2025 Coding Updates: Telehealth

Enterprise Professional Coding
May 2025

Telemedicine

17 New codes created

- Audio-Video
  - New and Established Patient
  - Level determined by MDM or Time

- Audio-Only
  - New and Established Patient
  - Level determined by MDM or Time
  - Existing Telephone Services (99441 – 99443) – Deleted as Jan.1

- Brief Communication Technology-Based Service (e.g., virtual check-in)

UVA Health

Audio-Video Services

New patient 98000 – 98003

	Audio-Video Evaluation and Management Services - **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

Established patient 98004 – 98007

	Audio-Video Evaluation and Management Services - **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.

- Require a synchronous, real-time, interactive encounter between billing provider and a patient using audio-video telecommunication

- Level of Service is selected based on MDM or Time

- Do not report with same-day in-person E&M

UVA Health

Audio-Only Services

New patient 98008 - 98011

	Audio-Only Evaluation and Management Services - **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.

- Service requires a synchronous, real-time, interactive encounter between billing provider and a patient using audio-only telecommunication

- Must be more than 10 minutes of medical discussion. If 10 minutes of medical discussion is exceeded, total time on date of encounter or MDM may be used for level selection.

- Do not report with same-day in-person E&M

- Documentation must include the medical discussion time

UVA Health

Audio-Only Services

Established patient 98012 - 98015

Audio-Only Evaluation and Management Services - **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.
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.
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.
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.

- Service requires a synchronous, real-time, interactive encounter between billing provider and a patient using audio-only telecommunication

- Must be more than 10 minutes of medical discussion. If 10 minutes of medical discussion is exceeded, total time on date of encounter or MDM may be used for level selection. For services of 5 to 10 minutes of medical discussion, it may be appropriate to report code 98016.

- Do not report with same-day in-person E&M

- Documentation must include the medical discussion time

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Brief Synchronous Communication Technology Service – 98016

	Brief Communication Technology-Based Service
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

- Video technology is not required
- Reported for established patients only
- The service is patient-initiated
- Do not report with same-day in-person E&M
- Do not report if less than 5 minutes of medical discussion
- Reported if audio-only encounter is only 5 to 10 minutes of medical discussion
- Can combine time with E/M on the same calendar date
- Not related to E&M in prior 7 days or leading to E&M or procedure next 24 hours or soonest available appointment
- Documentation must include the medical discussion time
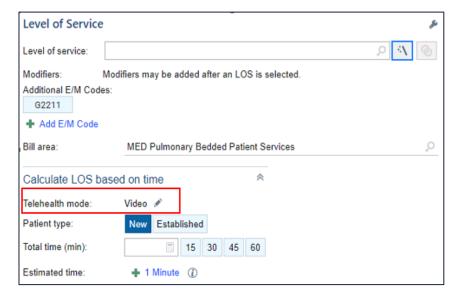
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Telemedicine Code Selection

- System edits are in place to capture appropriate service
  - **Providers should select the telemedicine service (98000-98015) rendered** and changes will be made on the backend according to payer requirements.

    - It is recommended that providers add speed buttons to aid in selecting the proper code

      Here is a link to the tutorial titled Speed Buttons, which can be found in the Epic Learning Library (ELL): https://ell.healthsystem.virginia.edu/speed-buttons/
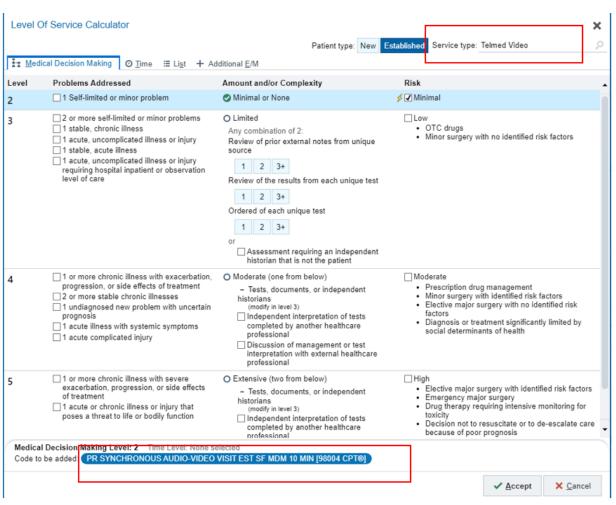
Telemedicine Epic Updates

LOS MDM Calculator Telmed Video

LOS section using Time and Telehealth Mode

Telemedicine Documentation

- The recommended Epic SmartPhrases for telemedicine services remain the following to ensure proper documentation and consent is documented

  - *.telmedvideo* note template for audio-video visits

  - *.telphcall* note template for audio-only visits

Telemedicine Documentation

Telephone call evaluation with patient in lieu of clinic appointment Consent has been obtained by me or my staff and the caller understands there may be a copay/charge for this service.

Reason for Call: {TMED REASON FOR VISIT:25695 sick visit, routine follow up, ***}

Vitals as reported by patient if available: {UPC TMED VITALS:25694 temp ***, BP ***, other ***, Patient does not have ability to take vitals at home}

HPI:

@NAME@ is a(n) @AGE@ @SEX@.

