New Telemedicine Codes for 2025

CPT® Assistant.

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For the Current Procedural Technology (CPT®) 2025 code set, a new Telemedicine Services subsection with 17 new codes has been added to the Evaluation and Management (E/M) section. These 17 new codes are intended for reporting synchronous (ie, real-time) E/M services, with coding options available for both new and established patients. This article provides guidance on these new guidelines and codes.

Synchronous Audio-Video Evaluation and Management Services

Codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007 may be reported for new or established patients. Synchronous audio and video telecommunication is required. These services may be reported based on total time on the date of the encounter or MDM.

New Patient

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, 15 minutes must be met or exceeded.

98001   **Synchronous audio-video visit** for the evaluation and management of a new patient, which requires a medically appropriate history

and/or examination and low medical decision making.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

#☒ **98002** **Synchronous audio-video visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

#☒ **98003** **Synchronous audio-video visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making.

When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

☒(For services 75 minutes or longer, use prolonged services code 99417)☒

Established Patient

#☒ **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, 10 minutes must be met or exceeded.

#☒ **98005** **Synchronous audio-video visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making.

When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

#☒ **98006** **Synchronous audio-video visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

#☒ **98007** **Synchronous audio-video visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making.

When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

☒(For services 55 minutes or longer, use prolonged services code 99417)☒

☒**Synchronous Audio-Only Evaluation and Management Services**☒

☒Codes 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015 may be reported for new or established patients. They require more than 10 minutes of medical discussion. For services of 5 to 10 minutes of medical discussion, report 98016, if appropriate. If 10 minutes of medical discussion is exceeded, total time on the date of the encounter or MDM may be used for code level selection.☒

New Patient

#☒ **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, 15 minutes must be met or exceeded.

#☒ **98009** **Synchronous audio-only visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

\#✗ **98010** **Synchronous audio-only visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

\#✗ **98011** **Synchronous audio-only visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

✗(For services 75 minutes or longer, use prolonged services code 99417)✗

Established Patient

\#✗ **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, 10 minutes must be exceeded.

✗(Do not report 98012 for home and outpatient INR monitoring when reporting 93792, 93793)✗

✗(Do not report 98012 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])✗

✗(Do not report 98012 during the same month with 99487, 99489)✗

(Do not report 98012 when performed during the service time of 99495, 99496)

#98013 **Synchronous audio-only visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

(Do not report 98013 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98013 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98013 during the same month with 99487, 99489)

Do not report 98013 when performed during the service time of 99495, 99496)

#98014 **Synchronous audio-only visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

(Do not report 98014 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98014 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98014 during the same month with 99487, 99489)

(Do not report 98014 when performed during the service time of 99495, 99496)

#98015 **Synchronous audio-only visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

(Do not report 98015 for home and outpatient INR monitoring when reporting 93792, 93793)

(Do not report 98015 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])

(Do not report 98015 during the same month with 99487, 99489)

(Do not report 98015 when performed during the service time of 99495, 99496)

(For services 55 minutes or longer, use prolonged services code 99417)

Brief Synchronous Communication Technology Service (eg, Virtual Check-In)

Code 98016 is reported for established patients only. The service is patient-initiated and intended to evaluate whether a more extensive visit type is required (eg, an office or other outpatient E/M service [99212, 99213, 99214, 99215]). Video technology is not required. Code 98016 describes a service of shorter duration than the audio-only services and has other restrictions that are related to the intended use as a "virtual check-in" or triage to determine if another E/M service is necessary. When the patient-initiated check-in leads to an E/M service on the same calendar date, and when time is used to select the level of that E/M service, the time from 98016 may be added to the time of the E/M service for total time on the date of the encounter.

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

(Do not report 98016 in conjunction with 98000-98015)

(Do not report services of less than 5 minutes of medical discussion)

Reporting Telemedicine Services

Within the new Telemedicine Services subsection, there are 17 new codes available to report synchronous E/M services. Before 2025, audio-video telemedicine office or other outpatient E/M services were reported using codes 99202-99205 (new patient) and 99211-99215 (established patient) with modifier 95, Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System, appended. Similar to audio-video telemedicine services, audio-only telemedicine services were reported with the appropriate office or other outpatient E/M services code with modifier 93, Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System, appended. It was determined that a coding solution that did not rely on the use of a modifier was needed to ensure that practice expense is appropriately represented for these services. The new telemedicine service codes describe real-time, interactive encounters between the physician or other qualified health care professional (QHP) and the patient. Both the audio-video and the audio-only codes have the same categories (new and established patients) and structure as the office or other outpatient codes 99202-99205 and 99211-99215. As a result of these new codes, codes 99441-99443 for telephone services have been deleted, and a cross-reference parenthetical note directing users to new codes 98008-98016 has been added.

Note that to report synchronous audio-only E/M services codes 98008-98015, the visit must include more than 10 minutes of medical discussion. If the visit only includes 5 to 10 minutes of medical discussion, the new brief synchronous communication technology service (eg, virtual check-in) code 98016 should be reported as long as the patient is an established patient. If more than 10 minutes of medical discussion occurs, each of the telemedicine codes includes the option to report those E/M services using either MDM or the total time of the encounter. Note that telemedicine services of less than 5 minutes are not reportable.

Note that CPT coding guidelines may differ from third-party payer guidelines. Eligibility for payment and coverage policy are determined by each individual insurer or third-party payer. For reimbursement or third-party payer policy issues, contact the appropriate local third-party payer.

Telemedicine Codes and Other Non-Face-to-Face Service Codes

To assist users in understanding how the new telemedicine codes relate to and differ from other non-face-to-face service codes in the E/M section, see Table 1, which is excerpted from the E/M section of the CPT 2025 codebook.

Table 1: Telemedicine and Non-Face-to-Face Services

Service	New/Established	Synchronous	Level/Unit Reported	Service Reported	Other E/M Notations
Synchronous audio-video (98000-98007)	Both	Yes	MDM or total time on the date of the service. No minimum required time unless level selected by time.	Per single calendar date	Do not report with same-day in-person E/M
Synchronous audio-only (98008-98015)	Both	Yes	MDM or total time on the date of the service. Must be more than 10 minutes of medical discussion.	Per single calendar date	Do not report with same-day in-person E/M
Brief synchronous communication technology service (98016)	Established	Yes	A single 5- to 10-minute medical discussion	Per single calendar date	Not related to E/M in prior 7 days or leading to E/M in next 24 hours
Online digital E/M (99421-99423)	Established	No	Minutes during 7-day period	Per 7 days	Not related to E/M in prior 7 days or leading to E/M in next 24 hours
Interprofessional telephone/ Internet/EHR consultations (99446-99451)	Both	Not required	Minutes during 7-day period	Per 7 days	No in-person encounter within 14 days
Interprofessional telephone/ Internet/EHR consultations (99452)	Both	Not required	Minutes during a single day	Per 14 days	No in-person encounter within 14 days

Service	New/ Established	Synchronous	Level/Unit Reported	Service Reported	Other E/M Notations
Care management and remote treatment management (99424, 99425, 99437, 99484, 99491)	Established	Not required	Minutes	Per calendar month	Physician or QHP time excluded on date of other E/M
All services (98000-98016, 99421-99425, 99437, 99446-99452, 99484, 99491)	Same time is not counted twice				