

## Telehealth Office Visits

This resource is specific to professional office visits provided via telehealth.

### Applicable CPT® Codes

#### Original Office Visit CPT® Codes

Level of MDM	New Patient Code	Minimum time	Established patient Code	Minimum Time
			<b>99211</b>	Not based on time
<i>Straightforward</i>	<b>99202</b>	15 minutes	<b>99212</b>	10 minutes
<i>Low</i>	<b>99203</b>	30 minutes	<b>99213</b>	20 minutes
<i>Moderate</i>	<b>99204</b>	45 minutes	<b>99214</b>	30 minutes
<i>High</i>	<b>99205</b>	60 minutes	<b>99215</b>	40 minutes

#### Synchronous Audio-Video

Level of MDM	New Patient Code	Minimum time	Established patient Code	Minimum Time
<i>Straightforward</i>	98000	15 minutes	<b>98004</b>	10 minutes
<i>Low</i>	98001	30 minutes	<b>98005</b>	20 minutes
<i>Moderate</i>	98002	45 minutes	<b>98006</b>	30 minutes
<i>High</i>	98003	60 minutes	<b>98007</b>	40 minutes

#### Synchronous Audio-Only

Level of MDM	New Patient Code	Minimum time	Established patient Code	Minimum Time
<i>Straightforward</i>	<b>98008</b>	15 minutes	<b>98012</b>	10 minutes
<i>Low</i>	<b>98009</b>	30 minutes	<b>98013</b>	20 minutes
<i>Moderate</i>	<b>98010</b>	45 minutes	<b>98014</b>	30 minutes
<i>High</i>	<b>98011</b>	60 minutes	<b>98015</b>	40 minutes

## Reporting

#### CMS reporting

- Patients may currently receive telehealth services at home or at an originating site (the location where the patient gets physician or practitioner medical services through telehealth), regardless of geographic location or medical specialty. *After September 30<sup>th</sup>, 2025, there may be originating site requirements and geographic restrictions for non-behavioral or non-mental health providers.*

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- Telehealth may be provided by all specialties through 2-way, interactive, audio-video technology. Audio-only technology may be used if the patient is in their home and isn't capable of or doesn't consent to using video technology.
- Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) can serve as Medicare distant site providers for non-mental/behavioral health *through September 30<sup>th</sup>, 2025*.
- The patient must be present and participating in the telehealth visit. The patient must also consent to the use of telehealth, which should be documented in the patient's record for each telehealth visit.
- Use the original office visit CPT codes with an appropriate place of service to indicate where the patient is located when receiving the telehealth services. CMS does not accept CPT® codes 98000-98015.

CPT/HCPCS Codes	Place of Service	Modifier Needed
<b>99202-99215</b> for office visits	<b>02</b> Patient outside the Home	<b>93</b> Use if audio-only
<b>Q3014</b> facility fee for the originating site, if applicable	<b>10</b> Patient at home	<b>FQ</b> Use for FQHC and RHC audio-only

- To accurately report the services provided, it is imperative the record clearly reflects the patient's location, the provider's location, the modality, as well as the total time spent if the level of service is based on time only.
- For all services provided, telehealth or in-person, documentation should adequately support medical necessity.

### Private Payers

Private payer reimbursement requirements and coverage vary. Additional modifiers may be required. Please refer to individual plan policies.

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## Resources

[HHS: Billing and coding Medicare Fee-for-Service claims](#)

[CMS: MLN901705 - Telehealth & Remote Patient Monitoring](#)

[CMS: Telehealth FAQ 1-8-25](#) (Note that the flexibilities were extended to September 30<sup>th</sup>, 2025).

[CMS: Medicare Claims Processing Manual Chapter12.190](#)

[CMS: Telehealth for Providers - What You Need to Know](#)

[CMS: MLN006764 - Evaluation and Management Services Guide](#)

[National Policy Telehealth Resource Center: Billing for Telehealth Encounters](#)

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