Unspecified synovitis and tenosynovitis, other site
M65.99	Unspecified synovitis and tenosynovitis, multiple sites



Chapter 17

Congenital malformations, deformities, and chromosomal abnormalities

In this chapter, there are three new codes for congenital malformations of aortic and mitral valves. They are:⁴

ICD-10-CM Code	Description Type
Q23.81	Bicuspid aortic valve
Q23.82	Congenital mitral valve cleft leaflet
Q23.88	Other congenital malformations of aortic and mitral valves

For new code Q23.81, there is a tabular note to code also, if applicable, acquired aortic valve disorders, such as: aortic insufficiency (I35.1), aortic stenosis (I35.0), and aortic stenosis with insufficiency (I35.2).

Chapter 17

Congenital malformations, deformities, and chromosomal abnormalities

ICD-10-CM Q87.86: Kleeftstra syndrome

Symptoms may include:

- Microcephaly
- Seizures
- Hearing loss
- Wide, short skull (brachycephaly)
- Limited or absent speech
- Autism Spectrum disorders
- Heart defects
- Sleep disorders
- Kidney defects
- Gastrointestinal problems
- Protruding jaw
- Single eyebrow
- Widely spaced eyes
- Rolled out lips
- Large tongue
- Nostrils that open out
- High birth weight and childhood obesity

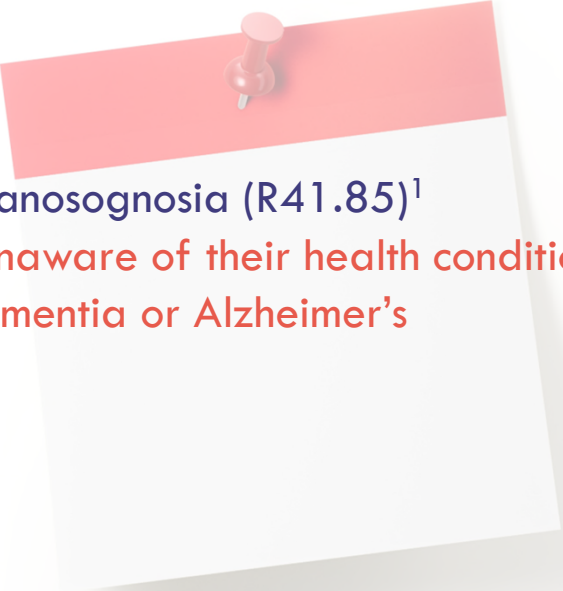
¹⁵ <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcR-rcUJBHjmwYr-hfpZOT9SkwyE4aChyEH6Q&s> –Image Retrieved 12.30.24

¹⁶ <https://www.childrenshospital.org/conditions/kleeftstra-syndrome#symptoms--causes> –Retrieved 12.30.24

Chapter 18

Symptoms, Signs and Abnormal Clinical and Laboratory Findings, not Elsewhere Classified

This chapter includes codes ranging from R00 to R99 and is used for conditions that do not have a definitive diagnosis but present with symptoms, signs, or abnormal clinical and laboratory findings.¹⁷

- 
- ✓ New code for anosognosia (R41.85)¹
 - ❖ Patients unaware of their health conditions or problems, often due to dementia or Alzheimer's

¹[CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center](#) – Retrieved 12.12.24

¹⁷[Chapters and Sections | ICD-10-CM 2024](#) – Retrieved 12.16.24

Chapter 19

Injury, Poisoning and Certain Other Consequences of External Causes

This chapter includes codes ranging from S00 to T88 and is divided into two main sections. It is one of the largest chapters in ICD-10-CM, containing a significant portion of the total codes available. It provides detailed coding for injuries based on the affected body part rather than the type of injury, which allows for more precise documentation and analysis.¹⁷

New code under subcategory T45 *Poisoning by, adverse effect of an underdosing of primarily systemic and hematological agents, not elsewhere classified*

T45.A Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs

New sixth-character codes
T81.320-T81.329¹

T81.32 Disruption of internal operation (surgical) wound, not elsewhere classified, there are new sixth-character codes to specify the wound location.

