

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

Over-the-counter (OTC) EUA FDA-authorized self-administered COVID-19 antigen and PCR tests can be dispensed and reimbursed only as a pharmacy-billed benefit for use at home with or without a prescription.

A maximum of eight OTC tests are covered, per rolling 30 days per member, without prior authorization from a DMMA-enrolled provider. This is a soft limit and can be exceeded based on medical necessity.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

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Reimbursement

___ The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

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X The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

___ The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

- ___ Medicare national average, OR
 ___ Associated geographically adjusted rate.

X The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

For non-OTC COVID-19 testing, Delaware's rates for COVID-19 testing are consistent with 98% of the Medicare national average rates for testing.

DMAP-covered COVID-19 OTC Tests for At-Home Use Billing and Dispensing

Guidance can be found here:

[covid19_vaccine_info_for_providers.pdf \(delaware.gov\)](https://www.dhss.delaware.gov/dhss/dmma/files/covid19_vaccine_info_for_providers.pdf)

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The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

FQHCs, School Based Wellness Centers

Additional Information (Optional):

The payment methodologies for COVID-19 testing for providers listed above are described below:

COVID-19 vaccine testing qualifies as an FQHC "visit" and is eligible for the Prospective Payment System (PPS) encounter rate. An FQHC visit that includes a medical component and a COVID-19 test is reimbursed as a single visit, eligible for a single PPS encounter rate.

COVID-19 vaccine testing qualifies as a SBWC "visit" and is eligible for the applicable visit rate. A SBWC visit that includes a medical component and a COVID-19 testing is reimbursed as a single visit, eligible for a single visit rate.

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