Society for Maternal-Fetal Medicine

Coding Committee

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Coding Tip: New 2025 Telehealth CPT Codes

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Prior to the COVID-19 pandemic, reporting telemedicine services was a rare occurrence because most providers did not 1) practice in geographic areas that allowed the reporting of telemedicine services and 2) have the necessary equipment required under the existing law to perform the service. However, the pandemic transformed practice.

All prior rules concerning telemedicine were waived to minimize the impact of the pandemic on both patients and providers. Those rules have continued to be extended until the present time, although clarity is lacking as to exactly how long the "temporary" pandemic guidelines will remain in place.

The pandemic guidelines typically followed this pattern:

- Codes: Telemedicine services were reported with CPT codes 99202-99215.
- Modifiers: Telemedicine services were identified via modifiers. Audio-video services were reported with a 95 modifier; audio only services were reported with a 93 modifier; Medicare required the usage of a GT modifier.
- Place of Service: Most payers allowed the provider to report the place of service (POS) that the provider would have used were it not for the pandemic. The most common POS was 11 (office). Some required more traditional telemedicine POS designations, such as 02 (patient not at home) or 10 (patient at home).

The New Codes

In the 2025 edition of the CPT code book, an entirely new set of codes were created explicitly to report different forms of telemedicine services. The new codes follow the same pattern for code selection as do the corresponding in-person Evaluation and Management (E/M) codes. The new audio codes replace prior existing telephone codes 99441-99443. These codes may be used by a physician or other qualified health care professional who already report E/M codes. They may apply to new and/or established patients. Real-time, interactive patient-provider encounters are required. Coding can be based on either MDM or Total Time (see table). They are not to be used on the same date as another E/M code (instead can be applied to MDM or total time for that encounter day). Add on code +99417 can be used for prolonged service time. Modifier 95 is not required (the new code descriptors already indicate telehealth).

Coding by MDM	Coding by Total Time (Minimum Minutes)	New E/M	New Audio/Video	New Audio only
Straightforward	15	99202	98000	98008
Low	30	99203	98001	98009
Moderate	45	99204	98002	98010
High	60	99205	98003	98011

Coding by MDM	Coding by Total Time (Minimum Minutes)	Established E/M	Established Audio/Video	Established Audio only
Straightforward	10	99212	98004	98012
Low	20	99213	98005	98013
Moderate	30	99214	98006	98014
High	40	99215	98007	98015

For example, the coding and documentation requirements for CPT codes 98001 and 98009 are identical to those of 99203. The only variance is that for audio only codes (98008-98015), at least 10 minutes of the service must involve a medical discussion with the patient—even if Medical Decision Making (MDM) is used to select the level of service. That requirement does not exist for audio/video services.

Also, in 2025, CPT created a new code **98016 Brief communication technology-based service**, which is used to report either audio only or audio/video services that last 5-10 minutes. This new code replaces the previous Medicare "check-in" code G2012 but otherwise follows all of the prior requirements for that code. This code is for established patients. This code should not be used if related to a previous E/M service provided within the last 7 days or leading to an E/M in the next 24 hours.

Using These Codes

- Medicare has indicated that they will **NOT** accept the new codes (98000-98015), and all previous guidelines remain in effect, including the required use of office-based E/M codes with the GT modifier.
- Some commercial payers and Medicaid plans have adopted the new telemedicine codes, while many others have not. Providers need to check with each of their payers to determine exactly what codes you need to use for patients with coverage under their plans.

Reimbursement for the New Codes

Although some payers modified payment amounts for telemedicine services, during the pandemic (and beyond) most payers reimbursed for telemedicine services at the same rate/level as for in-person services. This was in spite of the fact that telemedicine services objectively cost less to provide than in-person services because telemedicine services do not require front desk staff members, do not have supply expenses, do not require a lobby or other overhead expenses, etc.

Part of the reason for the new telemedicine codes is to differentiate between in-person and telemedicine services, which allows payers to reimburse more easily commensurate with the cost of providing the service. The tables below illustrate the Relative Value Units (RVUs) associated with in-person, audio/video, and audio only services.

E/M Code	wRVUs	Total RVUs	Audio-Video	wRVUs	Total RVUs	Audio Only	wRVUs	Total RVUs
99202	0.93	2.17	98000	0.93	1.54	98008	0.90	1.46
99203	1.60	3.35	98001	1.60	2.54	98009	1.55	2.42
99204	2.60	5.02	98002	2.60	4.05	98010	2.42	3.77
99205	3.50	6.62	98003	3.50	5.37	98011	3.20	4.90
99212	0.70	1.70	98004	0.70	1.27	98012	0.65	1.09
99213	1.30	2.73	98005	1.30	2.23	98013	1.20	1.90
99214	1.92	3.85	98006	1.92	3.07	98014	1.75	2.78
99215	2.80	5.42	98007	2.60	5.09	98015	2.60	4.04
						98016	0.30	0.49

To summarize, the work RVUs for these new codes are equal or relatively equal to in-person E/M codes, regardless of how the service is provided. However, the total RVUs (which includes practice expense) are less for audio/video services compared to in-person services, and even less for audio-only services.

Our Advice

- Check with your payers to determine exactly how they want telemedicine services to be reported—E/M services or new telemedicine codes? Then submit services using the desired coding method.
- Identify the Place of Service (POS) that the payer wants for telemedicine services—11, 02, or 10 (or something else)?
- Watch payment levels for telemedicine services, regardless of which approach the payer mandates, to ensure that appropriate reimbursement is being received.

Members should submit any coding questions to the SMFM Coding Committee Ask a Coding Question website (https://www.smfm.org/coding). Additional information and resources are also available on our coding website. Thank you very much.