Use 7th character to identify encounter:
A – Initial
D – Subsequent
S – Sequela

- T81.320 - Disruption or dehiscence of gastrointestinal tract anastomosis, repair, or closure
- T81.321 - Disruption or dehiscence of closure of internal operation (surgical) wound of abdominal wall muscle or fascia
- T81.328 - Disruption or dehiscence of closure of other specified internal operation (surgical) wound
- T81.329 - Deep disruption or dehiscence of operation wound, unspecified

¹CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center – Retrieved 12.12.24

¹⁷Chapters and Sections | ICD-10-CM 2024 – Retrieved 12.16.24

Chapter 21

Factors Influencing Health Status and Contact with Health Services

This chapter includes codes in the range Z00-Z99. These codes are used for situations where a person is not currently sick but encounters health services for specific reasons.¹⁷

New codes for reporting genetic susceptibility to various diseases such as epilepsy and neurodevelopmental disorders (Z15.1) and obesity (Z15.2)

The descriptor for subcategory Z17 is revised to expand the scope of hormones to include progesterone and human epidermal growth factor and to specify receptor status.

Z51.A Encounter for sepsis aftercare¹

Two new social determinants of health codes for insufficient health insurance coverage (Z59.71) or welfare support (Z59.72)

Several codes (Z67.A-) for identifying blood types

Two codes (Z68.55-Z68.56) for identifying pediatric body mass index percentiles

A code for reporting family history of familial adenomatous polyposis (Z83.72)

Four codes for reporting a personal history of specific types of colon polyps (Z86.0100-Z86.0102, Z86.0109)

¹CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center – Retrieved 12.12.24

¹⁷Chapters and Sections | ICD-10-CM 2024 – Retrieved 12.16.24

Changes to; Guidelines, External Causes, Table of Neoplasms, and Table of Drugs

Coding Guidelines

Changes to the ICD-10-CM Official Guidelines for Coding and Reporting for FY 2025

Section I.C.1.d.5(b) adds T81.49 and O86.09 to the list of sepsis codes that should be sequenced first.

Section I.C.2.e.(2) revises the first sentence to reiterate that “If a patient admission/encounter is chiefly for the administration of chemotherapy, immunotherapy or external beam radiation therapy, assign”

Section I.C.2.s adds C84.7B to the list of codes to assign for breast implant-associated anaplastic large cell lymphoma; and Section I.C.2.t revises the guideline for secondary malignant neoplasm of lymphoid tissue.

Section I.C.4.1(a) adds the guideline for E10.A- *Type 1 diabetes mellitus, presymptomatic*.

Section I.21.C.3 includes a revision to account for the descriptor change to Z17.

¹CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center – Retrieved 12.12.24

¹⁸ICD-10-CM Guidelines FY25 October 1, 2024 – Retrieved 12.11.24

External Causes

Key Changes to the External Causes of Injuries Index

Permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another chapter of the Classification indicating the nature of the condition. Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88).¹⁷

Revisions, additions, and deletions to Sections A, E, P, and Rape (attempted)

- ✓ Section A – Assault (homicidal) (by) (in) Y09
- ✓ Section E – Explosion (accidental) (of) (with secondary fire) W40.9; Exposure (to) X58
- ✓ Section P – Powder burn (by) (from)
- ✓ Rape (attempted) T74.2-; Recoil

Note: Typographic errors in code files released by CMS are typically corrected in code books published by AAPC, so you may not see these errors.

¹CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center – Retrieved 12.12.24

¹⁷Chapters and Sections | ICD-10-CM 2024 – Retrieved 12.16.24

¹⁸ICD-10-CM Guidelines FY25 October 1, 2024 – Retrieved 12.11.24

Key Changes to the External Causes of Injuries Index

Section A – Assault (homicidal) (by) (in) Y09

- ✓ Expanded definitions
- ✓ Clarification on sequencing
- ✓ New Notes and instructions
- ✓ Guideline updates

***No change to code, but the guidelines and additional notes updated**



Section E for Explosion (accidental) (of) (with secondary fire) W40.9 and Exposure (to) X58

- ✓ Guideline updates
- ✓ Additional notes
- ✓ Code change
 - Simplified W40.9: Explosion, unspecified

Exposure (to): X58: Exposure to other specified factors

- ✓ Guideline updates
- ✓ Clarification on sequencing
- ✓ New notes and instructions
- ✓ Expanded definitions

***No change to code, but the guidelines and additional notes updated**

¹⁸[CD-10-CM Guidelines FY25 October 1 2024](#) – Retrieved 12.11.24

¹⁹[CD 10 CM Updates 2024 | Medycoding](#) – Retrieved 12.12.24

Key Changes to the External Causes of Injuries Index

Section P – Powder burn (by) (from)

- ✓ **Guideline Updates**
- ✓ **Clarification on Sequencing**
- ✓ **Expanded Definitions**
- ✓ **New Notes and Instructions**



