

Delaware

Medicaid Program: Delaware Medical Assistance Program (DMAP)

Program Administrator: Delaware Health and Social Services Dept., Division of Social Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia

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Medicaid Telehealth Reimbursement	Summary	<p>The website that houses Delaware Medicaid’s provider manuals is currently listed as “Under Repair”. CCHP was able to verify information of currently cited manuals through a personal email with DE Medicaid.</p> <p>Source: <i>State of Delaware, Medicaid Publications. Manuals, Bulletins and Forms. (Accessed Sept. 2019).</i></p> <p>Delaware Medical Assistance Program (DMAP) reimburses for live video telemedicine for certain providers and for patients at specific sites. DMAP does not reimburse for store-and-forward and makes no reference to remote patient monitoring.</p>
	Definitions	<p>Telemedicine is a cost-effective alternate to face-to-face encounters where access to care is compromised due to the lack of available service providers in the patient’s geographical location. This definition is modeled on Medicare’s definition for telehealth services located at 42 CFR Sec. 410.78. Note that the Federal Medicaid statute does not recognize telemedicine as a distinct service.</p> <p>For purposes of DMAP, telemedicine is the use of medical or behavioral health information exchanged from one site to another site via an electronic interactive (two-way, real time) telecommunications system to improve a patient’s health.</p> <p>Source: <i>DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/2019. Ch. 16 Telemedicine (Accessed Sept. 2019 via personal email).</i></p>
	Live Video	<p>DE Medicaid reimburses for live video telemedicine services for up to three different consulting providers for separately identifiable telemedicine services provided to a member per date of service.</p> <p>Source: <i>DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine, Sec. 16.8.2 (Accessed Sept. 2019 via personal email).</i></p> <p>The GT modifier (which indicates the service occurred via interactive audio and video telecommunication system) can be used for Early and Periodic Screening, Diagnostic and Treatment Services through the School Based Health Services program.</p> <p>Source: <i>DE School Based Health Services Specific Policy Manual, pg. 53 (Apr. 1, 2016). (Accessed Sept. 2019 via personal email).</i></p>



Policy

The referring provider is not required to be present at the originating site, however the recipient of the services must be present.

Reimbursement to the referring provider will only occur when providing a separately identifiable covered service.

Source: DE Medical Assistance Program. *Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine* (Accessed Sept. 2019 via personal email).

The recipient:

- must be able to verbally communicate, either directly or through a representative, with the originating and distant site providers,
- must be able to receive services via telemedicine, and
- must have provided consent for the use of telemedicine.

Source: DE Medical Assistance Program. *Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine* (Accessed Sept. 2019 via personal email).

Eligible Services / Specialties

Interactive audio and video telecommunications can be used for group physical therapy in the Early and Periodic Screening, Diagnostic and Treatment Services through the School Based Health Services program.

Source: DE School Based Health Services Specific Policy Manual, pg. 53 (Apr. 1, 2016). (Accessed Mar. 2019; Inaccessible in Sept. 2019).

Eligible Providers

Eligible distant site providers include:

- Inpatient/outpatient hospitals (including ER)
- Physicians (or PAs under the physician’s supervision)
- Certified Nurse Practitioners
- Nurse Midwives
- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors of Mental Health
- Speech Language Therapists
- Audiologists
- Other providers as approved by the DMAP

Source: DE Medical Assistance Program. *Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine* (Accessed Sept. 2019 via personal email).



Eligible Sites

An originating site refers to the facility in which the Medicaid patient is located at the time the telemedicine service is being furnished. It can include a Medical Facility site or Medical Professional Site.

Medical Facility Sites:

- Outpatient Hospitals
- Inpatient Hospitals
- Federally Qualified Health Centers
- Rural Health Centers
- Renal Dialysis Centers
- Skilled Nursing Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Intermediate Care Facilities/Institutions for Mental Diseases (ICF/IMDs)
- Outpatient Mental Health/Substance Abuse Centers/Clinics
- Community Mental Health Centers/Clinics
- Public Health Clinics
- PACE Centers
- Assisted Living Facilities
- School-Based Wellness Centers
- Patient’s Home
- Other Sites as approved by DE Medicaid

Medical Professional Sites:

- Physicians (or Physicians Assistants under the supervision of a physician)
- Certified Nurse Practitioners
- Medical and Behavioral Health Therapists

Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine (Accessed Sept. 2019 via personal email).

Geographic Limits

No reference found.

Facility/Transmission Fee

A facility fee for the following originating site providers is covered.

Facility fees for the distant site are not covered.

Only one facility fee is permitted per date, per member.

Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine (Accessed Sept. 2019 via personal email).



