

In November, Acute Respiratory Diseases and Infections Increased in Percent of Telehealth Claim Lines Nationally and in Every Region

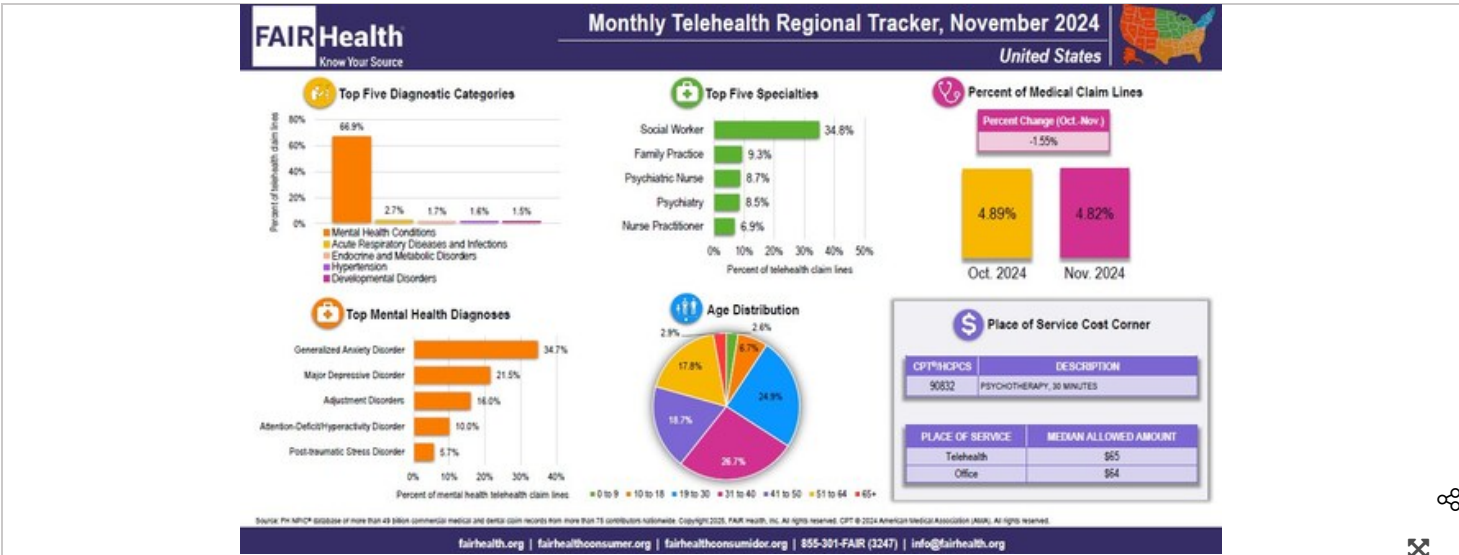
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Hypertension Rose Nationally from Fifth to Fourth Position in Top Five Telehealth Diagnostic Categories

Telehealth Utilization Decreased Nationally and in South and Northeast, but Increased in West and Midwest

NEW YORK, Feb. 13, 2025 /PRNewswire/ -- In November 2024, acute respiratory diseases and infections increased in percent of telehealth claim lines¹ in the top five telehealth diagnostic categories nationally and in every region, according to FAIR Health's **Monthly Telehealth Regional Tracker**. At the national level, acute respiratory diseases and infections increased from 1.9 percent of telehealth claim lines in October to 2.7 percent in November, a 37.9 percent increase. In the Northeast, the rise was 43.5 percent; in the South, it was 29.9 percent; and in the Midwest, it was 13.9 percent. This diagnostic category did not change rank anywhere except the West, where an increase of 39.4 percent brought it from 10th position in October (at 1.1 percent of telehealth claim lines) to 5th position in November (at 1.6 percent), so that it rejoined the top five in that region for the first time since April 2024. The data represent the commercially insured population, excluding Medicare Fee-for-Service, Medicare Advantage and Medicaid.

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Hypertension rose from fifth to fourth position in the national top five telehealth diagnostic categories in November, replacing developmental disorders, which fell to fifth position. In the South, hypertension also increased, rising from fifth to fourth position and replacing endocrine and metabolic disorders, which fell to fifth position.

As in previous months, nationally and in every region, mental health conditions remained in first position in November.

Utilization

Nationally, telehealth claim lines decreased from 4.89 percent of medical claim lines in October to 4.82 percent in November, a decrease of 1.6 percent. In the South, the decrease was 1.9 percent, and, in the Northeast, it was 1.0 percent. In the West, however, telehealth utilization increased 4.0 percent, and, in the Midwest, it increased 3.8 percent.

Specialties

From October to November 2024, at the national level, family practice rose from fourth to second position in the top five telehealth provider specialties, displacing psychiatric nurse and psychiatrist, which fell from second and third position to third and fourth, respectively. Nurse practitioner reentered the national rankings in November for the first time since September, replacing psychologist in fifth position. In the Midwest, psychiatric nurse rose from third to second position, while psychologist dropped from second to third. The rankings of the top five telehealth provider specialties remained unchanged in the Northeast, South and West.

Social worker remained in first position nationally and in all regions in November, varying from 30.2 percent of telehealth claim lines in the South to 41.9 percent in the Midwest.

Mental Health Diagnoses

There was no change in the rankings of the top five mental health diagnoses from October to November 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 November 2024, 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 and in the Midwest, the median allowed amount² for CPT^{®3} 90832 (psychotherapy, 30 minutes) in November 2024 was higher when rendered via telehealth than in an office. Nationally, the telehealth cost was \$65, while the office cost was \$64. In the Midwest, the telehealth cost was \$64 and the office cost was \$62. In the South, the telehealth cost and the office cost were both \$58, while in the Northeast, both were \$66. In the West, however, the telehealth cost (\$70) was lower than the office cost (\$72).

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 49 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 49 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.

Contact:

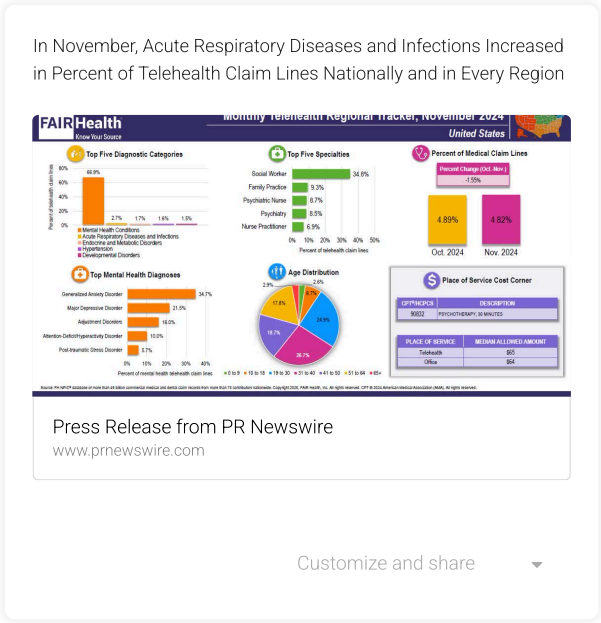
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¹ A claim line is an individual service or procedure listed on an insurance claim.

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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