



NEW Provider Reconsideration Form

To make the reconsideration process easier, we have updated the [provider reconsideration form](#). Please follow the updated instructions on the form to expedite your request. Please pay special attention to the new instructions at the top of the form. For example, when submitting a corrected claim, a provider will need to fax their corrected claim to the appropriate department at Sanford Health Plan. In this instance, the provider reconsideration form is not required. **Incomplete submissions will be returned unprocessed.**

Pharmacy Clinical Pearls

- Voltaren® Gel (topical diclofenac) is now available over the counter as a 1% gel for arthritis pain.
- NurtecODT™ and Ubrovelvy™ are oral Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists indicated for acute migraines, unlike the injectable CGRP Receptor Antagonists that are indicated for migraine prophylaxis.
- The FDA recently approved labeling changes to sodium glucose co-transporter-2 (SGLT2) inhibitors (canagliflozin, dapagliflozin, empagliflozin, and ertugliflozin) recommending holding these medications prior to scheduled surgeries due to the risk of ketoacidosis. It is recommended to stop ertugliflozin at least four days prior to surgery, while the other three medications are recommended to be stopped at least three days prior with closely monitored blood glucose levels.
- The FDA recently issued a warning as they have detected levels of NDMA above the acceptable limit in some metformin extended-release products. The FDA has contacted some companies with recommendations to voluntarily recall their products. Of note, it has not been found in immediate-release products at this time. It will be important to keep an eye on as this as metformin is a crucial medication used for Type 2 Diabetes Mellitus.

Optum CES Edits

Sanford Health Plan continues to implement additional claims edits. Check periodically for details of future edits to be released.

A document detailing the claim edits is available to you here on the [PROVIDER RESOURCES PAGE](#). The resource will be updated as Sanford Health Plan implements new edits.

COVID-19: Updated Coverage Announcement

To best service our members in this time of uncertainty, Sanford Health Plan will waive all cost-sharing for treatment of COVID-19 through September 30, 2020. This means members will receive care and treatment and Sanford Health Plan will cover all of their out-of-pocket costs related to COVID-19. This provides for coverage of testing and treatment, including outpatient treatment and inpatient hospital stays. Stay up-to-date on all COVID-19 information and find resources specifically for providers by visiting [this webpage](#).

Have additional COVID-19 questions? Submit your questions [HERE](#).



Changes Coming for Prior Authorizations

Participating providers will be responsible for obtaining authorizations starting in 2021. If a provider is non-par, the member will be responsible for obtaining the prior authorization. In the event an authorization is not obtained, and a retrospective authorization is requested and deemed not medically necessary after review, the provider will be responsible for the charges, resulting in provider write off.

Some exceptions will be made. For example, if a provider submits a prior authorization but it results in a denied request and the member chooses to still have the procedure done, it will be member responsibility. In this event, the provider should bill with a GA or GY modifier so that the responsibility is on the member. If the modifier is not use, the provider may submit a reconsideration for review. The provider must submit documentation that proves to member agreed to proceed with the care despite insurance not approving the request. Additionally, the member may also appeal if they feel they are held responsible when not appropriate, and documentation must be submitted to prove whether the member consented to proceed with the procedure.

For further questions regarding these changes, please see our FAQ [HERE](#) or call Provider Relations at **(800) 601-5086**.

Electronic Prior Authorization

To better serve our members and providers, we will require electronic prior authorization submission effective Oct. 1, 2020. Providers currently not using the electronic submission option will need to submit referrals electronically.

Sanford Employees and internal users: Please see the training resource [HERE](#), or sign up for additional classes in the Sanford Success Center.

EXTERNAL PROVIDERS: Please submit authorization requests via Provider Portal [HERE](#). For questions, please contact Provider Relations at **(800) 601-5086**.

