

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 1 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

SCOPE

This policy applies to Delaware First Health (DFH) Claims operations, Configuration, telehealth providers, telehealth originating sites, and telehealth distant sites.

PURPOSE

This policy provides a description of the Telehealth program and services and defines the billing guidelines for Delaware First Health (DFH) providers to ensure accurate payment.

DEFINITIONS

- **Telehealth** means the use of information and communication technologies consisting of telephones, remote patient monitoring devices, or other electronic means to provide or support health care delivery. It occurs when the patient is at an originating site and the health care provider is at a distant site.
- **Telemedicine** is a subset of telehealth that is the delivery of clinical health care and other services, as authorized under Delaware Medicaid, by means of real-time two-way electronic interactive telecommunications system between the patient at the originating site and the health care provider is at the distant site. Two-way electronic interactive communications systems include audio, visual, or other telecommunication or electronic communication, including the application of secure video conferencing or store and forward transfer technology. Telemedicine facilitates the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health.
- **Remote patient monitoring** is the use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site. The information is then transmitted to a provider at a distant site for use in treatment and management of unstable/uncontrolled medical conditions that require frequent monitoring.
- **Distant site** means a site at which a health care provider is legally allowed to practice in the state is located while providing health-care services by means of telemedicine or telehealth.
- **Originating Site** refers to where the patient is located at the time health care services are provided to the patient by means of telehealth. An approved originating site may include the DMAP member's place of residence, day program, or alternate location in which the member is physically present, and telehealth can be effectively utilized.

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 2 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

POLICY

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. Note that the federal Medicaid statute does not recognize telemedicine as a distinct service.

Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine, they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service or physician services (under section 1905(a) of the Social Security Act).

PROCEDURE

DFH will reimburse services for appropriate providers delivered via telemedicine at the same rates as in-person delivered services.

Coverage for telehealth and telemedicine are limited to the types of services already considered a covered benefit under Delaware First Health plans and reimbursement for those services are based on that benefit determination. Coverages and reimbursements for telehealth services are limited to those services performed between a licensed clinician and a member/patient.

When a covered benefit, evaluation and management and consultation services delivered through telehealth may be reimbursed under the following conditions:

1. Professional services rendered via an interactive telecommunication system are only eligible for reimbursement to the rendering provider performing the telemedicine services. A provider rendering face-to-face care should report the appropriate codes for the in-person services.
2. The patient must be present at the time of all billed services. If state law requires a face-to-face examination PRIOR to the delivery of telemedicine services, the face-to-face services must be concluded and documented in the medical record prior to the initiation of any related telehealth visits.
3. The referring, consulting, or distant provider should obtain written valid consent from the member agreeing to participate in services

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 3 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

delivered via telemedicine. The member has the right to refuse these services at any time and must be made aware of any alternatives, including any delays in service, need to travel, or risks associated with not having services provided via telemedicine.

4. All services provided must be medically appropriate and necessary.
5. Prior authorization for telehealth-delivery is not required, but the distant site provider must obtain prior approval for any other covered services which would normally require prior authorization. This applies for participating and non-participating providers.
6. The consultation/evaluation and management service must take place via an interactive audio and/or video telecommunications system (unless exceptions are allowed by applicable laws). Interactive telecommunications systems must be multi-media communication which, at minimum, includes audio and video equipment permitting real-time (synchronous) consultation among the patient and practitioner at the originating site and the practitioner at the distant site.
7. Thorough, appropriate documentation of telemedicine services and other communications relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record.
8. Services billed which indicate telemedicine as the mode of service delivery but are not substantiated by either the claim form or written medical records are subject to disallowances in the course of an audit.

Critical Note: Valid consent is required to ensure that the member agrees to receive service via telehealth delivered service and to assure that the member retains a voice in their treatment. The member must be informed and given an opportunity to request an in-person assessment before receiving a telehealth service. The member's verbal consent must be documented in the member's record. DFH will not require written consent for the provision of telehealth services.

Benefit Limitations:

- DFH will reimburse up to three different consulting providers for separately identifiable telemedicine services provided to a member per date of service and only one originating facility fee is permitted per date per member.
- DFH will not reimburse the referring provider at the originating facility on the same date of service unless the referring provider is billing for a separate identifiable covered service. Medical records must document that

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 4 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

all of the components of the service being billed were provided to the recipient.

