April 27, 2020

Delaware Health & Social Services (DHSS)/ Division of Medicaid & Medical Assistance (DMMA) COVID-19 Telehealth Expansion Fee Schedule for DMAP Providers

Effective dates: March 18, 2020 through the end of the COVID-19 public health emergency unless otherwise noted.

These are specific to DMAP Fee-for-Service providers only.

Originating Site Fees should continue to be billed according to current policy. If the Health Care Provider at the Originating Site is making a room and telecommunications equipment available, the provider may bill for an Originating Facility Fee using code Q3014.

Interactive Telehealth Services should continue to be billed according to current policy. Distant Site/Rendering Providers billing for *Interactive Telehealth Services* should continue to bill their appropriate Usual & Customary charge for the service provided and use Place of Service Value 02 for all Telehealth charges.

All new telephonic, remote patient monitoring, and store & forward codes that are opened during the COVID-19 Pandemic must also be billed with place of service 02. These codes are listed below.

Code	Description	Facility Rate	Non-Facility Rate
99441	Telephonic Services provided by a physician or other qualified health professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	$13.23	$14.32
99442	Telephonic Services provided by a physician or other qualified health professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	$26.46	$27.90
99443	Telephonic Services provided by a physician or other qualified health professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	$39.33	$40.77
98966	Telephonic Services provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	$13.23	$14.32
98967	Telephonic Services provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	$26.46	$27.90

98968	Telephonic Services provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	$39.33	$40.77
G0249	Provision of test materials and equipment for INR monitoring of patient with either mechanical heart valve(s), chronic arterial fibrillation, or venous thromboembolism who meets Medicare Coverage Criteria; includes provision of materials in the home and reporting of test results to physician; testing not occurring more frequently than once/wk; billing units of service include 4 tests.	N/A	$59.22
G0250	Physician review, interpretation, and patient monitoring of home INR testing for patient with either mechanical heart valve(s), chronic arterial fibrillation, or venous thromboembolism who meets Medicare Coverage Criteria; testing not occurring more frequently than once/wk; billing units of service include 4 tests.	N/A	$9.29
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified healthcare professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results.	N/A	$66.44
93793	Anticoagulation management for patients taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR)test results, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed.	N/A	$11.82