Policy Updates

• Preventive Health Guidelines

- o Removed gestational age limit for bacteriuria screening
- o Removed diagnosis requirement for hepatitis C screening
- o Removed diagnosis requirement from all pap smear cytopathology codes
- o Added benefit of HIV pre-exposure prophylaxis
- o Removed 81162 from genetic testing for BRCA
- o Removed 76977 from osteoporosis screening
- o Added benefit of group counseling for cardiovascular disease prevention, obesity, and STIs
- o Added benefit of diabetes screening for those with history of gestational diabetes

• Immunizations

- o Added anthrax (90581) and BCG (90585, 90586) vaccines as reimbursable
- o Age limits updated for DTaP-HepB-IPV, HPV, MenB, pneumonia, rotavirus, and variella vaccines
- o Age and description for Q2039 updated
- o Moved 90644, 90649, 90650, 90676, 90733, and all trivalent flu vaccines (90654-90661, 90673) to exclusions
- o Added cholera (90625), dengue (90587), and unlisted (90749) vaccines to exclusions

• Services Requiring Prior Authorization

- o Dental Oral and Maxillofacial Surgery row: Added comment that PA is not required for under age 19 (or 19 & 20 for NDME). Added D7111, D7140, D7251, D7280, D7282, D7283, D7291, D7310, D7311, D7320, D7321, D7340, D7350, D7485, D7922, D7970, D7971, D7972, D7979, D7980, D7981, D7982, D7983, D7997, D7998
- o Genetic Testing row: Added 81437, 81438, 81445, 0009U, 0016U, 0017U, 0027U, 0030U, 0040U, 0045U, 0101U, 0111U, 0129U, 0130U, 0131U, 0136U, 0137U
- o Oncology Services row: Added Q5118
- o Orthodontics row: Added D7292, D7293, D7294.
- o TMJ/TMD Surgery row: Added D7854, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877
- o Moved D7810, D7820, D7830, D7840, D7850, D7852, D7856 from Dental Oral Surgery row to TMJ/TMD Surgery row.
- o Removed J7401, 15824, 15826, 43647, 43648, 43881, 43882, 95836, 95961, 95962, 95971-95977, 95983, 95984, 90867-90869/TMS row
- o Added new codes eff. 7/1/20 (skin substitutes, eviti drugs, and clinical trial code C9760)

• Metabolic and Bariatric Surgery

- o Added link to MBSAQIP facilities

• Genetic Testing

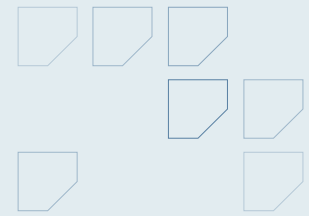
- o Moved the following codes from exclusions to reimbursable: 81437, 81438, 81445, 0009U, 0016U, 0017U, 0027U, 0030U, 0040U, 0045U, 0101U, 0111U, 0129U, 0130U, 0131U, 0136U, 0137U
- o Added new codes eff. 7/1/20

• Home Health Care

- o Moved T1000 from exclusions to reimbursable in specified instances.

• Transportation Services

- o Moved A0021 from exclusions for all LOBs to the table of reimbursable codes for NDME only.



Retro Authorization Process Update

If a retro authorization is approved by our Utilization Management or Pharmacy Teams, the provider should then resubmit claims with the authorization number in the appropriate field on the claim, allowing the claims to adjudicate with our normal process.

Reminder: retro authorizations can be submitted in the Provider Portal by selecting "Retrospective" as the priority type.

Priority:

Search Matches:

Title	
Concurrent	
Elective	
Emergency	
Retrospective	
Routine	
Urgent	

Contact Us:

CONTACT FOR: Member eligibility & benefits, member claim status, provider directory, complaints, appeals, report member discrepancy information

@ memberservices@sanfordhealth.org

Customer Service

Monday-Friday, 8:00 a.m. to 5:00 p.m. CST | (800) 752-5863

NDPERS Customer Service

Monday-Friday, 8:00 a.m. to 5:30 p.m. CST | (800) 499-3416

ND Medicaid Expansion

Monday-Friday, 8:00 a.m. to 5:00 p.m. CST | (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

@ pharmacyservices@sanfordhealth.org

Pharmacy (855) 305-5062

NDPERS Pharmacy (877) 658-9194

ND Medicaid Expansion (855) 263-3547

CONTACT FOR: Preauthorization/precertification for medical services

@ um@sanfordhealth.org

Utilization Management (800) 805-7938

NDPERS Utilization Management (888) 315-0885

ND Medicaid Expansion (855) 276-7214

CONTACT FOR: Assistance with fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/ updating information, provider education

@ providerrelations@sanfordhealth.org

Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation

sanfordhealthplanprovidercontracting@sanfordhealth.org

@ **Provider Contracting** (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844

Translation Assistance for Non-English Speaking Members (800) 892-0675