What's New in Telemedicine for 2025?

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CPT	Technology	Patient Type	MDM	Time Minimum
98000	Audio-video	New	Straightforward	15 minutes
98001	Audio-video	New	Low	30 minutes
98002	Audio-video	New	Moderate	45 minutes
98003	Audio-video	New	High	60 minutes
98004	Audio-video	Established	Straightforward	10 minutes
98005	Audio-video	Established	Low	20 minutes
98006	Audio-video	Established	Moderate	30 minutes
98007	Audio-video	Established	High	40 minutes
98008	Audio-only	New	Straightforward plus more than 10 minutes of medical discussion	15 minutes
98009	Audio-only	New	Low plus more than 10 minutes of medical discussion	30 minutes
98010	Audio-only	New	Moderate plus more than 10 minutes of medical discussion	45 minutes
98011	Audio-only	New	High plus more than 10 minutes of medical discussion	60 minutes
98012	Audio-only	Established	Straightforward plus more than 10 minutes of medical discussion	10 minutes
98013	Audio-only	Established	Low plus more than 10 minutes of medical discussion	20 minutes
98014	Audio-only	Established	Moderate plus more than 10 minutes of medical discussion	30 minutes
98015	Audio-only	Established	High plus more than 10 minutes of medical discussion	40 minutes

The American Medical Association (AMA) added a Telemedicine Services category to the Evaluation and Management (E/M) section of the Current Procedural Terminology (CPT) code set. Codes are divided up by the technology used and the patient type (ie, new vs. established). These codes are for synchronous, real-time interactive encounters between the provider and the patient. Codes are leveled by medical decision making (MDM) or time, which is similar to the office visit codes.

Billing for telemedicine visits is already complex with multiple places of services (POS) and modifiers (ie, 93, 95, GT). What's more, each payer requires different combinations of these coding elements. Unfortunately, adding specific CPT codes to the mix will only further complicate the revenue cycle management process.

The challenge for urgent care operators in 2025 is to learn which payers want office visit codes (ie, 99202-99215) and which require the new telemedicine codes. For example, the Centers for Medicare & Medicaid Services (CMS) has determined that these new codes would not be covered based on the current language in the Social Security Act.

State laws also need to be considered. Many states have payment parity laws that require telemedicine services to be paid the same as in-office codes. While CMS is not covering these codes, they did price them. Based on that information, payment could be lower for telemedicine services in 2025. Practices will need to analyze payments

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Telemedicine Code	2025 Allowable	Office Visit Code	2025 Allowable
98000	$49.81	99202	$69.87
98001	$82.16	99203	$109.01
98002	$131.00	99204	$163.35
98003	$173.70	99205	$215.75
98004	$38.49	99212	$54.99
98005	$67.28	99213	$88.95
98006	$99.30	99214	$125.18
98007	$131.65	99215	$175.64

to make sure they align with your contract and state laws.

Current telephone call codes 99441-99443 are replaced by the audio-only codes: 98008-98015. A minimum of 10 minutes must be spent with the patient to bill a telephone call, and time must be documented in the medical record. Though CMS does not cover these codes, the payment information published has reimbursement for telephone only services ranging from $47.23 to $130.68.

One Code Works

It's worth noting that one code in this new category is covered by CMS: CPT 98016 *(Brief communication technology-based service [eg, virtual check-in] by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion)*.

Also, CPT 98016 now replaces the virtual check in code G2012. The virtual check-in is for established patients only and must be initiated by the patient. It's a single 5-10 minute medical discussion that is not related to an E/M service in the prior 7 days or leading to an E/M service in the next 24 hours. The non-facility payment is $15.85.

While telemedicine continues to be complicated from a billing standpoint, it's a positive sign to see services expanding.

During the pandemic, telemedicine use among physicians increased from 15.4% in 2019 to 86.5% in 2021, although use has declined in the years since.[1] Most urgent leaders will agree, however, that telemedicine is here to stay. ■

Reference

1. Myrick KL, Mahar M, DeFrances CJ. Telemedicine use among physicians by physician specialty: United States, 2021. NCHS Data Brief, no 493. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc:141934.