- Chart reviews, electronic mail messages, facsimile transmissions or internet services for online medical evaluations are not covered by telehealth services.
 - DFH shall not pay a facility fee for the distant site. At minimum, DFH shall pay for telehealth services delivered via telephone that meet the State's guidelines (2023 MSA).

Billing Requirements:

Originating Site Providers

- Practitioners should use HCPCS Level II procedure code Q3014 when billing for the facility fee.

Distant Site Providers

- Practitioners should continue to bill their appropriate Usual & Customary charge for the service provided.

Place of Service (POS)

Practitioners can use the following place of service when billing for telehealth services:

- POS code 10 when the telehealth is provided in the patient's home.
- POS code 02 when the telehealth is provided in all other locations.

Important Note: When billing CPT Q3014, provider must use place of service 02 only. DFH will not pay an originating site fee if the originating site is the member's home.

Billing Providers:

Providers performing and billing telemedicine services must be eligible to independently perform and bill the equivalent face-to-face service. Providers must be located in the United States to provide these services. For services delivered through telehealth, health care practitioners must:

- Act within their scope of practice.
- Be licensed for the service for which they are providing to members.
- Be a participating provider with DFH or engaged in the process to become a participating provider.
- Be located within the continental United States.
- Provider at originating site and the provider at distant site must be licensed in Delaware or in the state in which the provider is located, if

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 5 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

allowed under Delaware law to provide telehealth services without a Delaware license through the Interstate Medical Licensure Compact or otherwise must be enrolled with DMAP.

See Appendix A for most common telehealth procedure codes.

Behavioral Health:

Examples of eligible Behavioral Health telehealth services include (not an all-inclusive list):

- Evaluation and Management
- Behavioral Health
- Substance Abuse

Behavioral Health Modifiers:

When billing behavioral health services, it is important to comply with the modifier combinations for master-level providers (*Modifier HO) and psychologists (Modifier HP) to avoid invalid modifier denials. **Refer to Appendix B and DMAP's Adult Behavioral Health Service Certification & Reimbursement Provider Specific Policy for guidance.**

*Modifier HO should not be billed with HCPCS code Q3014 for master level providers.

REFERENCES: Delaware State MSA DMAP'S Practitioner Specific Policy – Telehealth (Section 16) DMAP's Adult Behavioral Health Service Certification & Reimbursement Provider Specific Policy https://www.medicaid.gov/medicaid/benefits/telehealth/index.html

ATTACHMENTS:

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 6 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

None

REVISIONS:	DATE
1/23/2025 – Updated place of service requirements	

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer, Centene's P&P management software, is considered equivalent to a physical signature.

Vice President, Claims Operations: _____ Approval on file: _____

Director, Claims Operations: _____ Approval on file: _____

APPENDIX A: Most Common Telehealth Procedure Codes

CPT Code	Description
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx w pt 30 minutes
90833	Psytx w pt w e/m 30 min
90834	Psytx w pt 45 minutes
90836	Psytx w pt w e/m 45 min
90837	Psytx w pt 60 minutes
90838	Psytx w pt w e/m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o pt 50 min
90847	Family psytx w/pt 50 min
90853	Group psychotherapy
90951	Esrd serv 4 visits p mo <2yr
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90956	Esrd srv 1 visit p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 7 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