Rape (attempted) T74.2- and Recoil

- ✓ **Guideline Updates**
- ✓ **Expanded Subcategories**
 - T74.21XA: Rape, initial encounter
 - T74.21XD: Rape, subsequent encounter
 - T74.21XS: Rape, sequela
- ✓ **New Codes**
 - W34.00XA: Accidental discharge from a firearm, initial encounter
 - W34.00XD: Accidental discharge from a firearm, subsequent encounter
 - W34.00XS: Accidental discharge from a firearm, sequela
- ✓ **Typographic Corrections**
 - Fixing spelling errors such as changing "hangun" to "handgun" and "firearn" to "firearm"

¹⁹[ICD-10-CM Updates 2024 | Medycoding](#) – Retrieved 12.12.24

¹[CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center](#) – Retrieved 12.12.24

¹⁸[ICD-10-CM Guidelines FY25 October 1, 2024](#) – Retrieved 12.11.24

Table of Drugs

Key Changes to the Table of Drugs

The ICD-10-CM Table of Drugs and Chemicals is a comprehensive reference used in medical coding to classify substances involved in poisoning, adverse effects, and underdosing. It lists various substances and provides corresponding codes for different scenarios, such as: Accidental poisoning, Intentional self-harm, Assault, Undetermined poisoning, Adverse effects, Underdosing. Each substance is associated with specific ICD-10 codes that detail the nature of the incident.¹⁷

✓ **“Antiallergic,” added, reported with T45.0X-**

- T45.0X1 - Poisoning by antiallergic and antiemetic drugs, accidental (unintentional)
- T45.0X2 - Poisoning by antiallergic and antiemetic drugs, intentional self-harm
- T45.0X3 - Poisoning by antiallergic and antiemetic drugs, assault
- T45.0X4 - Poisoning by antiallergic and antiemetic drugs, undetermined
- T45.0X5 - Adverse effect of antiallergic and antiemetic drugs
- T45.0X6 - Underdosing of antiallergic and antiemetic drugs

Use 7th character to identify encounter:

A – Initial

D – Subsequent

S – Sequela

✓ **Additions under Immune: “Checkpoint inhibitors,” and “Immunostimulant drug,” reported with T45.AX-**

- T45.AX1 - Poisoning by immune checkpoint inhibitors and immunostimulant drugs, accidental (unintentional)
- T45.AX2 - Poisoning by immune checkpoint inhibitors and immunostimulant drugs, intentional self-harm
- T45.AX3 - Poisoning by immune checkpoint inhibitors and immunostimulant drugs, assault
- T45.AX4 - Poisoning by immune checkpoint inhibitors and immunostimulant drugs, undetermined
- T45.AX5 - Adverse effect of immune checkpoint inhibitors and immunostimulant drugs

¹⁷Chapters and Sections | ICD-10-CM 2024 – Retrieved 12.16.24

¹CMS Posts ICD-10-CM Update for FY 2025 - AAPC Knowledge Center – Retrieved 12.12.24



Evaluation and Management E/M Telehealth Changes

CPT Changes

Evaluation and Management (E/M) Code Changes

- The Current Procedural Terminology (CPT) manual is maintained and updated annually by the **American Medical Association (AMA)**. The AMA is a professional organization that represents physicians in the United States, and it plays a central role in the development and management of the CPT coding system.
- The AMA's CPT Editorial Panel is responsible for reviewing and updating the codes to reflect changes in medical practice and technology. This panel consists of experts in various medical specialties, working to ensure that the CPT codes remain current and relevant to the evolving field of healthcare.



Evaluation and Management (E/M) codes

The primary purpose of the Current Procedural Terminology (CPT) code set is to provide a standardized and uniform language for describing medical, surgical, and diagnostic services and procedures performed by healthcare professionals.

- 270 New Codes
- 112 Deletions
- 38 revisions
- 17 New E/M telehealth codes

The annual changes to the Current Procedural Terminology (CPT) code set encompass more than just the introduction of entirely new codes.

It's important to recognize that the modifications involve a nuanced blend of updates, including the transformation of temporary codes into permanent ones, revisions to code descriptions, and adjustments to the language used in existing codes.

Appendix B - Summary of Additions, Deletions, and Revisions: Provides a summary list of the new codes added, codes deleted, and revisions made in the current edition of the CPT manual.

