



Individualized Lifestyle Medicine

Individualized lifestyle medicine

Sanford Health Plan understands the vital roles exercise, nutrition and other lifestyle interventions play in preventing, treating and reversing disease. With the help of lifestyle medicine specialists, we're reducing barriers and creating new opportunities for our members to live healthier with diet and exercise solutions.

Wellness working for you

Lifestyle medicine specialists are registered dietitians, certified health and wellness coaches and physical fitness experts wrapped into one role. When a lifestyle medicine specialist meets with a member, they'll complete a comprehensive intake covering the six dimensions of well-being. This helps

identify which areas a member is thriving in and what could be holding them back from achieving better health in others. Then, they'll work together to create an individualized plan with achievable, short- and long-term goals.

Successful outcomes

1. Lifestyle medicine graduates with an obesity diagnosis reduced their body mass index by an average of 4%.
2. Those with Type 2 diabetes reduced their glucose levels by an average of 59 points, bringing them down to a pre-diabetes glucose range.
3. Overall, members increased their physical activity by 106%.

Answering your questions about the Sanford Provider Hub

Reminder: Sanford Health Plan has moved to a completely online credentialing process and can no longer accept paper applications. Minnesota Credentialing Collaborative applications will no longer be accepted after July 15.

With a user-friendly interface and automation to streamline the credentialing process, the Sanford Provider Hub offers a secure solution for all credentialing activities through Sanford Health Plan.

The Sanford Provider Hub is up and running! With a user-friendly interface and automation to streamline the credentialing process, the Sanford Provider Hub offers a secure solution for all credentialing activities through Sanford Health Plan.

If you are not due for recredentialing at this time, you have no further steps to complete. At the time of your recredentialing, you will receive an email from verificationsservices@sanfordhealth.org which will provide instructions to access the Sanford Provider Hub and a link to take you and/or your credentialing administrator directly there.

How can I make sure I don't miss an email about my recredentialing?

There are two steps to take that will ensure you never miss communications about your Sanford recredentialing.

1

Make sure to add verificationsservices@sanfordhealth.org to your email safelist of approved and safe email addresses. All communication about your recredentialing will come from this email address.

2

Add a credentialing administrator to your Sanford Provider Hub account who will be copied on emails from the Sanford Provider Hub.

How do I request an initial application as a/for a new provider?

To request an initial application for a new provider:

- Go to the Sanford Health Plan website <https://www.sanfordhealthplan.com>
- Click **Providers**
- Click **Forms & Manuals**
- Under Credentialing Applications, Click the word **"here"**
- Click and complete the **Initial Credentialing Application Request form**
- Click **Submit Form**

This form will begin the process for the credentialing application process. After submitting, a Sanford Health Plan representative will be in contact with the next steps for using the Sanford Provider Hub.

How do I add a credentialing administrator to my information?

To add a credentialing administrator to your account before notices about upcoming recredentialing are sent, please email verificationsservices@sanfordhealth.org with the credentialing administrators name, phone number and email address along with the relevant provider name(s), phone number(s) and email address(es).

I am no longer contracted with Sanford Health Plan. How do I stop getting notices about the Sanford Provider Hub?

Please email providerrelations@sanfordhealth.org and request to be unsubscribe to further communications.

How can I get my other questions about the Sanford Provider Hub answered?

Please read the Sanford Provider Hub FAQ for more information. For any additional questions on the Initial Credentialing Application Request Form, please contact us at:

Phone: [\(605\) 312-7600](tel:6053127600)

Email: verificationsservices@sanfordhealth.org



Policies Update

Below, you'll find a listing of the policies that are new, updated or deleted.

The policies are located on our secure portal. Under **Quick Links - Policies & Medical Guidelines**.

If you do not have portal access you can request access at the attached link.

<https://www.sanfordhealthplan.com/provider-portal-access-request>

For additional questions please call us at 800-601-5086 Option 2, followed by Option 4 to reach Provider Relations.

New policies:

- Bilateral and multiple procedures
- Observational services
- Prolonged services

Updated policies:

Applied Behavioral Analysis (ABA)

- ✦ Updated formatting and applicable lines of business table

Metabolic and Bariatric Surgery

- ✦ Moved 43659 from exclusions to reimbursable table
- ✦ Updated formatting, applicable lines of business table, and references

Behavioral Health and Substance Use Disorders

- ✦ Added additional language in Benefit Reimbursement section
- ✦ Added S0201 to reimbursable table

Biofeedback

- ✦ Updated formatting and applicable lines of business table

Breast-Related Procedures

- ✦ Added 19499 to reimbursable table
- ✦ Updated applicable lines of business table

Category III Codes

- ✦ Added new codes 0640T-0670T
- ✦ Revised description of 0493T
- ✦ Updated applicable lines of business table

COVID-19 Testing and Treatment

- ✦ Added new codes M0244 & M0246 to reimbursable table
- ✦ Deleted expired codes M0239 & Q0239

Cranial Prosthesis (Wig)

- ✦ Added C00.0-C96.9 to reimbursable diagnosis codes table

Durable Medical Equipment (DME)