90959	Esrd serv 1 vst p mo 12-19
90960	Esrd srv 4 visits p mo 20+
90961	Esrd srv 2-3 vsts p mo 20+
90962	Esrd serv 1 visit p mo 20+
90963	Esrd home pt serv p mo <2yrs
90964	Esrd home pt serv p mo 2-11
90965	Esrd home pt serv p mo 12-19
90966	Esrd home pt serv p mo 20+
90967	Esrd svc pr day pt <2
90968	Esrd svc pr day pt 2-11
90969	Esrd svc pr day pt 12-19
90970	Esrd svc pr day pt 20+
92002	Eye exam new patient
92004	Eye exam new patient
92012	Eye exam establish patient
92014	Eye exam&tx estab pt 1/>vst
92507	Speech/hearing therapy
92508	Speech/hearing therapy
92521	Evaluation of speech fluency
92522	Evaluate speech production
92523	Speech sound lang comprehen
92524	Behavral qualit analys voice
92526	Oral function therapy
92550	Tympanometry & reflex thresh
92552	Pure tone audiometry air
92553	Audiometry air & bone
92555	Speech threshold audiometry
92556	Speech audiometry complete
92557	Comprehensive hearing test
92563	Tone decay hearing test
92565	Stenger test pure tone
92567	Tympanometry
92568	Acoustic refl threshold tst
92570	Acoustic immitance testing
92587	Evoked auditory test limited
92588	Evoked auditory tst complete
92601	Cochlear implt f/up exam <7
92602	Reprogram cochlear implt <7

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 8 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

92603	Cochlear implt f/up exam 7/>
92604	Reprogram cochlear implt 7/>
92607	Ex for speech device rx 1hr
92608	Ex for speech device rx addl
92609	Use of speech device service
92610	Evaluate swallowing function
93750	Interrogation vad in person
93797	Cardiac rehab
93798	Cardiac rehab/monitor
94625	Phy/qhp op pulm rhb w/o mntr
94626	Phy/qhp op pulm rhb w/ mntr
94664	Evaluate pt use of inhaler
95970	Alys npgt w/o prgrmg
95971	Alys smpl sp/pn npgt w/prgrm
95972	Alys cplx sp/pn npgt w/prgrm
95983	Alys brn npgt prgrmg 15 min
95984	Alys brn npgt prgrmg addl 15
96110	Developmental screen w/score
96112	Devel tst phys/qhp 1st hr
96113	Devel tst phys/qhp ea addl
96125	Cognitive test by hc pro
96127	Brief emotional/behav assmt
96130	Psycl tst eval phys/qhp 1st
96131	Psycl tst eval phys/qhp ea
96132	Nrpsyc tst eval phys/qhp 1st
96133	Nrpsyc tst eval phys/qhp ea
96136	Psycl/nrpsyc tst phy/qhp 1st
96137	Psycl/nrpsyc tst phy/qhp ea
96138	Psycl/nrpsyc tech 1st
96156	Hlth bhv assmt/reassessment
96158	Hlth bhv ivntj indiv 1st 30
96159	Hlth bhv ivntj indiv ea addl
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
96164	Hlth bhv ivntj grp 1st 30
96165	Hlth bhv ivntj grp ea addl
96167	Hlth bhv ivntj fam 1st 30
96168	Hlth bhv ivntj fam ea addl

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 9 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

96170	Hlth bhv ivntj fam wo pt 1st
96171	Hlth bhv ivntj fam w/o pt ea
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97116	Gait training therapy
97129	Ther ivntj 1st 15 min
97130	Ther ivntj ea addl 15 min
97150	Group therapeutic procedures
97153	Adaptive behavior tx by tech
97155	Adapt behavior tx phys/qhp
97156	Fam adapt bhv tx gdn phy/qhp
97161	Pt eval low complex 20 min
97162	Pt eval mod complex 30 min
97163	Pt eval high complex 45 min
97164	Pt re-eval est plan care
97165	Ot eval low complex 30 min
97166	Ot eval mod complex 45 min
97167	Ot eval high complex 60 min
97168	Ot re-eval est plan care
97530	Therapeutic activities
97535	Self-care mngment training
97537	Community/work reintegration
97542	Wheelchair mngment training
97750	Physical performance test
97755	Assistive technology assess
97760	Orthotic mgmt&traing 1st enc
97761	Prosthetic traing 1st enc
97763	Orthc/prostc mgmt sbsq enc
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
98960	Self-mgmt educ & train 1 pt
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 10 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

