

Telemedicine Services

Current Procedural Terminology (CPT®) Codes

Physicians and hospitals use Current Procedural Terminology (CPT®) codes to describe the service(s) provided during an encounter. The [Medicare Physician Fee Schedule \(MPFS\)](#) and the [Outpatient Prospective Payment System \(OPPS\)](#) National Payment Rate (NPR) information provided reflects the Medicare national allowable amount published by the Centers for Medicare and Medicaid Services (CMS) and does not include geographic adjustments nor Medicare payment reductions resulting from sequestration adjustments to the amount payable to the provider. Please also consider appropriate modifier use where applicable.

In some instances, Physicians (MD, DO) and/or Equivalent Practitioners such as Nurse Practitioner (NP), Physician Assistants (PA), or Clinical Nurse Specialists (CNS) can file a claim in accordance with legal and state credentialing. In addition, physician collaboration and general supervision rules as well as all billing rules apply to all the above non-physician practitioners. Likewise, Staff or Other Non-Physicians may also perform services directly in accordance with legal and state credentialing. Staff or Other Non-Physicians may include Registered Nurses (RN), American Diabetes Association (ADA) recognized Certified Diabetes Care and Education Specialists (CDCDS), ADA recognized Registered Dietitians (RD), and Certified or Licensed Nutritionists. For further clarification and guidance, please consult your individual payer policy guidelines for details.

Telemedicine Services

As of January 1, 2025, new telemedicine services CPT codes are available for selection. Although CMS will not adopt the new CPT telemedicine codes (98000-98015), CMS will consider coverage for a Virtual Check-in Visit (see 98016). Please continue to utilize E/M codes (e.g., 99202-99215) reported using in-person with the following Modifiers to indicate telemedicine visits:

- Modifier 95 for audio-video visits
- Modifier 93 for telephone-only visits
- Place of service codes 02 (non-home location) or 10 (home)

Note: For audio-only services, CMS expects audio-visual technology unless the patient lacks video capability or declines video use. In such cases, append Modifier 93 for telephone-only visits, and document the exception.

General documentation should include whether a telephone, secure two-way audio/video connection, or a telehealth platform was used and indicate patient consent to receive services via telehealth. Selection of the appropriate code is based on medical decision making (MDM) or total time on the date of the encounter. Since requirements for telehealth visits will vary by payer, please review your individual payer preferences to ensure documentation meets the payer's requirements.

CPT Code	Description	2025 Non-Facility NPR	2025 Facility NPR	2025 Hospital NPR
Synchronous Audio and Video Evaluation and Management Services				
When performed by Physician (MD, DO), Equivalent Practitioner (NP, PA, CNS), Diabetes Education Staff or Other Non-Physicians (RN, CDCDS, RD)				
98000*	Synchronous audio-video visit for the evaluation and management of a new patient , which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection... (levels 1-4)	Payer Priced	Payer Priced	N/A
98001*		Payer Priced	Payer Priced	N/A
98002*		Payer Priced	Payer Priced	N/A
98003*		Payer Priced	Payer Priced	N/A
Synchronous Audio and Video Evaluation and Management Services				
When performed by Physician (MD, DO), Equivalent Practitioner (NP, PA, CNS), Diabetes Education Staff or Other Non-Physicians (RN, CDCDS, RD)				
98004*	Synchronous audio-video visit for the evaluation and management of an established patient , which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection... (levels 1-4)	Payer Priced	Payer Priced	N/A
98005*		Payer Priced	Payer Priced	N/A
98006*		Payer Priced	Payer Priced	N/A
98007*		Payer Priced	Payer Priced	N/A