Evaluation and Management (E/M) Telehealth Code Changes

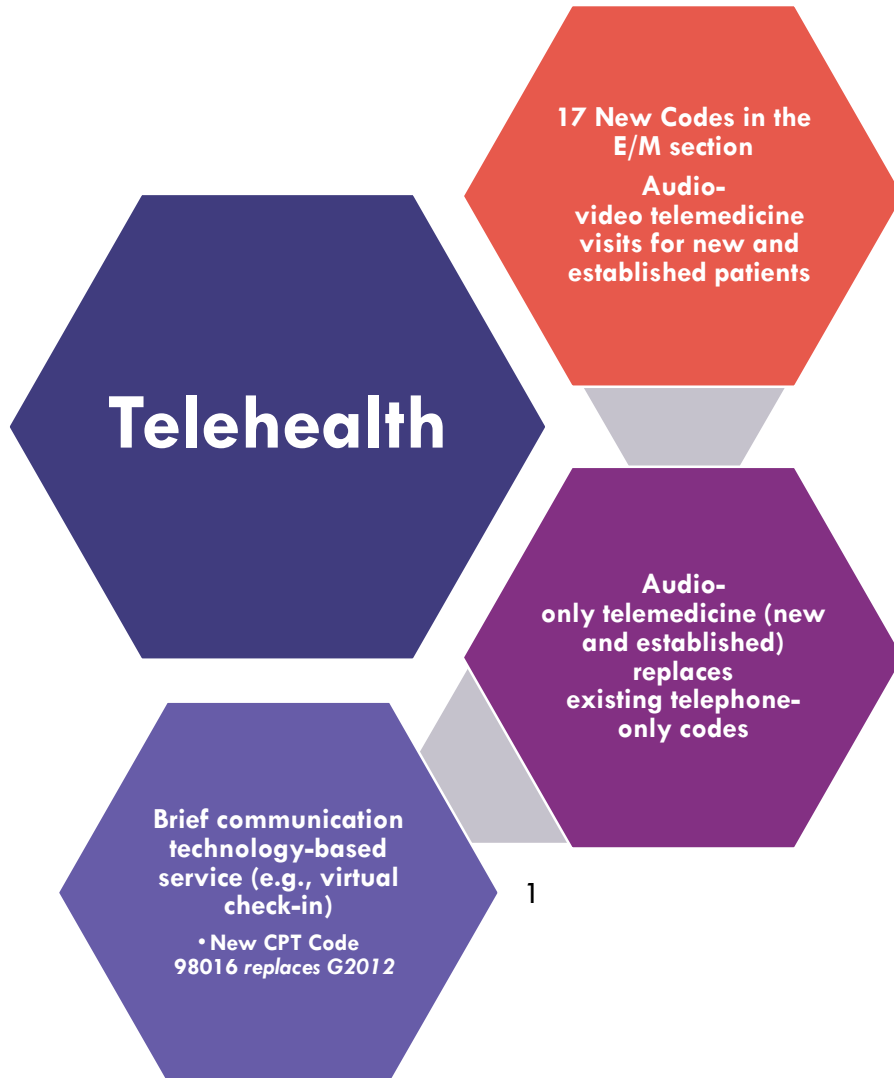
- New accommodations for audio-only visits w/ patients^{22, 23}
- CPT codes 99441-99443 for audio only visits deleted
- 16 of the 17 telehealth CPT codes added (98000-98016) not recognized by Medicare
 - ✓ Will be marked as *Invalid*
 - ✓ Medicare will pay separately for brief virtual check-in encounter CPT code 98016 in lieu of HCPCS Level II code G2012
- Direct supervision via real-time audio and visual interactive telecommunications allowed on qualifying services
- Some behavioral and mental health services permanently offered under telehealth for Medicare patients
- Two telehealth designations for Place of service (POS) codes:
 - 02 *Patient not in their home when telehealth services are rendered*
 - ✓ 10 *Patient in their home when telehealth services are rendered.*
- CMS will continue to allow physicians to list their practice address, rather than their home address, for Medicare services provided via telehealth from their home.
- Reinstatement of pre-pandemic geographic and location restrictions for telehealth (before March 1, 2020)
- Teaching physicians continue to have a virtual presence in all teaching settings
 - ✓ Medicare telehealth services only
 - ✓ Through Dec. 31, 2025



²²Telehealth 2025: The Final Rule - AAPC Knowledge Center – Retrieved 12.11.24

²³2025 Coding Compliance Changes | McGovern Medical School – Retrieved 12.16.24 (including image)