99214	Office/outpatient visit est
99215	Office/outpatient visit est
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Observ/hosp same date
99235	Observ/hosp same date
99236	Observ/hosp same date
99238	Hospital discharge day
99239	Hospital discharge day
99281	Emergency dept visit
99282	Emergency dept visit
99283	Emergency dept visit
99284	Emergency dept visit
99285	Emergency dept visit
99291	Critical care first hour
99292	Critical care addl 30 min
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99341	Home visit new patient
99342	Home visit new patient
99344	Home visit new patient
99345	Home visit new patient
99347	Home visit est patient
99348	Home visit est patient
99349	Home visit est patient
99350	Home visit est patient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99441	Phone e/m phys/qhp 5-10 min

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 11 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

99442	Phone e/m phys/qhp 11-20 min
99443	Phone e/m phys/qhp 21-30 min
99468	Neonate crit care initial
99469	Neonate crit care subsq
99471	Ped critical care initial
99472	Ped critical care subsq
99473	Self-meas bp pt educaj/train
99475	Ped crit care age 2-5 init
99476	Ped crit care age 2-5 subsq
99477	Init day hosp neonate care
99478	Ic lbw inf < 1500 gm subsq
99479	Ic lbw inf 1500-2500 g subsq
99480	Ic inf pbw 2501-5000 g subsq
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min
G0296	Visit to determ ldct elig
G0426	Inpt/ed teleconsult50
G0427	Inpt/ed teleconsult70
G0442	Annual alcohol screen 15 min
G0447	Behavior counsel obesity 15m
G0506	Comp assess care plan ccm svc
G2211	Complex E/M visit add on
H0004	Behavioral Health counsel, 15 minutes
Q3014	Telehealth original site facility fee
T1032	Prenatal visit performed by a Doula, 15 minutes
T1033	Doula attendance to a birth, per diem

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 12 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

APPENDIX B – Behavioral Health Modifier Guidance

CODE	MOD1	MOD2	MOD3	MOD4
90785	U2			
90785	HP	U2		
90785	HO	U2		
90791	U2			
90791	HP	U2		
90791	HO	U2		
90832	U2			
90832	HP	U2		
90832	HO	U2		
90834	U2			
90834	HP	U2		
90834	HO	U2		
90837	U2			
90837	HP	U2		
90837	HO	U2		
90839	U2			
90839	HP	U2		
90839	HO	U2		
90840	U2			
90840	HP	U2		
90840	HO	U2		
90846	U2			
90846	HP	U2		
90846	HO	U2		
90847	U2			
90847	HP	U2		
90847	HO	U2		
90849	U2			
90849	HP	U2		
90849	HO	U2		
90853	U2			
90853	HP	U2		
90853	HO	U2		
96130	U2			

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 13 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

96130	HP	U2		
96131	U2			
96131	HP	U2		
96132	U2			
96132	HP	U2		
96133	U2			
96133	HP	U2		
96136	U2			
96136	HP	U2		
96137	U2			
96137	HP	U2		
96156	U2			
96156	HP	U2		
96158	U2			
96158	HP	U2		
96159	U2			
96159	HP	U2		
H0036	HO	U2		
H0036	HO	U1	U2	
H0036	HO	HQ	U2	
H0036	HO	HQ	U1	U2
H0036	HO	HR	U2	
H0036	HO	HR	U1	U2
H0036	HO	HS	U2	
H0036	HO	HS	U1	U2
90785	HF	U4		
90785	HF	HP	U4	
90785	HF	HO	U4	
90832	HF	U4		
90832	HF	HP	U4	
90832	HF	HO	U4	
90834	HF	U4		
90834	HF	HP	U4	
90834	HF	HO	U4	
90837	HF	U4		
90837	HF	HP	U4	
90837	HF	HO	U4	
90839	HF	U4		

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 14 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

90839	HF	HP	U4	
90839	HF	HO	U4	
90840	HF	U4		
90840	HF	HP	U4	
90840	HF	HO	U4	
90846	HF	U4		
90846	HF	HP	U4	
90846	HF	HO	U4	
90847	HF	U4		
90847	HF	HP	U4	
90847	HF	HO	U4	
90849	HF	U4		
90849	HF	HP	U4	
90849	HF	HO	U4	
90853	HF	U4		
90853	HF	HP	U4	
90853	HF	HO	U4	
H0001	HF	U4		
H0001	HF	U1	U4	
H0004	HF	U4		
H0004	HF	U1	U4	
H0004	HF	HR	U4	
H0004	HF	HR	U1	U4
H0004	HF	HS	U4	
H0004	HF	HS	U1	U4
H0005	HF	U4		
H0005	HF	U1	U4	
H0038	HF	U4		
H0048	HF	U4		
H0036	HO	U8		
H0036	HO	U1	U8	
H0036	HO	HQ	U8	
H0036	HO	HQ	U1	U8
H0036	HO	HR	U8	
H0036	HO	HR	U1	U8
H0036	HO	HS	U8	
H0036	HO	HS	U1	U8
H0036	HN	U8		

