

Special Bulletin

For professional and facility providers

October 31, 2022

2023 Telehealth Billing and Coding

In 2023, all New York providers will be adopting Highmark's telehealth reimbursement policy. This policy can be found [here](#) and will be **effective January 30, 2023**.

Proper Use of Modifiers

As a reminder, when conducting telehealth visits please use the correct modifiers and place of service (POS) codes below:

When conducting virtual visits, include one of the following:

- **Place of Service (POS) 02** – The patient is in a location outside of their home at the time they received telehealth services.
- **POS 10** – The patient is in their home (a location other than a hospital or other facility) at the time they received telehealth services.

Use when appropriate:

- **Audio with video visits** (99212–5) should have either a **GT or 95 modifier** (whichever is most appropriate).
- **Telephone (audio only)** Evaluation and Management (E&M) codes must include **modifier 93**.

Coding and Reimbursement Post PHE

Throughout the COVID-19 pandemic, some E&M and telehealth codes were reimbursed as fee for service (FFS) during the federal public health emergency (PHE).

These codes will no longer be paid FFS 151 days after the end of the federal PHE.

Codes 99441-3 and 98966-8 will revert to no separate fee (NSF)/not separately reimbursed for your Highmark commercial and Medicare Advantage patients.

BestPractice Providers

For BestPractice providers, codes 99441-3 and 98966 will revert from FFS to capitated. Codes 98967-8 will revert to NSF/not separately reimbursed.

We will continue to monitor federal guidelines and provide advance notice to you on these changes.

The updated Highmark telehealth reimbursement policy will be posted on October 31 on the **Provider Resource Center > CLAIMS, PAYMENT, & REIMBURSEMENT > Reimbursement Policy > [RP-046](#)**.

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