January 2025

American Academy of Pediatrics

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Coding for Office and Other Outpatient Telemedicine Services

The codes below simplify the coding of Office and Other Outpatient telemedicine services by implementing codes that follow the current MDM or total time guidelines for all evaluation and management (E/M) services and removing the requirement of a modifier to indicate the method of communication.

CPT Codes:

Office/Other Outpatient Synchronous Audio-Visual Services	
CPT Code	**Description**
98000	Synchronous audio-video **new patient**, **straightforward** MDM, or **15 minutes** of total time met or exceeded.
98001	**low** MDM or **30 minutes** of total time met or exceeded.
98002	**moderate** MDM or **45 minutes** of total time met or exceeded.
98003	**high** MDM or **60 minutes** of total time met or exceeded.
98004	Synchronous audio-video **established patient**, **straightforward** MDM, or **10 minutes** of total time met or exceeded.
98005	**low** MDM or **20 minutes** of total time met or exceeded.
98006	**moderate** MDM or **30 minutes** of total time met or exceeded.
98007	**high** MDM or **40 minutes** of total time met or exceeded.
Office/Other Outpatient Synchronous Audio-Only Services	
98008	Synchronous audio-only visit **new patient**, **straightforward** MDM, or **15 minutes** of total time must be met or exceeded.
98009	**low** MDM, or **30 minutes** of total time, must be met or exceeded.
98010	**moderate** MDM or **45 minutes** of total time must be met or exceeded.
98011	**high** MDM, or **60 minutes** of total time, must be met or exceeded.
98012	Synchronous audio-only visit **established patient**, **straightforward** MDM, or **10 minutes** of total time must be met or exceeded.
98013	**low** MDM, or **20 minutes** of total time, must be met or exceeded.
98014	**moderate** MDM or **30 minutes** of total time must be met or exceeded.
98015	**high** MDM, or **40 minutes** of total time, must be met or exceeded.
Asynchronous technology-based service Services	
98016	Brief communication technology-based service (eg, virtual check-in) **established patient**, not originating from a related E/M service within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment, **5-10 minutes** of medical discussion.

****All other E/M services outside of office and other outpatient services will continue to be reported with the appropriate CPT code and modifiers 93 audio only or 95 audio visual, based on the real time communication method****

Guidelines:

1. Coding guidelines for evaluation and management services regarding MDM and total time apply to the above telemedicine codes **98000 – 98015.** See the resources section below for more information from CPT on E/M coding.

2. Prolonged services code **99417** can be reported for each 15-minute period documented past the total time for codes **98003, 98007, 98011, and 98015**.

3. An **audio-only** visit with 5 to 10 minutes of medical discussion is not reportable under the codes **98008 – 98015**. Each **audio-only** service must include more than 10 minutes of medical discussion, even if code selection is based on total time. Review the guidelines for a brief communication technology-based service**,** as it may be reported with code **98016**.

4. When selecting the code based on total time, the 10-minute total time for audio-only established patient code **98012** must be exceeded. Since all audio-only codes require a minimum of 11 minutes of medical discussion, this guideline supersedes the 10-minute total time requirement.

5. Code **98016** allows for reporting professional services that include a brief assessment (5–10 minutes) via technology-based communication (e.g., patient portal) at the request of an established patient to determine if a more extensive service (e.g., office visit) is indicated. **Audio-only** or **audio-video** technology is **not** required.

6. With the implementation of **audio-only** codes **98008 – 98015**, Cpt has deleted codes **99441 – 99443** for telephone evaluation and management services, effective January 1st, 2025.

7. The coding telemedicine changes for 2025 only apply to office/other outpatient services. All other evaluation and management services will continue to be reported with their respective codes and a **93 or 95** modifier to indicate the contact method.

Payment Tips:

1. Medicare has decided not to include codes **98000-98015** for office/other outpatient services to their fee schedules and will continue to pay for codes **99202-99215** with either a **93** or **95** modifier based on the method of communication.

2. Medicare's rationale for excluding these codes in the MPFS and the RVU's for the new telemedicine codes vs the related office visit codes was published in the Medicare final rule as follows:

TABLE 14: Comparison of Elements and Work RVU between Telemedicine E/M Codes (98000 through 98015) and Office/Outpatient E/M Codes (99202 through 99215)

	A	B	C	D	E	F	G	H
	Telemedicine E/M HCPCS	RUC-recommended Work RVU	Modality	Level of Medical Decision-Making	Time Threshold (minutes)	New or Established Patient?	Analogous Current Office/Outpatient E/M Code	Current Work RVU
1	98000	0.93	Audio/Video (A/V)	Straightforward	15	new	99202	0.93
2	98001	1.60	A/V	Low	30	new	99203	1.60
3	98002	2.60	A/V	Moderate	45	new	99204	2.60
4	98003	3.50	A/V	High	60	new	99205	3.50
5	98004	0.70	A/V	Straightforward	10	established	99212	0.70
6	98005	1.30	A/V	Low	20	established	99213	1.30
7	98006	1.92	A/V	Moderate	30	established	99214	1.92
8	98007	2.60	A/V	High	40	established	99215	2.80
9	98008	**0.90**	Audio-only	Straightforward	15	new	99202	0.93
10	98009	1.60	Audio-only	Low	30	new	99203	1.60
11	98010	**2.42**	Audio-only	Moderate	45	new	99204	2.60
12	98011	**3.20**	Audio-only	High	60	new	99205	3.50
13	98012	**0.65**	Audio-only	Straightforward	10	established	99212	0.70
14	98013	**1.20**	Audio-only	Low	20	established	99213	1.30
15	98014	**1.75**	Audio-only	Moderate	30	established	99214	1.92
16	98015	**2.60**	Audio-only	High	40	established	99215	2.80

3. Verify with your contracted payers if they have included the codes in the table above and added them to their fee schedules. If they are providing guidance to utilize the deleted telephone codes **99441-99443** or **99202-99215** with either a **93** or **95** modifier, please obtain their payment policy and share it with the Academy via the Coding Hotline so that we can advocate for payment policies that align with the correct coding guidelines.

