

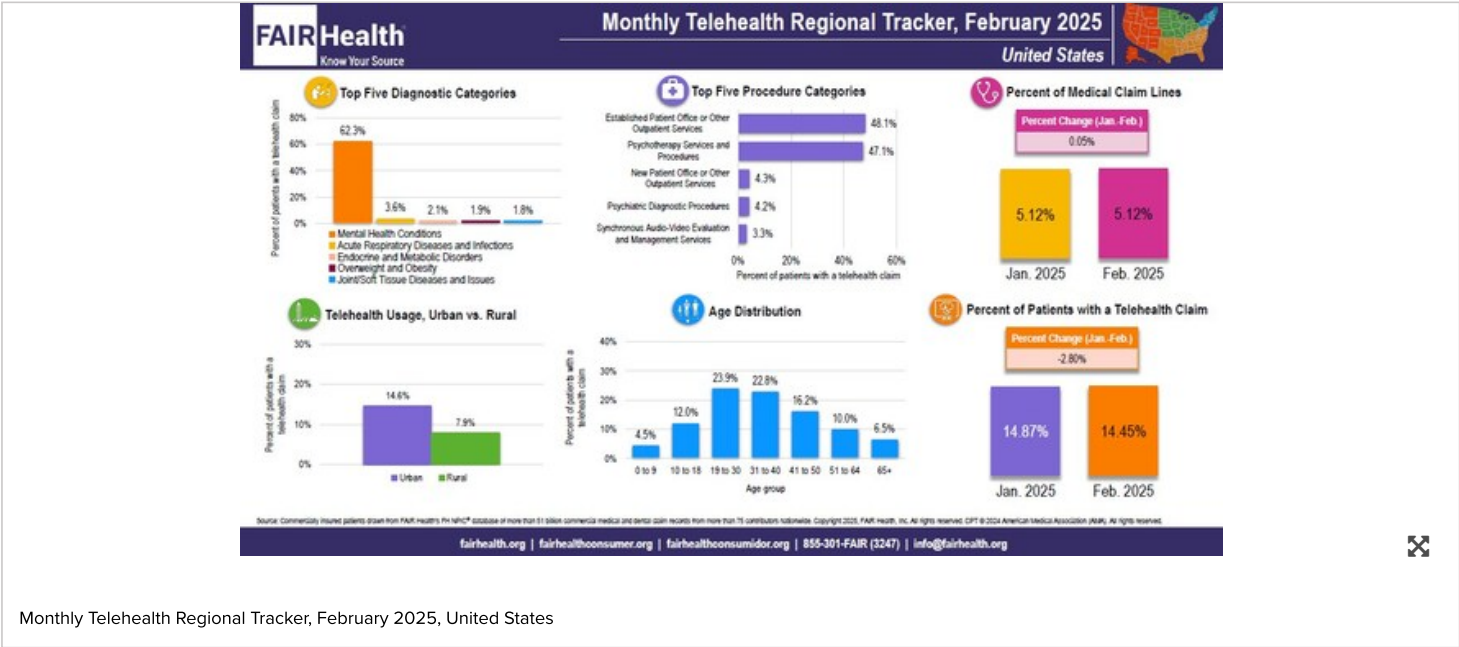
# Overweight and Obesity Entered the National Top Five Telehealth Diagnostic Categories in February 2025

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**FAIR Health** →  
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*In February, the Percentage of Patients with a Telehealth Claim Decreased Nationally and in Every Region*

NEW YORK, May 14, 2025 /PRNewswire/ -- Overweight and obesity entered the national top five telehealth diagnostic categories in February 2025 in fourth position, according to FAIR Health's **Monthly Telehealth Regional Tracker**. At the national level, this diagnostic category accounted for 1.9 percent of patients with a telehealth claim. In the Midwest and Northeast US census regions, overweight and obesity ranked as the third most common diagnostic category in both January and February, and in the West, it entered the rankings in fifth position in February; it was not ranked in the South in either month. The data represent the commercially insured population, excluding Medicare Fee-for-Service, Medicare Advantage and Medicaid.