* = Non-Medicare Code

CPT Code	Description	2025 Non-Facility NPR	2025 Facility NPR	2025 Hospital NPR
Synchronous Audio Only				
When performed by Physician (MD, DO), Equivalent Practitioner (NP, PA, CNS), Diabetes Education Staff or Other Non-Physicians (RN, CDCDS, RD)				
98008*	Synchronous audio-only visit for the evaluation and management of a new patient , which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection ... (levels 1-4)	Payer Priced	Payer Priced	N/A
98009*		Payer Priced	Payer Priced	N/A
98010*		Payer Priced	Payer Priced	N/A
98011*		Payer Priced	Payer Priced	N/A
98012*	Synchronous audio-only visit for the evaluation and management of an established patient , which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection,	Payer Priced	Payer Priced	N/A
98013*		Payer Priced	Payer Priced	N/A
98014*		Payer Priced	Payer Priced	N/A
98015*		Payer Priced	Payer Priced	N/A
Virtual Check-In Visits				
When performed by Physician (MD, DO), Equivalent Practitioner (NP, PA, CNS), Diabetes Education Staff or Other Non-Physicians (RN, CDCDS, RD)				
98016	Brief communication technology-based service (e.g., 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. Note: Patient-initiated and not provider-initiated.	\$15.85	\$14.56	N/A

* = Non-Medicare Code

Medicare National Payment Rates Evaluation/Management for Telehealth Purposes

CPT Code	Description	2025 Non-Facility NPR	2025 Facility NPR	2025 Hospital NPR
Office Visits				
When performed by Physician (MD, DO) or Equivalent Practitioner (NP, PA, CNS)				
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. (levels 2-5)	\$ 69.87	\$45.29	N/A
99203		\$109.01	\$79.25	N/A
99204		\$163.35	\$129.06	N/A
99205		\$215.75	\$175.64	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. (levels 2-5)	\$54.99	\$33.96	N/A
99213		\$88.95	\$63.72	N/A
99214		\$125.18	\$93.80	N/A
99215		\$175.64	\$138.77	N/A

Payer Coverage Considerations

Please note CMS' [CY 2025 FS Final Rule List of Medicare Telehealth Services](#) is publicly available and can be accessed directly through www.cms.gov. This list includes finalized action and categories alongside HCPCS/CPTs and code descriptors. Commercial payer coverage policies may vary. Please contact the patient's health insurance company directly regarding their current policies for the intended service(s) as well as any prior authorization, pre-certification requirements or annual payment limits on codes.

This Guide should not be viewed as inclusive of all coding, coverage and payment information that may be needed. It does not replace advice from your coding, billing, compliance, legal, or other applicable departments. The responsibility for correctness lies with the provider or supplier of services.

Documentation in the medical record must support the coding used and billing submitted to the payer(s). Payer coverage guidelines may vary from Medicare criteria therefore, each payer should be individually consulted for specific requirements.

This Telemedicine Service document has been developed as an introductory reference guide to coding, coverage and payment for professional service providers, not inclusive of pharmacy and/or durable medical equipment (DME) supplies that may be required for the care of patients with diabetes. This document

should not be viewed as inclusive of all coding, coverage and payment information that may be needed. It does not replace advice from your coding, billing, compliance, legal, or other applicable departments. The responsibility for correctness lies with the provider or supplier of services. Documentation in the medical record must support the coding used and billing submitted to the payer(s). Payer coverage guidelines may vary from Medicare criteria therefore, each payer should be individually consulted for specific requirements.

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References

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2. Health and Human Services. "Telehealth and Remote Patient Monitoring." 28 August 2024. <https://telehealth.hhs.gov/>, <https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-and-remote-patient-monitoring/billing-remote-patient>. Accessed 08 January 2025.
3. The Centers for Medicare and Medicaid Services (CMS), All Fee-For-Service Providers, Prospective Payment Systems – General Information. Available at <https://www.cms.gov/>. Accessed 08 January 2025. All Medicare rates displayed in this table reflect the "national unadjusted" amounts inclusive of beneficiary cost-sharing and do not reflect any additional payment adjustments, such as the 2% sequester reduction mandated by the Budget Control Act of 2011.
4. The Centers for Medicare and Medicaid Services (CMS). List of Telehealth Services, 2025. <https://www.cms.gov/medicare/coverage/telehealth/list-services>. Accessed 08 January 2025.
5. The Centers for Medicare and Medicaid Services (CMS). CY 2025 Hospital Outpatient Prospective Payment System (OPPS), 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>. Accessed 08 January 2025.
6. The Centers for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual, CH 12 - Physicians/Nonphysician Practitioners. Issued 14 November 2024. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>. Accessed 08 January 2025.

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