

Telehealth Utilization Decreased Nationally and in Every US Census Region in September

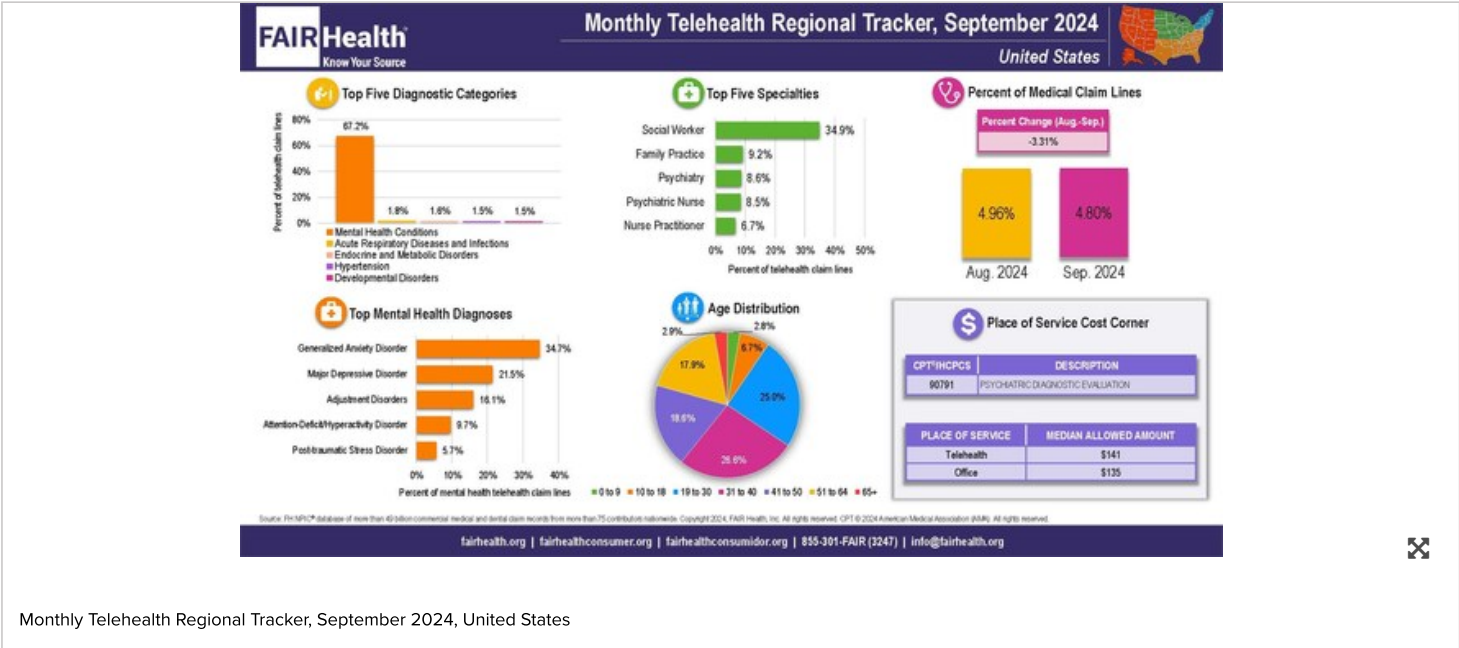
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Age Group 19-30 Had Largest Share of Telehealth Claim Lines in Midwest for First Time Since April

Abnormal Blood-Pressure Reading Entered the Top Five Telehealth Diagnostic Categories in West for First Time This Year

NEW YORK, Dec. 16, 2024 /PRNewswire/ -- In September 2024, telehealth utilization decreased nationally and in every US census region after increasing in August, according to FAIR Health's **Monthly Telehealth Regional Tracker**. Nationally, telehealth claim lines¹ dropped from 4.96 percent of medical claim lines in August to 4.80 percent in September, a decrease of 3.3 percent. In the West, the telehealth share of medical claim lines decreased 5.4 percent; in the South and Northeast, it dropped 1.5 percent; and in the Midwest, it fell 2.8 percent. The data represent the commercially insured population, excluding Medicare Fee-for-Service, Medicare Advantage and Medicaid.

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Monthly Telehealth Regional Tracker, September 2024, United States



Diagnostic Categories

In the West, for the first time in 2024, abnormal blood-pressure reading² entered the top five telehealth diagnostic categories in September. In fifth position, this diagnostic category accounted for 1.5 percent of telehealth claim lines.

At the national level and in every region, mental health conditions remained the most common diagnostic category. Nationally, acute respiratory diseases and infections moved up from third to second position in the top five, while endocrine and metabolic disorders moved down from second to third. Developmental disorders fell from fourth to fifth position, replaced by hypertension, which entered the rankings again in September after falling out in August. Overweight and obesity, which had joined the national top five for the first time in 2024 in August, fell out of the rankings in September.

Utilization by Age

In both August and September, the age groups 19-30 and 31-40 accounted for the two largest shares of telehealth claim lines—between 20 and 30 percent—nationally and in every region. In the Midwest, the age group 19-30 had the largest share of telehealth claim lines for the first time since April. In that region, the age group 19-30 accounted for 26.8 percent of telehealth claim lines in both August and September. However, the share of claim lines associated with the age group 31-40 fell from 26.9 percent in August to 26.7 percent in September.

Mental Health Diagnoses

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

Specialties


From August to September 2024, at the national level, psychiatric nurse fell from third to fourth position in the top five telehealth provider specialties, while psychiatrist rose from fourth to third. In the South, nurse practitioner fell from third to fourth position, while psychiatric nurse rose from fourth to third. The rankings of the top five telehealth provider specialties remained unchanged in the Midwest, Northeast and West.

Social worker remained in the first position nationally and in all regions, varying from 30.0 percent of claim lines in the South, to 41.7 percent in the Midwest.

Monthly Cost Spotlight

Nationally and in the Midwest, South and West, the median allowed amount³ for CPT^{®4} 90791 (psychiatric diagnostic evaluation) in September 2024 was higher when rendered via telehealth than in an office. The national cost via telehealth was \$141, and in an office \$135. In the Midwest, the telehealth cost was \$142, and the office cost was \$138. In the South, the telehealth cost was \$131, while the office cost was \$125 and, in the West, the telehealth cost was \$146 and the office cost was \$135. In the Northeast, however, the office cost (\$152) was higher than the telehealth cost (\$150).

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.

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- 1 A claim line is an individual service or procedure listed on an insurance claim.
- 2 This category refers to an episode of elevated blood pressure in a patient with no formal diagnosis of hypertension, or an isolated incidental finding.
- 3 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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