Medicaid Telehealth Reimbursement

		Store-and-Forward
Remote Patient Monitoring	Policy	<p>Asynchronous or “store-and-forward” applications do not meet the DMAP definition of telemedicine.</p> <p>Source: DE Medical Assistance Program. <i>Practitioner Provider Specific Manual</i>, 2/1/19. Ch. 16 Telemedicine (Accessed Sept. 2019 via personal email).</p>
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>Telephone, chart review, electronic mail messages, facsimile transmissions or internet services for online medical evaluations are not considered telemedicine.</p> <p>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine (Accessed Sept. 2019 via personal email).</p>	
Consent	<p>Recipient must provide written consent to use telemedicine. It must be obtained by either the referring, consulting, or distant provider. An exception is made for involuntary detention and commitment. An exception applies when a DMAP recipient is detained or committed to a facility for care.</p> <p>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine (Accessed Sept. 2019 via personal email).</p>	
Out of State Providers	<p>The Distant site provider must be located within the continental US and enrolled in the DE Medicaid program or in a DE Medicaid Managed Care Organization to be reimbursed for services.</p> <p>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine pg. 77 & 81. (Accessed Sept. 2019 via personal email).</p>	



Provider manual lays out three different models for prescribing:

- **First Model:** Distant site provider consults with referring provider about appropriate medication. Referring provider executes prescription.
- **Second Model:** Consulting provider works with medical professional at the originating site to provide front line care, including prescription writing.
- **Third Model:** The consulting provider prescribes and sends/calls-in the initial prescription.

For stimulants, narcotics and refills, hard copy prescriptions can be written and sent via delivery service to the referring site for the consumer to pick up a couple days after the appointment (see manual for more details).

Source: DE Medical Assistance Program. *Practitioner Provider Specific Manual, 2/1/19. Ch. 16 Telemedicine, p. 83.* (Accessed Sept. 2019 via personal email).

Group and Blanket Insurance, & Health Insurance Contracts

Also applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Pharmacy, and Clinical Social Work

Telehealth means the use of information and communications technologies consisting of telephone, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

Source: Title 18, Sec. 3370; & Title 18, Sec. 3571R; DE Code Title 24, Sec. 1702, Sec. 502, Sec. 701, Sec. 1101, Sec. 1902, Sec. 2002, Sec. 2101, Sec. 2502, Sec. 3002, Sec. 3502, Sec. 2500, & Sec. 3902. (Accessed Sept. 2019).

Group and Blanket Insurance, & Health Insurance Contracts

Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support healthcare delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in the state, while such patient is at an originating site and the health care provider is at a distant site.

Source: Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Mar. 2019).

Private payers must provide coverage for the cost of health care services provided through telemedicine, and telehealth as directed through regulations by the Department. Insurers must pay for telemedicine services at the same rate as in-person. Payment for telemedicine must include reasonable compensation to the originating or distant site for the transmission cost.

Private payers may not impose an annual or lifetime dollar maximum on coverage for telemedicine services other than what would apply in the aggregate to all items and services covered under the policy. Additionally, no copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services may be imposed unless equally imposed on all terms and services under the policy.

Source: Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2019).



Private Payer Laws

Parity

Service Parity

A payer must reimburse the provider for the diagnosis, consultation, or treatment of the patient on the same basis as in-person services for telemedicine.

Source: Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2019).

Payment Parity

Insurers must pay for telemedicine services at the same rate as in-person.

Source: Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2019).

Professional Regulation/Health & Safety

Definitions

Applies to: Physical Therapy Therapy “Telehealth, as set forth in the Board’s rules and regulations, means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including physical therapy and athletic training related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including education, advice, reminders, interventions, and monitoring of intervention.”

Source: DE Code, Title 24, Sec. 2602. (Accessed Sept. 2019).

Applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Pharmacy, and Clinical Social Work “Telehealth” means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

Source: DE Code, Title 24, Sec. 2002. (Accessed: Sept. 2019).

Applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Mental Health, Chemical Dependency Professionals, Psychology, Dietetic and Nutrition Therapy, Clinical Social Work, and Professional Art Therapists Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support healthcare delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care by a licensee practicing within his or her scope of practice as would be practiced in-person with a patient and with other restrictions as defined in regulation.

Source: DE Code Title 24, Sec. 1702, Sec. 502, Sec. 701, Sec. 1101, Sec. 1902, Sec. 2002, Sec. 2101, Sec. 2502, Sec. 3002, Sec. 3060, Sec. 3502, Sec. 3802, & Sec. 3902 & DE Code Title 24, Chapter 30, Sec. 3002. (Accessed Sept. 2019).

Applies to: Mental Health and Chemical Dependency Professionals “Telemedicine” means a form of telehealth which is the delivery of clinical health-care services by means of real time 2-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support health-care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care by a licensee practicing within his or her scope of practice as would be practiced in-person with a patient and with other restrictions as defined in regulation.

