

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. Now that life is starting to return to normal, so will some of our previous practices.

Specifically, on June 15, 2021, we will be moving away from the COVID-19 provision for Telehealth, meaning we will no longer cover Telehealth at \$0 cost share for members.

All Telehealth will go back to “pre-COVID-19” coverage.

- If it was covered before, it will be covered now.
- If it wasn't covered before, it won't be moving forward.
- This will apply to all Telehealth services received on or after the June 15 deadline.

Telehealth isn't going away. Sanford Health Plan members still have access to virtual care options. Click [here](#) to learn more.

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

As long as the COVID-19 National Emergency is in effect, the state of Iowa and the Medicaid/Medicare programs will allow health coverage from providers who are not licensed in the state in which the member is receiving the services. The provider must still be licensed in at least one state and in good standing. South Dakota will allow physicians to provide services without a South Dakota license if they are licensed in surrounding states and in good standing. The state of Minnesota has not issued a waiver granting licensure exemption at this time.

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

Reimbursement for Telehealth is subject to a provider's current contract, but the list of expanded telehealth services changed and is available on our website.

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.