Telehealth (E/M) code Changes



Telemedicine E/M CPT	RUC-recommended Work RVU	Modality	Level of Medical Decision-Making	Time Threshold (minutes)	New or Established Patient	In Person Equivalent	Current Work RVU
98000	0.93	Audio Video (A/V)	Straightforward	15	new	99202	0.93
98001	1.60	A/V	Low	30	new	99203	1.60
98002	2.60	A/V	Moderate	45	new	99204	2.60
98003	3.50	A/V	High	60	new	99205	3.50
98004	0.70	A/V	Straightforward	10	established	99212	0.70
98005	1.30	A/V	Low	20	established	99213	1.30
98006	1.92	A/V	Moderate	30	established	99214	1.92
98007	2.60	A/V	High	40	established	99215	2.80
98008	0.90	Audio only	Straightforward	15	new	99202	0.93
98009	1.60	Audio only	Low	30	new	99203	1.60
98010	2.42	Audio only	Moderate	45	new	99204	2.60
98011	3.20	Audio only	High	60	new	99205	3.50
98012	0.65	Audio only	Straightforward	10	established	99212	0.70
98013	1.20	Audio only	Low	20	established	99213	1.30
98014	1.75	Audio only	Moderate	30	established	99214	1.92
98015	2.60	Audio only	High	40	established	99215	2.80

2

²³2025 Coding Compliance Changes | McGovern Medical School = Retrieved 12.11.24

²⁴E-and-M-2025-FINAL.pdf

²⁵Telemedicine/Telehealth 2025 | Coding Clarified

Coding Scenarios Reflecting the New Changes

Coding with the 2025 Changes

Coding example for Presymptomatic Diabetes Type 1

A 10-year-old patient undergoes screening due to a significant family history of Type 1 diabetes. The screening reveals multiple confirmed islet autoantibodies, but the patient has normoglycemia and no symptoms of diabetes. Patient appears healthy and in no distress. Stable and within normal ranges. Engages in regular physical activity and maintains a balanced diet.

Assessment:

E10.A1 Type 1 diabetes mellitus, presymptomatic, Stage 1: Autoantibody Tests are Positive for multiple islet autoantibodies. Normoglycemia. No clinical symptoms of diabetes. Blood Glucose Levels are within normal limits.

Plan:

Regular Monitoring: Every 3-6 months. Blood glucose levels, HbA1c, and repeat autoantibody testing for early detection of any progression towards diabetes.

Education and Counseling: Signs and symptoms of diabetes, importance of regular monitoring, and maintaining a healthy lifestyle. Provided educational materials.

Lifestyle Recommendations: Encouraged a balanced diet rich in fruits, vegetables, whole grains, and lean proteins. Regular physical activity appropriate for the child.

Psychosocial Support: Offered counseling and support group resources for the patient and family to address any concerns or anxiety related to the risk of developing diabetes.

Coordination of Care: Referred to endocrinologist, and diabetes educator.

Coding with the 2025 Changes

Coding example for Hodgkin Lymphoma, in remission

A 45-year-old patient has completed treatment for Hodgkin Lymphoma and is now in remission. The patient visits their oncologist for a follow-up appointment to monitor their remission status. No reported side effects from maintenance medications. Patient is adhering to a healthy lifestyle, including regular exercise and a balanced diet. Patient appears well and in no distress. No palpable lymphadenopathy. Stable and within normal ranges.

Assessment:

C81.7A Other Hodgkin lymphoma, in remission: The patient has completed treatment for Hodgkin Lymphoma and is currently in remission. No signs or symptoms of recurrence noted during the follow-up visit. PET/CT scan shows no abnormal uptake, indicating no active disease. Blood tests (CBC, liver function tests) are within normal limits.

Plan:

Follow-Up Visits: Patient to schedule follow-up appointments every 3-6 months for the first 2 years, then every 6-12 months.

Imaging Studies: Continue periodic PET/CT scans

Laboratory Tests: Routine blood tests at each follow-up visit.

Patient Education: Patient educated on the signs of recurrence and the importance of adherence to follow-up care.

Coding with the 2025 Changes

Coding example for a Telehealth Visit

A 55-year-old patient has a virtual check-in with their primary care physician to discuss recent lab results indicating elevated cholesterol levels and to adjust their medication. Patient confirms adherence to current medication regimen. No significant side effects reported from current medications. Patient maintains a balanced diet and regular exercise routine.

ICD-10-CM Code:

E78.5 Hyperlipidemia, unspecified: Recent lab results show elevated cholesterol levels.

Z71.89 Other specified counseling: Labs and medications discussed with patient and educational materials provided.

CPT Codes:

98016: Brief virtual check-in encounter (new for 2025, replacing HCPCS Level II code G2012)

Plan:

Medication Adjustment: Adjusted dosage of current statin medication to address elevated cholesterol levels.

Follow-Up Tests: Ordered a follow-up lipid panel in 3 months to monitor cholesterol levels. Schedule follow-up tests in 3 months.