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 15 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

H0036	HN	U1	U8	
H0036	HN	HQ	U8	
H0036	HN	HQ	U1	U8
H0036	HN	HR	U8	
H0036	HN	HR	U1	U8
H0036	HN	HS	U8	
H0036	HN	HS	U1	U8
H2017	HM	U8		
H2017	HM	U1	U8	
H0038	UC			
H0038	U1	UC		
H0038	HQ	UC		
H0038	HQ	U1	UC	
H0036	U3			
H0036	HE	HN		
H0036	HE	HO		
H2033	UB			
H2019	UD			
H2019	HQ	UD		
T1017	HN			
T1017	HO			
H2011	UA			
H0036	HO	UA		
H0036	HO	U1	UA	
H0036	HO	HQ	UA	
H0036	HO	HQ	U1	UA
H0036	HO	HR	UA	
H0036	HO	HR	U1	UA
H0036	HO	HS	UA	
H0036	HO	HS	U1	UA
H0036	HN	UA		
H0036	HN	U1	UA	
H0036	HN	HQ	UA	
H0036	HN	HQ	U1	UA
H0036	HN	HR	UA	
H0036	HN	HR	U1	UA
H0036	HN	HS	UA	
H0036	HN	HS	U1	UA

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 16 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

H2011	U6			
H0036	HO	U6		
H0036	HO	U1	U6	
H0036	HO	HQ	U6	
H0036	HO	HQ	U1	U6
H0036	HO	HR	U6	
H0036	HO	HR	U1	U6
H0036	HO	HS	U6	
H0036	HO	HS	U1	U6
H0036	HN	U6		
H0036	HN	U1	U6	
H0036	HN	HQ	U6	
H0036	HN	HQ	U1	U6
H0036	HN	HR	U6	
H0036	HN	HR	U1	U6
H0036	HN	HS	U6	
H0036	HN	HS	U1	U6
90785	HO			
90785	HP			
90791	HO			
90791	HP			
90792	HP			
90832	HO			
90832	HP			
90833	HP			
90834	HO			
90834	HP			
90836	HP			
90837	HO			
90837	HP			
90838	HP			
90839	HO			
90839	HP			
90840	HO			
90840	HP			
90845	HP			
90846	HO			
90846	HP			

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 17 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

90847	HO			
90847	HP			
90849	HO			
90849	HP			
90853	HO			
90853	HP			
90870	HP			
90885	HP			
96101	HP			
96102	HP			
96103	HP			
96118	HP			
96119	HP			
96120	HP			
96150	HP			
96151	HP			
96152	HP			
96153	HP			
96154	HP			
99201	HP			
99202	HP			
99203	HP			
99204	HP			
99205	HP			
99211	HE			
99211	HP			
99212	HP			
99213	HP			
99214	HP			
99215	HP			
99354	HO			
99354	HP			
99355	HO			
99355	HP			
99408	HP			
99409	HP			
H0001	U1			
H0004	HF			

POLICY AND PROCEDURE

DEPARTMENT: Claims	DOCUMENT NAME: Telehealth
PAGE: 18 of 18	REPLACES DOCUMENT:
EFFECTIVE DATE: 1/16/2025	REVIEWED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: DE.PP.009

H0015	HQ			
H0015	HQ	HK		
H0015	HQ	HK	TG	
H0015	HQ	TG		
H0015	HQ	TG	U1	
H0015	HQ	U1		
H0035	HF			
H0038	HF			
H0038	HQ			
H0038	U1			
H0048	HF			
H2036	HI			
H2036	TG			
Q3014	HP			
T1502	HF			