
COVID-19 Update: Provider Guidance for Treatment Coverage and Expanded Telemedicine Services

Updated Coverage Announcement

All treatments for COVID-19 will be covered according to the member's cost-share. Previously (through Sept. 30, 2020), Sanford Health Plan waived all cost-sharing for treatment of COVID-19.

Sanford Health Plan has also implemented the following steps to meet the crucial needs of our members:

- Waiving prior authorizations for diagnostic tests and related covered services that are medically necessary and consistent with the Centers for Disease Control and Prevention (CDC) guidance for members if diagnosed with COVID-19.
- Covering, with no cost to members, the appropriate medically necessary diagnostic tests for COVID-19, where it is not covered as a part of the Public Health Services response, and covering any subsequently needed care once COVID-19 diagnosis occurs, consistent with the standard provisions of the member's health benefits.
- Increasing access to prescription medications by removing early medication refill limits on prescription maintenance medications (consistent with members' benefit plans)
- Expanding access to telehealth services and covering at no-cost to the member
- Waiving requirement for prior authorizations for transfer to post-acute care facilities through the national emergency. This includes transfers for both COVID-and non-COVID-related conditions.

COVID-19 Vaccine, Antiviral, Antibody Test Coverage

As the vaccine itself will be provided by the government, there will be no charge to members. Additionally, Sanford Health Plan will waive cost-sharing for administering the vaccine, meaning we will cover 100% of the allowed amount. This includes the amount for the office visit to administer the vaccine. Sanford Health Plan will cover COVID-19 antibody testing at no cost to members.

For antiviral therapies: There will be no cost to members for the medications themselves. However, administration of these therapies will be covered at the member's cost-share.

Telehealth coverage is offered at no-cost to members through the entire length of the COVID-19 National Emergency. Coverage extends to the following medically

appropriate services:

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

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.

As partners in the treatment of our members, Sanford Health Plan will rely on providers to only offer medically appropriate services via Telehealth. Because these services are offered in parity to office visits, all treatments received via Telehealth will count toward plan limitations and exclusions. Members will be charged for treatment provided above benefit limitations listed in their benefit policies.

Sanford Health Plan 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

Applicable Modifier(s)	“GT” or “95”	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.
Place of Service	“02”	Telehealth — the location where health services and health related services are provided or received, through a telecommunication system.
Temporary Expanded Coverage	CPT®/HCPCS Code 99441-99443	Telephone services

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

If you have any questions regarding this information, please contact Provider Relations providerrelations@sanfordhealth.org.