

Billing for Telehealth vs. In-Person Visits: A Comparison of Reimbursement Rates

Reimbursement Rates: Are They the Same?

Medicare:

Reimburses telehealth and in-person visits at the same rate for most services (some exceptions).

Audio-only services now billed differently; use modifier **93** for **audio-only if allowed**.

Private Payers:

Varying policies: some offer rate parity, others **reimburse less for telehealth**.



Common CPT Codes & Average Reimbursement (Updated for 2025)

CPT Code	Service	In-Person Rate	Telehealth Rate
99213	Office Visit (15–29 min)	\$92	\$92 (Medicare)
98012	Audio-only (est. patient, 5–10 min)	N/A	\$45 (varies by payer)
99214	Office Visit (30–39 min)	\$136	\$136 (Medicare)

Note: 99441–99443 deleted as of Jan 1, 2025. Use 98008–98015 instead for audio-only. Medicare prefers modifier 93 with standard E/M codes for audio-only services.



Telehealth Visits

POS: **02** (telehealth other than home), **10** (home)
Modifiers: **95**, **GT**, or **93** (for audio-only)

Modifiers and Place of Service (POS)



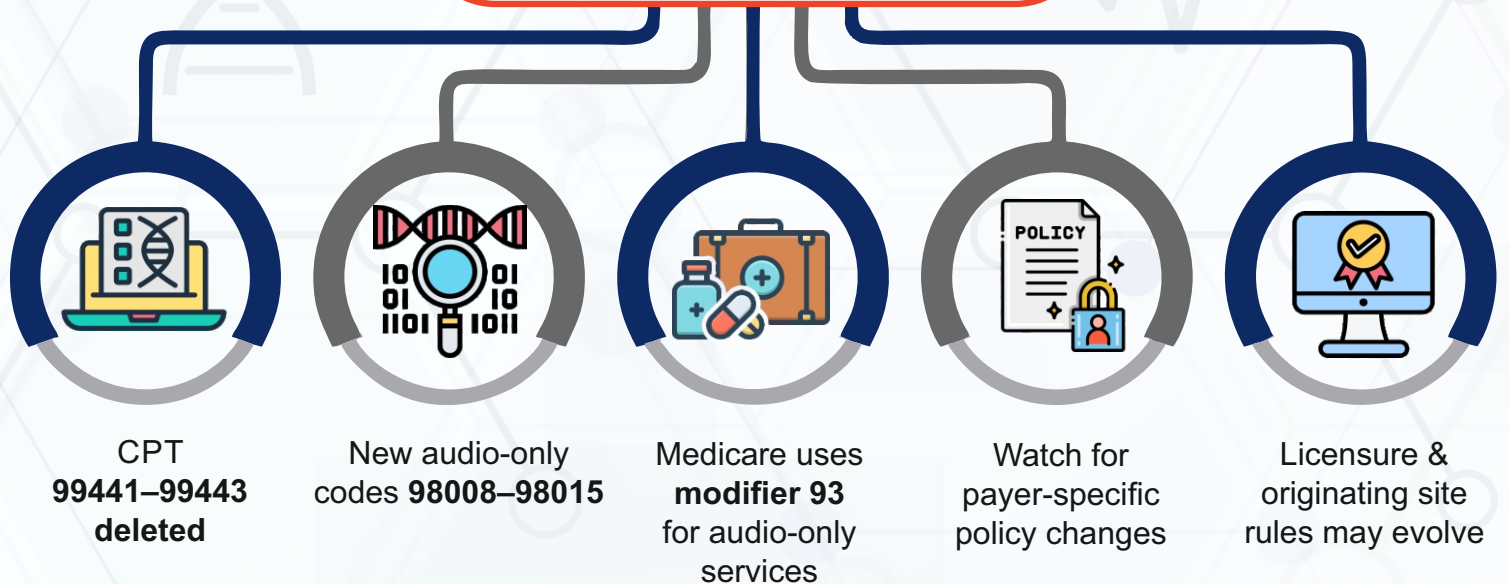
In-Person Visits

POS: **11** (office), **22** (outpatient hospital)
Modifier: Not typically needed

Key Billing Differences

Category	Service	In-Person Rate
Modifier Needed	Yes (95, GT, or 93)	Usually not required
Location Flexibility	Home, clinic, mobile	Clinical setting required
Audit Focus	Tech compliance, consent	Documentation completeness

What to Watch for in 2025



Tip: Regularly verify payer updates, use correct codes/modifiers, and document audio-only visits carefully. Need help understanding payer requirements or improving your reimbursement strategy?

Connect with 24/7 Medical Billing Services today to make sure you're capturing every dollar you deserve.