



An Overview of the *2025 CPT* Telemedicine Guidelines

Telemedicine has emerged as a routine component of modern healthcare delivery, enabling providers to connect with patients efficiently and effectively. The updated 2025 Current Procedural Terminology (CPT) codes reflect significant strides in formalizing and enhancing telemedicine services. This article explores the nuances of these new codes and guidelines, providing healthcare professionals with the insights needed to navigate the evolving telemedicine landscape.

What Are Telemedicine Services?

The guidelines first describe what is considered a telemedicine service. They are synchronous, real-time, interactive encounters between healthcare providers and patients using either audio-video or audio-only telecommunication technology. These services are designed to replace in-person visits when deemed medically appropriate. The guidelines also state what they are not; they are not a substitute for routine communication, such as relaying laboratory results. Instead, it serves as a viable alternative for necessary follow-ups, re-assessments, and consultations that align with the standard of in-person care.

Key Components of the 2025 Guidelines

The 2025 CPT guidelines for telemedicine services outline the requirements for accurate reporting and effective use of these services. Telemedicine encounters are categorized based on either the level of Medical Decision Making (MDM) or the total time spent with the patient on the date of the encounter, just as in-person Evaluation and Management (E/M) services. To be reported, these services must occur on a separate calendar date from any other E/M services. Additionally, telemedicine encounters can be initiated by the patient, their caregiver, or the provider, creating flexibility in how care is accessed.

The guidelines emphasize that telemedicine time may be aggregated, or added together, with in-person E/M services on the same day to determine the total service time, provided overlapping time is excluded.

Example:

Dr. Smith sees an established patient in the office for a scheduled in-person E/M service. During this visit, Dr. Smith spends 15 minutes discussing the patient's chronic condition, reviewing treatment options, and adjusting the care plan. Later that day, the patient calls Dr. Smith through a telemedicine platform to clarify instructions about a newly prescribed medication and discuss additional symptoms. Dr. Smith spends another 10 minutes on this telemedicine call.

In this scenario, the time spent during the in-person visit (15 minutes) and the telemedicine encounter (10 minutes) can be added together for a total of 25 minutes when determining the E/M service level for the day. However, any overlapping time—such as the time spent on administrative tasks like scheduling the telemedicine visit—cannot be included in this calculation. This aggregation ensures that the total time accurately reflects the care provided across both interactions while adhering to the CPT guide-

lines.

Audio-only encounters, covered under codes 98008 through 98015, require a minimum of 10 minutes of synchronous, real-time discussion, excluding asynchronous communication like emails or text messages. These codes ensure that audio-only services remain an effective option when video technology is unavailable or unnecessary. The guidelines also clarify that time spent on administrative tasks, such as scheduling or establishing connections, is not reportable.

The guidelines also address connectivity issues and proper reporting. According to the guidelines, if audio-video communication is interrupted and the remainder of the service relies solely on audio, the provider should report the code reflecting the majority of the interaction time. Documentation should indicate which form (audio-only or audio-visual) dominated the encounter to support the code chosen.

Example:

Dr. Lee conducts a telemedicine visit with an established patient using audio-video communication. The encounter lasts 20 minutes, but during the visit, the video connection is lost after 15 minutes, and the remaining 5 minutes are completed via audio-only. Since the majority of the visit was conducted using audio-video communication, the visit is reported with code 98005, which reflects a 20-minute synchronous E/M service for an established patient. The documentation should clearly indicate the total time spent (20 minutes) and note that the majority of the visit was performed using audio-video technology, with the final portion conducted via audio-only.

New CPT Codes for Telemedicine

The new codes (98000–98016) categorize telemedicine encounters into distinct levels based on type, duration, or

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MDM. Audio-video telemedicine codes (98000–98007) cover E/M services provided through interactive audio-video communication. These codes are broken down into new and established patients, with the level of service determined by MDM or total time spent on the date of the encounter. Prolonged services codes may also be reported with 98003, 98007, 98011, 98015, and 98016.

For audio-only telemedicine, codes 98008–98015 are designed for real-time medical discussions that last a minimum of 10 minutes. These services are particularly beneficial when video technology is unavailable, enabling providers to deliver care through verbal communication alone. The codes exclude asynchronous interactions, such as text messages or emails, unless the communication is conducted through devices adapted for patients with hearing impairments.

Code 98016: Virtual Check-In for Established Patients

Code 98016 is designated for brief communication technology-based services, such as virtual check-ins, provided to established patients. This service must be patient-initiated and is specifically intended to determine whether a more extensive E/M visit, such as an in-person office visit, is necessary. Unlike other telemedicine services, video technology is not required, making it particularly useful for quick consultations conducted via telephone. The service duration is limited to 5–10 minutes of medical discussion, excluding services lasting less than five minutes. Importantly, this code cannot be reported if the check-in is related to an E/M service provided in the past seven days or leads to another E/M service or procedure within the next 24 hours (or the soonest available appointment). When a virtual check-in leads to a same-day E/M service where time is used to determine the E/M level, the time spent on the virtual check-in can be added to the total E/M time, provided all other conditions are met.

Example:

A patient with a history of hypertension contacts their physician, Dr. Jones, via telephone to report symptoms of dizziness and ask whether an office visit is needed. Dr. Jones spends seven minutes discussing the patient’s symptoms, asking about their blood pressure readings, and advising them to adjust their posture when taking medications. Dr. Jones determines that the patient needs a same-day office visit for further evaluation. Later that afternoon, during the in-office visit, Dr. Jones spends an additional 20 minutes assessing the patient, reviewing medications, and adjusting the treatment plan. Since the virtual check-in (7 minutes) and the in-office visit (20 minutes) occurred on the same day and time is being used to determine

the E/M level, the two times can be combined for a total of 27 minutes. This allows for appropriate reporting and reflects the comprehensive care provided.

The Future of Telemedicine

As telemedicine continues to evolve, the 2025 CPT updates represent a step toward integrating these services more deeply into routine care. By establishing clear guidelines, the American Medical Association (AMA) aims to ensure that telemedicine remains a viable, efficient, and equitable healthcare option.

The 2025 CPT codes for telemedicine services underscore the growing importance of virtual care in today’s health care environment. For providers, understanding these updates is essential for compliance and optimal reimbursement. By leveraging these guidelines, practices can enhance care delivery, improve patient outcomes, and embrace the opportunities telemedicine offers.

Note: This article does not address payor-specific guidelines on the codes’ usage. Please check with your commercial payors to review their guidelines. CMS will not recognize 16 of the 17 new codes discussed in this article. CPT codes 98000-98015 will have a Status of “I” for invalid in the Medicare Physician Fee Schedule for 2025. Medicare will reimburse for the virtual check-in code 98016.

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Betty brings over thirty years of healthcare experience. She has worked for practices both large and small with the same intensity and attention. She has spent years on the “front lines” for practices handling medical billing, coding, claims, and denials. She has also managed practices and directed healthcare system departments. Her areas of expertise include Evaluation and Management, Primary Care, Dermatology, Plastic Surgery, Cardiology, Cardiothoracic Surgery, General Surgery, GI, E/M and procedural auditing, and ICD-10-CM.

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