***

ASSESSMENT & PLAN: ***

Complexity/Surgical Risk/Comorbidities

***

{Social Determinants of Health (if indicated)

If social determinants e.g., economic stability, education, social conditions, health and health care or neighborhood and environment is playing a factor in your decision making, document that information here. If not relevant you can ignore this section and it will disappear when you sign your note:27423}

I've spent *** minutes in medical discussion with the {PATIENT PARENT LEGAL GUARDIAN:305900526 patient, parent, legal guardian, other: }. {Instructional note: Medical discussion time must be documented, complete the total time statement if billing by time. If total time is not completed the statement will delete when signing the note.}My total time on this date and for this encounter was *** minutes which included the following activities {ATTTIME Activities:27420}.

@MECRED@

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Requirements for Audio-Video and Audio-Only Telehealth Services:

- Consent must be obtained and documented prior to or at the beginning of video visit.
- Patient may be located in other states providing there is PLT coverage and provider has a license in that state.
- This service must be performed on a separate calendar date from another E&M service.
- When performed on the same date as another E&M service, the elements and time of these services are summed and reported in aggregate, ensuring that any overlapping time is only counted once.
- If the minimum time for reporting a telemedicine service has not been achieved, time spent with the patient may still count toward the total time on the date of the encounter of an in-person E&M service.
- Appropriate to report prolonged service same day when criteria is met

- Care initiated by patient, family, caregiver, physician/QHP
- May be used for a follow-up of a previous encounter when a follow-up E&M is required.
- Follow standard 2023 E&M documentation guidelines.
- Codes may be used for New or Established Patients
- Not billable for calling patients regarding test results.
Remember to review each category for additional requirements

Category

VIDEO

Definition: An E&M visit with a provider that uses audio and visual technology (2-way video) systems between a provider and a patient. Must use a secure HIPAA compliant platform.

CPT Codes

New Patient	Established Patient	Payor Coverage			
98000 (15 min) (SF)	98004 (10 min) (SF)	Aetna*	Y	Medicare*	Y
98001 (30 min) (Low)	98005 (20 min) (Low)	Anthem	Y	Tricare	Y
98002 (45 min) (Mod)	98006 (30 min) (Mod)	Cigna	Y	UHC*	Y
98003 (60 min) (High)	98007 (40 min) (High)	Humana	Y	Sentara*	Y
		Medicaid	Y		

Coding Guidelines

1. Use appropriate audio-video E&M code and/or other approved CPT/HCPCS codes.
2. If during the encouner audio-video connection are lost and only audio is restored, report the service that accounted for the majority of the time of the interactive portion of the service.

Category

AUDIO ONLY (Telephone)

Defintion: Audio-only (telphone) evaluation and management service by a physician or qualified non-physician healthcare professional for a new or established patient or guardian via telephone.

CPT Codes

New Patient	Established Patient	Codes Non-MD QHCP	Payor Coverage			
98008 (15 min) (SF)	98012 (>10 min) (SF)	98966 (5-10 min)	Aetna*	N	Medicare*	Y
98009 (30 min) (Low)	98013 (20 min) (Low)	98967 (11-20 min)	Anthem	N	Tricare	Y
98010 (45 min) (Mod)	98014 (30 min) (Mod)	98968 (21-30 min)	Cigna	Y	UHC*	N
98011 (60 min) (High)	98015 (40 min) (High)		Humana	Y	Sentara*	Y
			Medicaid	Y		

Coding Guidelines

1. Use appropriate audio only E&M code and/or other approved CPT/HCPCS codes
2. Codes 98008 - 98015 require more than 10 minutes of medical discussion. If 10 minutes of medical discussion is exceeded, total time on date of the encounter or MDM may be used for code level selection. If using MDM, a time statement exceeding 10 minutes was met must be documented.
3. Medical discussion with the patient or guardian must be documented.
4. For established patients with 5 to 10 minutes of medical discussion, report code 98016 if requirements are met for Virtual Check-in.

* Medicare, Aetna Medicare, Sentara (all products) and UHC does not recognize these codes. Providers should select the telemedicine service (98000 – 98015) rendered and billing will handle on the backend according to payer requirements.

Telemedicine FAQs

Q: If I am leveling my telehealth service by time, can I code a 99417 for prolonged service time?

    a. Yes. Prolonged service code (99417) can be used as an add-on code to the new telemedicine codes (both audio-video and audio-only) when the time is documented.

Q: Can I bill G2211 with the new telehealth codes?

    a.   Visit complexity (G2211) must be billed with an outpatient office visit code (99202-99215), so it can only be coded for the payors who support the use of the in-person code set. We recommend that providers document the services rendered and charge capture the 98xxx code with the G2211 when applicable. If there is a payor restriction, we will handle it on the backend.

Questions

Email the Education team:

AskProfessionalCoding@uvahealth.org

Intranet Page:

[Welcome to Enterprise Professional Coding (virginia.edu)](#)

References:
AMA CPT 2025
CMS Final Rule CY2025
https://www.govinfo.gov/content/pkg/FR-2024-12-09/pdf/2024-25382.pdf