COVID-19 Update: Provider Guidance for Expanded Telemedicine Services
Updated March 27, 2020

During the COVID-19 National Emergency, the goal of Sanford Health Plan is to increase our members’ access to Telehealth services.

We have pledged to help members receive suitable access to needed health care services at no cost-share to the member when received from a participating provider. To further this endeavor, we want to collaborate with providers to make this option as seamless as possible and make sure coding and reimbursement are right in order to process our members’ claims.

Please review the following to understand how we can better collaborate.

Covered Telehealth Services

Telehealth coverage extends to the following services at no-cost to members:

- Audio-only visits
- Behavioral health and substance use disorder treatment
- Diabetes education
- Nutrition counseling
- Occupational therapy (OT) plan evaluation
- Office visits
- Physical therapy (PT) evaluation
- Speech therapy (ST) plan evaluation

Telehealth services must:

- Maintain visual or audio contact between the provider and member.
- Be medically appropriate and necessary with supporting documentation included in the member’s clinical medical record
- Use appropriate coding as noted below

We will continue to cover many services when rendered via Telehealth as covered under its existing Telehealth policy. This includes services delivered via a non-HIPAA compliant platform as long as the COVID-19 National Emergency is in effect.

Sanford Health Plan will allow the lifting of license requirements for Telehealth providers in those states that have allowed for non-licensed providers in good standing to provider services. All other standard credentialing and billing practices still apply. Provider reimbursement will be subject to current contractual terms.
### Required Coding

<table>
<thead>
<tr>
<th>Applicable Modifier(s)</th>
<th>“GT” or “95”</th>
<th>Via interactive audio and video telecommunication systems. Billed by performing provider for real-time interaction between the provider and member who is located at a distant site from the reporting provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Service</td>
<td>“02”</td>
<td>Telehealth — the location where health services and health related services are provided or received, through a telecommunication system.</td>
</tr>
<tr>
<td>Temporary Expanded Coverage</td>
<td>CPT®/HCPCS Code 99441-99443 98966-98968</td>
<td>Telephone services</td>
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</tbody>
</table>

### Excluded Telehealth Services

Telehealth coverage does not cover:
- Acupuncture
- Benefits excluded from coverage based on the member’s policy
- Chiropractic care
- Deferrable elective care
- Dental care
- Medically inappropriate services or services that cannot be performed adequately via Telehealth for the medical condition
- Occupational therapy (OT)
- Physical therapy (PT)
- Speech therapy (ST)

If you have questions regarding this information, please contact Sanford Health Plan Provider Relations at ProviderRelations@sanfordhealth.org.