Source: DE Code Title 24, Chapter 30, Sec. 3002. (Accessed Sept. 2019).

NOTE: DE Professional Boards each have a different definition of telehealth/telepractice/telemedicine. See Miscellaneous section for references.



Informed consent must be obtained to establish a physician-patient relationship over telehealth.

Source: Title 24, Sec. 1769D & DE Code Title 24, Sec. 1933.

Informed consent required by Boards (see regulation citations in Miscellaneous area).

Pharmacists are prohibited from dispensing prescription drug orders through an Internet pharmacy if the pharmacist knows that the prescription order was issued solely on the basis of an Internet consultation or questionnaire, or medical history form submitted to an Internet pharmacy through an Internet site.

Source: DE Code, Title 16 Sec. 4744(d)(1)(a). (Accessed Sept. 2019).

APRNs and Physicians

Establishing a proper provider-patient relationship includes:

- Verifying the location of requesting patient;
- Disclosing the provider's identity and credentials;
- Obtaining consent;
- Establishing a diagnosis through acceptable medical practices, including a physical exam;
- Discuss with patient the diagnosis;
- Ensure availability of distant site provider or coverage of patient for follow up care; and
- Provide written visit summary to patient.

Physician & APRNs

Without a prior patient-provider relationship, providers are prohibited from issuing prescriptions based on internet questionnaire, internet consult or a telephone consult.

Prescriptions through telemedicine and under a physician-patient relationship may include controlled substances, subject to limitations set by the Board.

Source: Title 24, Sec. 1769D(b) & DE Code Title 24, Sec. 1933(b)(4)(g). (Accessed Sept. 2019).

Physicians

Prior to a diagnosis and treatment, a physician using telemedicine must either provide:

- An appropriate in-person exam;
- Have another DE licensed practitioner at the originating site with the patient at the time of diagnosis;
- Diagnosis must be based using both audio and visual communication; or
- The service meets standards of establishing a patient-physician relationship included as part of evidenced-based clinical practice guidelines in telemedicine developed by major medical specialty societies.

After a relationship has been established, subsequent treatment of the same patient with the same physician need not satisfy the limitations of this section.

This section shall not limit the practice of radiology or pathology.

Source: Title 24, Sec. 1769D(h)(i)(j). (Accessed Sept. 2019).

A remote audio only examination is not an "appropriate in-person examination".

No opioid prescribing is permitted via telemedicine with the exception of addiction treatment programs offering medication assisted treatment that have received a Division of Substance Abuse and Mental Health (DSAMH) waiver to use telemedicine through DSAMH's licensure or renewal process. All other controlled substance prescribing utilizing telemedicine is held to the same standards of care and requisite practice as prescribing for in-person visits.

For formation of the physician-patient relationship using audio and visual communications, the audio and visual communications must be live, real-time communications.

Source: DE Admin Code. Sec. 1700. Sec. 19. (Accessed Sept. 2019)..



Member of Nurses Licensure compact.

Source: *NNurse Licensure Compact. Current NLC States and Status. (Accessed Mar. 2019).*

Member of Nurses Licensure compact.

Source: *PT Compact. Member States. (Accessed Sept. 2019).*

Member of Nurses Licensure compact.

Source: *PSYPACT. Legislative Updates. (Accessed Sept. 2019).*

Professional regulation with telehealth specific standards

- Physical Therapists and Athletic Trainers (**Source:** *DE Statute Title 24, Sec. 2602 (Accessed Sept. 2019).*)
- Board of Mental Health and Chemical Dependency Professionals (**Source:** *DE Admin. Code Title 24, Sec. 3002 (Accessed Sept. 2019).*)
- Board of Clinical Social Work Examiners (**Source:** *24 DAC 3902 & 3920 (Accessed Sept. 2019).*)
- Respiratory Care Practice Advisory Council (**Source:** *24 DAC 1769D (Accessed Sept. 2019).*)
- Board of Examiners in Optometry (**Source:** *24 DAC 2101 (Accessed Sept. 2019).*)
- Board of Occupational Therapy Practice (**Source:** *24 DAC 2002 (Accessed Sept. 2019).*)
- Board of Speech/Language Pathologists, Audiologists and Hearing Aid Dispensers (**Source:** *Source: 24 DAC 3706 (Accessed Sept. 2019).*)
- Board of Dietetics/Nutrition (**Source:** *24 DAC 3802 (Accessed Sept. 2019).*)
- Board of Dentistry and Dental Hygiene (**Source:** *24 DAC 1101 (Accessed Sept. 2019).*)
- Genetic Counselor Advisory Council (**Source:** *24 DAC 1799H (Accessed Sept. 2019).*)
- Pharmacy (**Source:** *24 DAC 2500 (Accessed Sept. 2019).*)

