

Telehealth Office Visits

Updated February 2026

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
			99211	Not based on time
<i>Straightforward</i>	99202	15 minutes	99212	10 minutes
<i>Low</i>	99203	30 minutes	99213	20 minutes
<i>Moderate</i>	99204	45 minutes	99214	30 minutes
<i>High</i>	99205	60 minutes	99215	40 minutes

Synchronous Audio-Video

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

Synchronous Audio-Only

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

Reporting

CMS reporting

The Consolidated Appropriations Act of 2026 extends Medicare telehealth flexibilities through December 31st, 2027.

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- 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 *through December 31st, 2027*.
- 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 December 31st, 2027*.
- 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
99202-99215 for office visits Q3014 facility fee for the originating site, if applicable	02 Patient outside the Home 10 Patient at home	93 Use if audio-only FQ 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](#)

[CMS: Medicare Claims Processing Manual Chapter 12.190](#)

[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](#)

[H.R.7148 - 119th Congress \(2025-2026\): Consolidated Appropriations Act, 2026](#)

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