

DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS

Statutory Authority: 19 Delaware Code, Sections 105 and 2322B (19 **Del.C.** §§105 & 2322B)
19 **DE Admin. Code** 1341

ERRATA

1341 Workers' Compensation Regulations

* **Please Note:** The Department of Labor regulation, 19 **DE Admin. Code** 1341 Workers' Compensation Regulations, was published as final in the *Delaware Register of Regulations*, 27 **DE Reg.** 614 (02/01/24). Subsections 4.23.5.2, 4.26.6.4, 4.27, 4.27.1, and 4.27.2.3(50) were inadvertently published incorrectly.

Subsection 4.23.5.2 was published as:

4.23.5.2 The following is a list of the accepted status indicators (SI) for use with hospital OPPS:

Subsection 4.23.5.2 should have been published as:

4.23.5.2 The following is a list of the accepted status indicators (SI) for use with hospital OPPS:

Subsection 4.26.6.4 was published as:

o 4.26.6.4 Stimulation of nerves for ~~identification~~ identification

Subsection 4.26.6.4 should have been published as:

o 4.26.6.4 Stimulation of nerves for ~~identification~~ identification;

New subsections 4.27 and 4.27.1 were published as:

~~4.26~~ 4.27 **Radiology** Radiology

~~4.26.1~~ 4.27.1 ~~Payment Ground Rules for Diagnostic and Therapeutic Radiological Services~~ Payment Ground Rules for Diagnostic and Therapeutic Radiological Services

New subsections 4.27 and 4.27.1 should have been published as:

~~4.26~~ 4.27 **Radiology** Radiology

~~4.26.1~~ 4.27.1 ~~Payment Ground Rules for Diagnostic and Therapeutic Radiological Services~~ Payment Ground Rules for Diagnostic and Therapeutic Radiological Services

New subsection 4.27.2.3 (50) was published as:

~~4.26.2.3~~ 4.27.2.3 The following modifiers will be recognized for reimbursement by the fee schedule for diagnostic and therapeutic radiology services codes:

50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate five-digit code. Note: This modifier should not be appended to designated "add-ons" (see Appendix D (of CPT)).

New subsection 4.27.2.3 (50) should have been published as:

~~4.26.2.3~~ 4.27.2.3 The following modifiers will be recognized for reimbursement by the fee schedule for diagnostic and therapeutic radiology services codes:

50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate five-digit code. Note: This modifier should not be appended to designated "add-ons" (see Appendix D (of CPT)).

State Note: There will be no reductions to the procedures billed with the modifier 50.

State Note: Procedures performed bilaterally are reported as two line items, and modifier 50 is not appended. These codes are identified with CPT specific language at the code or subsection level. Modifiers RT and LT may be appended as appropriate.

The effective date for this regulation remains the same as published in the February 2024 issue of the *Register of*

Regulations.

28 DE Reg. 172 (09/01/24) (Errata)