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# In December, Telehealth Utilization Increased Nationally and in Every Region Except the West, Where It Decreased



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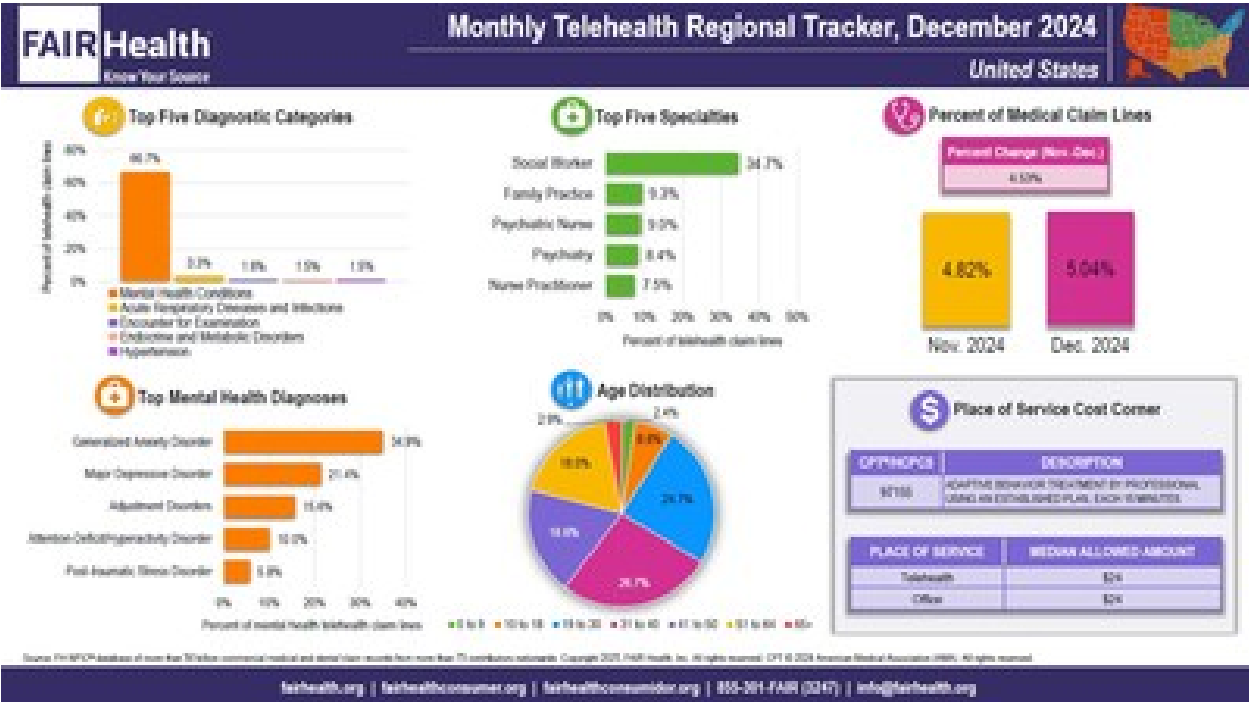
**In December, Telehealth Utilization Increased Nationally and in Every Region Except the West, Where It Decreased**

PR Newswire

NEW YORK, March 13, 2025

*Developmental Disorders Fell Out of the National Top Five Telehealth Diagnostic Categories for First Time in 2024*

NEW YORK, March 13, 2025 /PRNewswire/ -- In December 2024, telehealth utilization increased nationally and in every region except the West, where it decreased, according to FAIR Health's [Monthly Telehealth Regional Tracker](#). Nationally, telehealth claim lines<sup>1</sup> increased from 4.82 percent of medical claim lines to 5.04 percent, a 4.5 percent increase. In the Midwest, the increase was 5.6 percent; in the Northeast it was 3.1 percent; and in the South it was 4.7 percent. In the West, however, telehealth claim lines decreased by 0.9 percent. The data represent the commercially insured population, excluding Medicare Fee-for-Service, Medicare Advantage and Medicaid.



Diagnostic Categories

In December, developmental disorders fell out of the national top five telehealth diagnostic categories for the first time in 2024. In the Midwest and West, this diagnostic category also fell in the rankings in December. In the Midwest, it fell from fourth to fifth position, and in the West, it fell from third to fourth. In the Northeast, however, it remained ranked in third position, and in the South, it remained absent from the top five rankings, as it had for all of 2024.

In the Northeast, for the first time in 2024, overweight and obesity dropped out of the top five telehealth diagnostic categories in December; it had been ranked in fifth position in November.

Continuing the trend noted in November, acute respiratory diseases and infections increased in its percent of telehealth claim lines nationally and in every region in December.

Mental health conditions remained in first position in December, nationally and in every region, as for all the earlier months of 2024.

Specialties

From November to December 2024, at the national level, and in the West, there were no changes in the rankings of the top five telehealth provider specialties. In the Midwest, psychiatric nurse fell from second to third position, while in the South it fell from third to fourth. In both regions, this specialty was replaced by nurse practitioner,

which rose from fourth to second position in the Midwest and from fourth to third in the South. Psychologist fell from third to fourth in the Midwest. In the Northeast, psychiatric nurse rose from fourth to third position, switching rankings with psychologist, which fell from third to fourth.

Social worker remained in first position nationally and in all regions in December, varying from 29.8 percent of telehealth claim lines in the South to 40.1 percent in the Midwest.

### **Mental Health Diagnoses**

There was no change in the rankings of the top five mental health diagnoses from November to December 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.

### **Utilization by Age**

In December 2024, as in November, 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, these two age groups each accounted for between 20 and 30 percent of telehealth claim lines nationally and in every region.

### **Monthly Cost Spotlight**

Nationally, the median allowed amount<sup>2</sup> for CPT<sup>®</sup> 97155 (adaptive behavior treatment by professional using an established plan, each 15 minutes) in December 2024 was the same when rendered via telehealth and in an office. In the Midwest, Northeast and West, however, the telehealth cost was higher than the office cost, and in the South, the reverse was true. Nationally, the telehealth and office cost were both \$24. In the Midwest, the telehealth cost was \$22, and the office cost was \$21; in the Northeast, the telehealth cost was \$26, while the office cost was \$24; and in the West, the telehealth cost was \$28 and the office cost was \$26. But in the South, the telehealth cost (\$23) was lower than the office cost (\$24).

### **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.

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

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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](https://fairhealth.org).

**Contact:**

Rachel Kent  
Executive Director of Communications and Marketing  
FAIR Health  
646-396-0795  
[rkent@fairhealth.org](mailto:rkent@fairhealth.org)

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

2 An allowed amount is the total fee paid to the provider under an insurance plan. It includes the amount that the health plan pays and the part the patient pays under the plan's in-network cost-sharing provisions (e.g., copay or coinsurance if the patient has met the deductible).

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