Patient Education: Discussed the importance of medication adherence, potential side effects, and lifestyle modifications. Provided educational materials.

Lifestyle Recommendations: Encouraged a diet low in saturated fats and high in fiber. At least 30 minutes of moderate exercise most days of the week.

Next Appointment: Patient to schedule a follow-up virtual or in-person visit in 3 months to review progress and lab results.

Veradigm Provider Engagement Resources



Our Mission

At Veradigm we are transforming health, *insightfully*

Veradigm is a healthcare technology and analytics company spanning across the **THREE PILLARS** of healthcare—



PAYER



PROVIDER



LIFE
SCIENCES

Veradigm and the Veradigm Network are **DIFFERENT** because of our connectivity, scale, and expertise which provide a uniquely comprehensive scope and depth of interconnected resources, so our clients can drive improved health outcomes for the patients they serve.



Veradigm Payer | Purpose and Mission

OUR PURPOSE is to empower high-value healthcare partnerships

OUR MISSION is To re-imagine data to help people live healthy and independent lives through sophisticated analytics, predictive techniques, efficient administrative and financial workflows, and advanced interoperability solutions.



Accessing the Collaborate Portal

Help | Manage Your Profile | Logout

Welcome ACA Risk Adjustment User 7/16/2015 8:26:02 AM

[Home](#) [Eligibility](#) [Billing](#) [Health Management](#) [Administration](#) [Resources](#)

What's New

Request Type Added to Auth Request New Provider Quality Reports Available!

[View All Articles »](#)

Eligibility	Billing	Health Management
FEP Member Name Search	837 Claim Error Listing	ACA Risk Adjustment
Health Eligibility	CMS 1500	Diagnostic Imaging Management
	Claim Status	Patient Care Summary
	Clear Claim Connection (C3)	
	Remittance Inquiry	

Administration

Disclosures	Manage Account
Entity Management	Provider Quality Reports
Fee Schedules	

Find a User: [Go](#)

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How to Use... [Go](#)

Veradigm Collaborate Portal

Collaborate has resources available to you and your support personnel 24/7




The screenshot displays the Veradigm Collaborate Portal interface. At the top left is the logo "veradigm.Collaborate". At the top right, there is a "Provider" dropdown menu and icons for home, help, and user profile. The main content area features three purple boxes with white text and icons:


- Applications**: Includes a refresh icon and "Provider Feedback".
- Webinars**: Includes a calendar icon and "On Demand Webinars", and a calendar icon and "Register For Live Sessions".
- Resources**: Includes a heart icon and "Tutorials", a document icon and "One Pagers", and a book icon and "Resources".

At the bottom, a dark blue footer contains the following text:

Get Connected!
For Customer Support, please contact us at 1-800-877-5678, ext. 7 or email us at support@veradigm.com.
Support Hours: Mon-Fri 8:00am EST - 8:00 pm EST
©Copyright 2023 Veradigm LLC, All Rights Reserved.

Provider Feedback Application

veradigm. Collaborate Provider Feedback Provider   

 Export Alert Detail: All Lines of Business


Patient Search

Start With **Contains**


Incentivized Only


Search All **Clear Search**




Commercial **Medicare** **Medicaid**

 Export Alert Detail: Commercial

Risk ACA List Banner Test

Alert information last updated on 1/12/24, 5:21 AM 

Alert Status: Show All 

Provider ID	Provider Name	Group Name	Patients With Alerts	Open Alerts	Upload Count	Options
<input data-bbox="343 1206 509 1256" type="text"/> 	<input data-bbox="586 1206 751 1256" type="text"/> 	<input data-bbox="828 1206 1223 1256" type="text"/> 				

Provider Alerts

▲ PATIENT SUMMARY

Patient Information | **Practice/Visit Information**

Patient ID
555XXXX

Patient Name
Patient A

Patient DOB
XX/XX/XXXX

Patient Gender
M

Servicing Provider Name
Provider A

Servicing Provider ID
123XXXXXXX

Last PCP Visit
XX/XX/XXXX

Click appropriate option below to remove patient from your list of alerts

- Patient no longer seen by any provider at this practice
- Patient deceased - cannot perform review

▲ RISK ALERT (NEW), LAST UPDATED 12/30/2021

Previously Diagnosed Condition(s) for Review ⓘ

Confidence	Diagnosis Code	Condition Category Description	Last Reported	Reporting Provider	Feedback
VERY HIGH	E165: Type 2 diabetes mellitus with hyperglycemia	Diabetes with Chronic Complications	10/19/20	CRITT AARDEMA	<input type="radio"/> Condition Present <input type="radio"/> Condition Not Present <input type="radio"/> Needs Further Evaluation