   The Academy cannot advise members to report the incorrect codes to payers when they have not included them in their fee schedules. Page XV of the CPT guidelines states, "Select the CPT code of the procedure or service that accurately identifies the procedure or service performed. Do not select a CPT code that merely approximates the procedure or service provided." If you choose to report the office visit codes with a 93 or 95 modifier, We suggest you make sure to have a documented/dated policy on file to support why you coded the claims in a way contradictory to CPT. You should also periodically review the policy for updates, as they can change at any time without notice from the payer. If a payer policy changes and the wrong codes are reported, not only could it result in denials, but it could also be a trigger for an audit or require medical records prior to payment.

4. CPT has removed all office visit codes except for 99211 for nurse visits from the list of codes that can be reported via telehealth with audio video modifier 95. See Page 1096 of CPT 2025.

FAQ's:

1. What services do codes **98000 – 98015** apply to?
    a. The new codes are only for **office and other outpatient** (urgent care) services . All other E/M code sets use existing codes with either a 93 or 95 modifier to indicate the communication method.

2. Have the telephone codes **99441 – 99443** for telephone evaluation and management services been deleted from the 2025 CPT codeset?
    a. Yes. CPT 2025 advises to refer to codes **98008 – 98015** for synchronous audio-only visits.

3. What is the difference between synchronous and asynchronous communication?
    a. Synchronous refers to methods of real-time communication such as audio or video. Asynchronous refers to services provided through a patient portal or other methods that do not exchange information in real-time.

Vignettes:

1. A 10-year-old established patient presents for an ADHD telemedicine follow-up visit through an audio-visual encounter. The physician reviews the current medication and notes that the patient is doing well on her current dose of Adderall 20 mg once daily and reports no symptoms other than not wanting to eat much breakfast after she takes her medication. Her grades have been stable, and her teacher reports that she is doing well in school except for occasional inattentiveness. The patient has been gaining appropriate weight since the last visit. Your exam (facilitated by the patient's mother) reveals no abnormal findings. You decide that the patient is adequately controlled on her current Adderall dose and is not experiencing any significant side effects. The mother and patient are told to follow up in 3 months and discuss indications for an earlier visit. The patient is diagnosed with attention deficit, predominately inattentive type, stable. The total physician time was 35 minutes on the date of the encounter.

    The provider will report:

CPT	ICD-10
98006	**F90.0** Attention-deficit hyperactivity disorder, predominantly inattentive type

2. 37 wOd new patient born to a 39-year-old mother present today for tachypnea through an audio-only encounter. Hospital course included primary omphalocele closure, nutritional advancement, medical management of VSD with diuretics, and gradual wean off respiratory support. Infant was discharged at DOL 33 to his home state without respiratory support, on diuretics. A few days after discharge, at the appointment, the pediatrician voiced concerns about tachypnea and mild retractions. The mom commented that the patient was more tachypneic than at discharge, agreeing with the concern that the baby was in mild-moderate respiratory distress. The baby was referred to a local emergency room where his cardiologist was able to exam the patient and adjust the diuretics.

   The provider will report:

CPT	ICD-10
98011	**R06.03** Acute respiratory distress

3. A 5-month-old female established patient with severe hypoxic-ischemic encephalopathy (HIE), bilateral hearing impairment, cortical vision impairment, dysphagia with G tube dependence, dystonia, and quadriplegic cerebral palsy. Through an audio-visual connection, the physician discusses patient tone management and signs/symptoms of needing to increase medications. They also discuss how patient tone impacts sleep and what options are available to help regulate sleep/wake cycles without sedating the patient, as the patient is also on anti-seizure medications. The patient exhibits less dystonic posturing and some emerging head control. Diagnoses for today's encounter were with new onset of seizures, severe hypoxic-ischemic encephalopathy (HIE), dysphagia with G tube dependence, dystonia, and quadriplegic cerebral palsy. The total physician time was 75 minutes on the date of the encounter.

   The provider will report:

CPT	ICD-10
98007(based on time) **99417** (2 units) (prolonged services)	**G40.109** Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes w/ simple partial seizures, not intractable, w/o status epilepticus **P91.63** Severe HIE **G80.8** Other cerebral palsy **G24.9** Dystonia, unspecified **R13.10** Dysphagia, unspecified **Z93.1** Gastrostomy status

Resources:

CPT E/M Coding Resources

CMS 2025 Final Rule – PHE telehealth flexibilities extended through December 2025

For additional coding information, see other available AAP Coding Resources.

While every effort has been made to ensure the accuracy of this product, the American Academy of Pediatrics (AAP) does not guarantee that it is accurate, complete, or without error. The recommendations herein do not indicate an exclusive course of treatment or serve as a standard of medical care.

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