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Monthly Telehealth Regional Tracker, February 2025, United States



Mental health conditions remained the top diagnostic category nationally and in every region in February. This category accounted for 62.3 percent of patients with a telehealth claim nationally, up from 58.5 percent in January. Regionally, in February, the percentage varied from 67.9 percent in the Northeast to 56.7 percent in the South.

**Utilization**

In February 2025, **the percentage of patients with a telehealth claim** decreased nationally and in every region. Nationally, that percentage decreased from 14.9 percent of patients in January to 14.5 percent in February, a 2.8 percent drop. Regionally, the decreases varied from 2.6 percent in the South to 4.3 percent in the West.

During the same period, **telehealth claim lines** increased as a percentage of all medical claim lines nationally and in the South but decreased everywhere else. Nationally, the percentage increased 0.05 percent, from 5.119 percent in January to 5.122 percent in February. In the South, telehealth claim lines increased 3.8 percent. The decreases varied from 6.2 percent in the Northeast to 3.1 percent in the West and 0.8 percent in the Midwest.

**Urban versus Rural**

As in January, in February 2025, telehealth utilization was higher in urban than rural areas nationally and in all four regions.<sup>1</sup> Nationally, 14.6 percent of patients in urban areas used telehealth, compared to 7.9 percent in rural areas. The largest difference occurred in the West, where the percentage of urban patients using telehealth (18.2 percent) was more than double the percentage of rural patients (8.3 percent). The smallest difference was found in the Northeast, where the urban share (16.3 percent) was 1.4 times the rural share (11.6 percent).

**Age Distribution**

As in January, in February 2025, the age groups 19-30 and 31-40 accounted for the largest percentages of patients with a telehealth claim nationally and in every region. On the national level, 23.9 percent of patients in the age group 19-30 had a telehealth claim, and 22.8 percent of patients in the age group 31-40 had a telehealth claim. Nationally and in every region, the age groups 0-9 and 65 and older accounted for the smallest shares (less than 10 percent each) of patients with a telehealth claim.

**Procedure Categories**

In February 2025, established patient office or other outpatient services, and psychotherapy services and procedures, were, as in January, the top two procedure categories nationally and in every region. The order of the two varied by region. Nationally and in the South and West, established patient office or other outpatient services ranked first; in the Midwest and Northeast, psychotherapy services and procedures ranked first. On the national level, established patient office or other outpatient services (including those for mental health conditions) accounted for 48.1 percent of patients with a telehealth claim (down from 50.6 percent in January), while psychotherapy services and procedures accounted for 47.1 percent (up from 44.2 percent).

**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 sixth iteration of the Monthly Telehealth Regional Tracker, each infographic shows month-to-month

changes in telehealth utilization, both through telehealth's percentage of medical claim lines and percent of patients with a telehealth claim; that month's top five diagnostic categories; top five procedure categories; age distribution, which captures the percentage of patients within each age group with a telehealth claim; and urban versus rural telehealth usage.

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 51 billion claim records and is growing at a rate of about 4 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 51 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).

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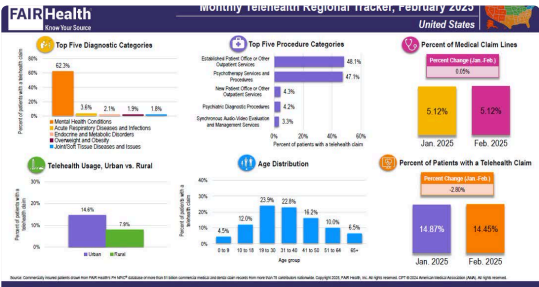
[rkent@fairhealth.org](mailto:rkent@fairhealth.org)

<sup>1</sup> Each telehealth service was attributed to a rural/urban designation in a region based on the patient's medical service area, which FAIR Health determines based on the unique geographical pattern of services utilized by the patient.





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