Suspected Condition(s) ⓘ

Confidence	Suspected Condition To Consider	Primary Condition Indicator	Feedback
VERY HIGH	Angina Pectoris	2020 Prolonged Acute Diagnoses on RAPS	<input type="radio"/> Condition Present <input type="radio"/> Condition Not Present <input type="radio"/> Needs Further Evaluation
LOW	Vascular Disease	2021 Pharmacy Data	<input type="radio"/> Condition Present <input type="radio"/> Condition Not Present <input type="radio"/> Needs Further Evaluation

All submitted alerts require a progress note to be uploaded that supports the feedback submitted on the provider alert.

Select files... ←

You can only upload PDF files.

Submit Save as Draft ←

Provider Alerts

▲ PATIENT SUMMARY

Patient Information

Patient ID
555XXXX

Patient Name
Patient A

Patient DOB
XX/XX/XXXX

Patient Gender
M

Practice/Visit Information

Servicing Provider Name
Provider A

Servicing Provider ID
123XXXXXXX

Last PCP Visit
XX/XX/XXXX

Click appropriate option below to remove patient from your list of alerts

- Patient no longer seen by any provider at this practice
- Patient deceased - cannot perform review

▲ QUALITY ALERT (ACTIVE), LAST UPDATED 12/10/2021

Management of Chronic Disease

Status	Measure	Notes	Measure Description	Date of Service	Feedback
Non-Compliant	Controlling Blood Pressure		Controlling Blood Pressure: Members who have a DX of HTN and whose BP is controlled less than 140/90.	Not available	<input type="radio"/> Patient Refused <input type="radio"/> Up to Date <input type="radio"/> Care Action Taken
Non-Compliant	Osteoporosis Screening in Women		Osteoporosis Screening in Older Women: The percentage of women 65-75 years of age who received osteoporosis screening.	Not available	<input type="radio"/> Patient Refused <input type="radio"/> Up to Date <input type="radio"/> Care Action Taken

Whenever indicating that a measure is present, it is important to upload the **correct** PDF file of the encounter that supports the evidence of the measure(s).

Select files...

You can only upload PDF files.

Submit

Save as Draft



Veradigm Payer Insights Overview

- Point-of-care module to review care gaps from Veradigm’s Payer partners
- Engages clinical staff within the EHR in real time
- Facilitates pre-visit planning
- Captures suspecting and persisting diagnoses
- Collects supporting “MEAT” documentation

Payer Insights Powered by Inatflow Patient: **Smith, John T. 10 - Apr - 1945** Encounter: **24 - Feb - 2023**

Risk Adjustable Conditions Addressed in Chart

Previous Encounter HCC Diagnosis

HCC Description and/or ICD-10 Code	Actions
HCC: Diabetes with Chronic Conditions Dx: E11.21 Type 2 diabetes mellitus with diabetic nephropathy	<input type="button" value="Document"/>
HCC: Diabetes with Chronic Conditions Dx: E11.0 Type 2 diabetes mellitus with hyperosmolarity with coma	<input type="button" value="Document"/>

Payer Insight Notification

Previously Diagnosed Condition(s) for Review

Confidence	HCC Description and/or ICD-10 Code	Source and Detail	Actions
N/A	HHS-HCC: Rheumatoid Arthritis and Specified Autoimmune Disorders Dx: M06.9 Rheumatoid Arthritis, unspecified	Source: Admيران Period: 1/1/2023 - 12/31/2023 Recorded Date: 1/28/2023 Recorded By: Lee MD, Philip	<input type="button" value="Document"/> <input type="button" value="Hide"/> <input type="button" value="Reject"/>

Suspected Conditions

Confidence	HCC Description and/or ICD-10 Code	Source and Detail	Actions
N/A	HHS-HCC: Colorectal cancer Dx: C18.9 Malignant neoplasm of colon	Source: Admيران Period: 1/1/2023 - 12/31/2023 Recorded Date: 1/28/2023 Recorded By: Lee MD, Philip Procedure: System: https://www.ama-as... Performed: 2021-07-30 Code: 77470 Description: SPECIAL RADIATION TREATMENT Period: 1/1/2023 - 12/31/2023	<input type="button" value="Document"/> <input type="button" value="Hide"/> <input type="button" value="Reject"/>

