

## Coronavirus (COVID-19) FAQs for Sanford Health Plan Providers



In the midst of the evolving COVID-19 outbreak, we are dedicated to keeping you informed about the latest coverage and updates as partners in care. Here are some things you should know.

### Telemedicine Update

During the COVID-19 Public Health Emergency, Sanford Health Plan was proud to support temporarily enhanced access for members to receive health care safely and conveniently. Effective 06/15/2021 Telehealth Coverage changed back to how it was covered pre-COVID.

Sanford Health Plan members still have access to Telehealth and Virtual Care options. Click [here](#) to learn more.

### Telehealth Updates Effective 06/15/21;

- 1) SHP will no longer cover Telephone/Audio Only Services (CPT Codes; 98966, 98967, 98968, 99441, 99442, 99443)
- 2) Telehealth services returned to cover at cost-share based on Member's plan (previously were no cost to all Members regardless of Plan)
- 3) SHP will continue excluding acupuncture, chiropractic, and dental from Telehealth coverage

### Are the state licensure requirements for physicians waived for telemedicine/telehealth?

As long as the COVID-19 Federal Public Health Emergency is in effect, The Centers for Medicare & Medicaid Services (CMS) has issued multiple waivers providing flexibility (e.g., geographic location, type of health site) during the pandemic and granting payment parity between telehealth and in-person clinical care for Medicare. Medicaid programs are administered at the state level and states can choose whether or not to cover telehealth services as an alternative to traditional in-person methods of care.

- Iowa's state of emergency that allowed out-of-state license waivers for Telehealth will expire on August 22, 2021 per the state's 7/24 Emergency Proclamation.
- Minnesota will no longer be processing applications for out-of-state Telehealth registration effective May 6, 2021.
- North Dakota's state of emergency that allowed out-of-state licensure for Telehealth rescinded on April 30, 2021.
- South Dakota's state of emergency that allowed out-of-state licensure for Telehealth expired on June 30, 2021.

### Where can I find more information related to reimbursement for telehealth visits?

Reimbursement for Telehealth is subject to a provider's current contract. You will find general information regarding telehealth services in our reimbursement policy that is posted on our secure portal. The policy is named "MemE-REB-029 Telehealth Benefit Reimbursement". It is important to note that also per this policy, "Reviewers utilizing this policy must first establish the Member's eligibility, identify any state and/or federal regulatory

requirements, and reference the Member's plan benefit plan documents (Summary Plan Description, Certificate of Insurance and Formulary) prior to use of this policy."

**Is SHP going to accept the CS modifier that CMS has recently released to identify COVID-19 Claims?**

Yes, SHP is asking that providers submit COVID-19 claims using the CS Modifier to identify those line items as charges subject to the cost sharing waiver.

**What date of service can the CS modifier be included for?**

SHP has a start date of March 13, 2020 for all COVID-19 and Telehealth related claims.

**Do I have to resubmit COVID-19 claims that were filed prior to the release of the CS Modifier?**

No, if claims were submitted with the appropriate CPT's (lab test U0001, U0002 or 87635) on previous claims, those claims will be identified and paid according to COVID-19 rules.

**Will you be requiring the CS modifier on claims outside of testing related visits?**

Yes, include the CS modifier on all COVID-19 related claims. SHP will also identify Institutional claims by the DR modifier.

**If a provider bills both a Flu test & a COVID-19 test on same claim how will SHP reimburse?**

SHP will cover the COVID-19 that includes the CS modifier at the 100% cost share rules and then regular Flu test will pay according to normal member benefits.

**Will SHP be covering rule-out testing through the CARES Act?**

SHP will cover rule-out testing (i.e. flu, strep, etc) at no cost share to the member when done in conjunction with COVID-19 testing or during the same date. Effective March 13, 2020.

**Will SHP be following the CMS waiver and granting a 20% increase in DRG payments for COVID-19 discharges?**

SHP will continue to reimburse at the current contractual rates.

**Are local public health units able to bill SHP for beneficiaries who received COVID-19 testing done at a community testing event?**

Yes, SHP will reimburse them at the standard non-contracted provider reimbursement rate.

**Will SHP cover COVID-19 services at a relocated department?**

Yes, SHP will cover COVID-19 services billing during the public health emergency from a relocated off-campus location.

**Will SHP be revising or reducing reimbursement on DME?**

No, SHP will follow rules on the CARES Act on DME and not revise reimbursement during the time frame of the public health emergency.

**Will SHP cover COVID-19 testing that is administered outside of the health care office setting?**

Yes, SHP will cover the tests and the lab processing fees of self-collected COVID-19 tests that are FDA approved for self-collection.

**What code do I bill as a hospital outpatient department for collection to physicians, non-physicians, practitioners and hospitals?**

SHP will accept the same code as CMS, HCPCS code C9803: Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid19]), any specimen source.