



Evaluation and management services including telehealth

2025 CPT

1. [List of Telehealth Services | CMS](#)

Evaluation and Management (E/M) Services continue to represent a large number of the services rendered by physicians and other qualified healthcare professionals (QHPs). Although the code descriptions have stabilized in the past couple of years, there continued to be confusion regarding the reporting of telehealth services. The 2025 CPT® deleted the telephone codes (99441-99443) and replaced these codes with a series of telehealth services.

Telehealth-specific services

The telehealth services include 17 codes, with 16 of them using similar criteria to the existing office visit codes, 99202-99215. The codes are divided into synchronous, real-time, audio-visual or audio-only services that are further delineated by new versus established, and the level of code is finally selected based upon medical decision-making (MDM) or time spent providing the service. The MDM utilizes the same table as other E/M services. Although not required for selection of the level of service, history and exam performed should be documented in the patient record. The service includes both face-to-face interactive time as well as non-face-to-face time on the same date of service.

Some of the other guidelines specific to telehealth note that the service can be initiated by the patient, family, caregiver, physician or other qualified health care professional (QHP) but is not provided on the same date as another in-person visit, and is not provided to give results of testing or procedures. Physician or QHP time and services may include the following activities:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

If audio-video connections are lost during an encounter and only audio connection is restored, report the service provided during the majority of the interactive portion of the encounter.

Virtual Check-in

The last code in this subsection is 98016, Brief Synchronous Communication Technology Service (e.g., virtual check-in). This code is used to report services of 5-10 minutes of synchronous, real-time, audio only interactive service to an established patient. Other specific guidelines related to this service:

- This service is based on time of the medical discussion only; MDM is not applicable.
- This telehealth service is patient initiated and used to determine if a more extensive E/M service may be required (i.e., 99212-99215).
- When this check-in telehealth service leads to another E/M service on the same date, and time is used to select the level of E/M service, the time of each visit is added together, and one E/M is reported for the total time on the date of the encounter.
- Do not report this service if a related E/M service has been provided in the prior seven days.
- Do not report this service if the provider sees the patient within the next 24 hours or soonest available appointment.
- Less than five minutes of medical discussion should not be reported.
- Do not report 98016 in addition to 98000-98015.

Payer-specific guidelines

At this time the Centers for Medicare and Medicaid Services, (CMS) have determined that they will continue to cover telehealth services using the standard office E/M services codes, 99202-99215, as appropriate using the telehealth modifiers and appropriate place of service codes. CMS will not recognize 98000-98015 for payment. Code 98016 is recognized by CMS and replaces HCPCS code G2012. Check with individual payers for their preferences to report telehealth services.



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