Quality Measure Adherence

Status	Measure	Source and Detail	Actions
Non-Compliant	Code: HBD Measure: Hemoglobin A1c Control for Patients With Diabetes (HBD): HbA1c control (<8.0%)	Source: Admيران Period: 1/1/2023 - 12/31/2023 Call to Action: Confirm the member has HbA1c test during the measurement year with a result of <8.0%	<input type="button" value="Compliant"/> <input type="button" value="Ordered"/> <input type="button" value="Hide"/> <input type="button" value="Refused/Exempt"/>



UPCOMING WEBINARS



- January:** 2025 Coding Updates: New Year, New Codes!
- February:** The A, B, C's of Coding for Common Pediatric Conditions
- March:** Health Equity: Ensuring You Are Properly Coding and Documenting for SDOH Disparities
- April:** Setting the Stage for Coding and Documentation for Chronic Kidney Disease
- May:** Inhale the Facts of Coding and Documentation for Common Pulmonary Conditions
- June:** Pulse Check: Accurate Coding and Documentation for Cardiovascular Conditions
- July:** The Sweet Spot: Coding for Diabetes and Complications
- August:** Don't Let Coding Get Under Your Skin....Coding and Documentation for Dermatology Disorders
- September:** Making Connections: Proper Coding and Documentation for Neurological Conditions
- October:** Arm Yourself: Battling Through Coding and Documentation for Cancer
- November:** Fill Your Plate with Knowledge: Coding and Documentation for Gastroenterology
- December:** Ease Your Mind: Coding and Documentation for Behavioral Health and Substance Use Disorders

Veradigm Collaborate On Demand Webinars

On Demand Webinars



AAPC
CEU APPROVED

Narrow it Down: Documentation and Coding for Vascular Disorders

Avoid the blockage of improper coding and documentation for Vascular Disorders including DVT's- Acute and Chronic, etc.

[WATCH NOW](#)

[TAKE TEST](#)

[MATERIALS](#)



AAPC
CEU APPROVED

State of Mind: Documentation and Coding for Depression and other Behavioral Health Disorders

Open your mind to specific documentation and coding of Major Depressive Disorders, Schizophrenia, and Bipolar Disorders.

[WATCH NOW](#)

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AAPC
CEU APPROVED

Calm your Nerves: Coding and Documentation for Neurological Conditions

Join us to review accurate documentation and coding for diseases of the central and peripheral nervous systems such as Epilepsy, Generalized Seizure Disorders, Chronic and Acute pain, Migraines, Alzheimer's disease, and pain management in your patient population.

[WATCH NOW](#)

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AAPC
CEU APPROVED

Get with the Flow: Coding and Documentation for Genitourinary Conditions

Learn about specific documentation and coding related to Genitourinary Conditions such as Nephritis, Nephropathy, and infections of the kidneys. Gain insight into proper coding for Chronic Kidney Disease and all the associated stages and complications.

[WATCH NOW](#)





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Collaborate Resources

Tutorials

 <p>Risk Adjustment 101</p> <p>WATCH NOW</p>	 <p>Quality Overview & Gap Closure</p> <p>WATCH NOW</p>	 <p>New Portal and Provider Feedback Tutorial</p> <p>WATCH NOW</p>	 <p>Medicare Advantage CMS 5-Star Program Overview</p> <p>WATCH NOW</p>
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One Pagers

Risk Adjustment

 <p>Provider Alerts Best Practice Tool</p> <p>DOWNLOAD</p>	 <p>Risk Adjustment Process</p> <p>DOWNLOAD</p>	 <p>The Most Common Risk Adjustment Conditions</p> <p>DOWNLOAD</p>	 <p>CMS-HHS Risk Adjustment Model</p> <p>DOWNLOAD</p>
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Need CEU's?

This presentation is approved for one CEU

Click the link provided in the email that will be sent once the webinar has concluded.

Enter the password **VeradigmJanuary** (case sensitive) to take the post-test along with your name, email, and provider office or affiliate.

You must achieve a **70% or higher** to receive your CEU certificate.



If you have any questions or issues, please contact Veradigm Provider Engagement Team at ProviderEngagement@Veradigm.com with *Post Test Issue* in subject line for timely response!

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Amanda Banister, CPC

Senior Manager, Provider Engagement

Amanda.Banister@Veradigm.com

Aimee Fritz, CPC, CRC, CCS

Provider Engagement Specialist, Provider
Engagement

Aimee.Fritz@Veradigm.com

Ryan Stull

Provider Engagement Specialist, Provider
Engagement

Ryan.Stull@Veradigm.com

Cindy Guarino, CRC, LPN

Provider Engagement Specialist, Provider
Engagement

Cindy.Guarino@Veradigm.com

Q&A

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