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In June, Telehealth Utilization Increased Nationally and in Every Region but the Midwest, Where It Decreased

Mental Health Conditions Fell As A Percentage Of Telehealth Claim Lines Nationally And In Every Region But The Midwest, Where It Stayed The Same

Family Practice Supplanted Psychiatry As The Second Most Common Telehealth Provider Specialty Nationally; Social Worker Remained The Most Common Specialty

NEW YORK, NY—September 16, 2024—In June 2024, telehealth utilization increased nationally and in the West, Northeast and South, but decreased in the Midwest, according to FAIR Health's [Monthly Telehealth Regional Tracker](#). Nationally, telehealth claim lines rose from 4.82 percent of medical claim lines in May to 4.89 percent in June, an increase of 1.5 percent.¹ In the West, the telehealth share of medical claim lines increased 1.4 percent; in the Northeast, it rose 0.8 percent; and in the South, it rose 0.3 percent. In the Midwest, the telehealth share of medical claim lines fell 1.7 percent. The data represent the commercially insured population, excluding Medicare Fee-for-Service, Medicare Advantage and Medicaid.

Diagnostic Categories

Nationally and in the Northeast, South and West, from May to June 2024, mental health conditions fell in percent of telehealth claim lines. The largest decrease was in the Northeast, where it fell from 77.2 to 76.0 percent. In the Midwest, however, the percent of telehealth claim lines stayed the same (72.6 percent). Mental health conditions remained the top-ranking diagnostic category nationally and in every region, accounting for over 50 percent of telehealth claim lines everywhere.

Nationally, endocrine and metabolic disorders rose to second position among diagnostic categories in June 2024 from third position in May, while acute respiratory diseases and infections fell to third position from second.

Specialties

From May to June 2024, at the national level, family practice supplanted psychiatry to become the second most common in the rankings of the top five telehealth provider specialties. In the Midwest, nurse practitioner rose from fourth to third position, while psychiatric nurse fell from third to fourth. The rankings of the top five telehealth provider specialties remained unchanged in the Northeast, South and West.



There was no change in the rankings of the top five mental health diagnoses from May to June 2024. Nationally and in every region, the top five mental health diagnoses in both months were: generalized anxiety disorder, major depressive disorder, adjustment disorders, attention-deficit/hyperactivity disorder and post-traumatic stress disorder. Together, generalized anxiety disorder and major depressive disorder accounted for more than 50 percent of mental health telehealth claim lines nationally and in every region in both months.

Age

In June 2024, as in May, the age group 31-40 accounted for the largest share of telehealth claim lines nationally and in all regions, while the age group 19-30 accounted for the second largest share everywhere. In both months, the age groups 19-30 and 31-40 each accounted for between 20 and 30 percent of telehealth claim lines nationally and in every region.

Costs

Nationally and in every region but the Midwest, the median allowed amount² for CPT^{®3} 99204 (new patient office or other outpatient visit with moderate level of medical decision making; if using time, 45 minutes or more) in June 2024 was higher when rendered via telehealth than in an office. The highest values for both telehealth (\$221) and office (\$219) occurred in the Northeast. In the South, the telehealth cost was \$189 and the office cost was \$179; in the West, the telehealth cost was \$201 and the office cost \$198. In the Midwest, the telehealth cost was lower (\$188) than the office cost (\$208). Nationally, the telehealth cost was \$196 and the office cost \$194.

About the Monthly Telehealth Regional Tracker

Launched in May 2020 as a free service, the Monthly Telehealth Regional Tracker uses FAIR Health data to track how telehealth is evolving from month to month. An interactive map of the four US census regions allows the user to view an infographic on telehealth in a specific month in the nation as a whole or in individual regions. Each year, the infographic introduces varied views into telehealth utilization. In this fifth iteration of the Monthly Telehealth Regional Tracker, each infographic shows month-to-month changes in volume of telehealth claim lines; that month's top five diagnostic categories, mental health diagnoses and specialties; age distribution; and the Place of Service Cost Corner, which compares median allowed amounts for a specific procedure provided via telehealth to the same procedure provided in an office.

FAIR Health President Robin Gelburd stated: "We are happy to share these varying windows into telehealth utilization as it continues to evolve. This is one of the many ways we pursue our healthcare transparency mission."

For the Monthly Telehealth Regional Tracker, [click here](#).

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¹ A claim line is an individual service or procedure listed on an insurance claim.



deductible).

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About FAIR Health

FAIR Health is a national, independent nonprofit organization that qualifies as a public charity under section 501(c)(3) of the federal tax code. It is dedicated to bringing transparency to healthcare costs and health insurance information through data products, consumer resources and health systems research support. FAIR Health possesses the nation's largest collection of commercial healthcare claims data, which includes over 50 billion claim records and is growing at a rate of over 3 billion claim records a year. FAIR Health licenses its commercial data and data products—including benchmark modules, data visualizations, custom analytics and market indices—to commercial insurers and self-insurers, employers, providers, hospitals and healthcare systems, government agencies, researchers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a national Qualified Entity, FAIR Health also receives data representing the experience of all individuals enrolled in traditional Medicare Parts A, B and D, which accounts for a separate collection of over 50 billion claim records; FAIR Health includes among the commercial claims data in its database, data on Medicare Advantage enrollees. FAIR Health can produce insightful analytic reports and data products based on combined Medicare and commercial claims data for government, providers, payors and other authorized users. FAIR Health's systems for processing and storing protected health information have earned HITRUST CSF certification and achieved AICPA SOC 2 Type 2 compliance by meeting the rigorous data security requirements of these standards. As a testament to the reliability and objectivity of FAIR Health data, the data have been incorporated in statutes and regulations around the country and designated as the official, neutral data source for a variety of state health programs, including workers' compensation and personal injury protection (PIP) programs. FAIR Health data serve as an official reference point in support of certain state balance billing laws that protect consumers against bills for surprise out-of-network and emergency services. FAIR Health also uses its database to power a free consumer website available in English and Spanish, which enables consumers to estimate and plan for their healthcare expenditures and offers a rich educational platform on health insurance. An English/Spanish mobile app offers the same educational platform in a concise format and links to the cost estimation tools. The website has been honored by the White House Summit on Smart Disclosure, the Agency for Healthcare Research and Quality (AHRQ), URAC, the eHealthcare Leadership Awards, appPicker, *Employee Benefit News* and *Kiplinger's Personal Finance*. For more information on FAIR Health, visit fairhealth.org.

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