- ✦ Added A4220, A4565, A4566, A4650, & C1761
- ✦ Lifted PA from L3300-L3485 & L8440-L8465

Family Planning

- ✦ Edited to include NDPERS grandfathered plan

Genetic and Molecular Testing

- ✦ Added new codes 0248U-0254U to exclusions

Hearing Services

- ✦ Moved V5264 & V5265 from exclusions to reimbursable table

Home Health Care

- ✦ Added note that S9370, S9372, S9537, S9542, S9558, S9559, S9560, & S9562 do not require PA or apply toward home health visit limits
- ✦ Codes that do not require PA or apply toward limits are now marked with an asterisk
- ✦ Removed Place of Service 33 from exclusions
- ✦ Updated formatting and applicable lines of business table

Hyaluronic Acid

- ✦ Added J7331 to exclusions
- ✦ Added J7332 to reimbursable table
- ✦ Added dosage and annual quantity limits for Triluron
- ✦ Updated formatting and applicable lines of business table

Immunizations

- ✦ Added additional language in Benefit Reimbursement section regarding in- & out-of-network flu vaccines
- ✦ Added new codes 90671, 90677, & 90758 to reimbursable table
- ✦ Added new codes 90626 & 90627 to exclusions – **New build for 7/1**
- ✦ Moved 90697 from exclusions to reimbursable table
- ✦ Noted that ded/coin only applies for self-funded plans for HPV vaccine ages 27-45

Updated Policies Continued:

Nutritional Counseling and Medical Nutrition Therapy (MNT)

- ✦ Updated formatting and applicable lines of business table

Phototherapy, Photochemotherapy, and Photodynamic Therapy for Dermatological Conditions

- ✦ Added L92.0 as a covered diagnosis for 96900
- ✦ Updated formatting and applicable lines of business table

Preventive Health Guidelines

- ✦ Added language to Screening Mammography row regarding coverage for ages 35-39
- ✦ Added new code G0327 to exclusions
- ✦ Added R03.0 as a covered diagnosis for "Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors"
- ✦ Removed diagnosis requirement from HPV DNA testing
- ✦ Removed 99406-99407 from "Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents"

Reconstructive Surgery

- ✦ Moved 67900 from exclusions to reimbursable table

Services Requiring Prior Authorization

- ✦ Added 43659 to Bariatric Surgery row – [Policy update only - Already has been allowing with auth.](#)
- ✦ Added 67900 to Reconstructive Surgery row – [New build for 6/1](#)
- ✦ Added C9076, C9080, J9314, J9348, J9353, Q5115, & Q5123 to Oncology row – [New build for 7/1](#)
- ✦ Added note regarding codes authorized by Pharmacy in Oncology row

- ✦ Added notes for A4290, C1883, & L8680 regarding circumstances where PA is not required
- ✦ Added V5264 & V5265 to Hearing Aids row and noted diagnosis requirements
- ✦ Removed expired code C9065
- ✦ Removed S9370, S9372, S9537, S9542, S9558, S9559, S9560, S9562, L3300-L3485, L8440-L8465, and diagnosis codes –

Transplant Services

- ✦ Added language on travel expenses
- ✦ Reformatted
- ✦ Removed paragraph on Qualified Transplant Facilities
- ✦ Updated related clinical guidelines

Varicose Vein Treatment

- ✦ Updated formatting and applicable lines of business table.

Electronic Prior Authorization

We have had great success with providers submitting prior authorizations electronically on our Provider Portal.

As a reminder this requirement went into affect October 1, 2020.

Authorizations (both Medical and Pharmacy) that are not urgent will be returned to providers when sent to us in paper form and could delay your authorization.

Please see the instructions below to help you navigate thru how to submit an electronic authorization. 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.

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.

North Dakota Medicaid Expansion Taxonomy and Enrollment requirements

ENROLLMENT INFORMATION:

In accordance with North Dakota Medicaid regulations, you must enroll as providers. Sanford Health Plan will deny North Dakota Medicaid Expansion member claims when enrollment with the state has not occurred. Exceptions are HCBS/QSP and NEMT providers.

To learn more about how to complete the enrollment process with the State of North Dakota, please visit [Medicaid Provider Enrollment Application Information and Forms](#).

TAXONOMY INFORMATION:

Also, in accordance with North Dakota Medicaid regulations, Sanford Health Plan requires providers to submit taxonomy codes when submitting claims for North Dakota Medicaid Expansion (NDME) members. This excludes Qualified Service Providers (HCBS claims), transportation claims, and claims submitted by other atypical provider types. To learn more about this requirement please visit [North Dakota Department of Human Services](#).

We want to Thank our provider community for your patience as we implement these regulations from the state of North Dakota.

If you have received a denial that you feel is incorrect please know that we have recently updated our systems.

We are in the process of updating the claims that were denied in error.

It is our goal to ensure that our claim systems is set up to mirror traditional Medicaid. With that being said, please see the below link for reference materials to better understand the taxonomy requirements. <https://www.nd.gov/dhs/info/mmis/docs/mmis-taxonomy-validation-qrg.pdf>

North Dakota Medicaid Expansion 1915i Tool kit

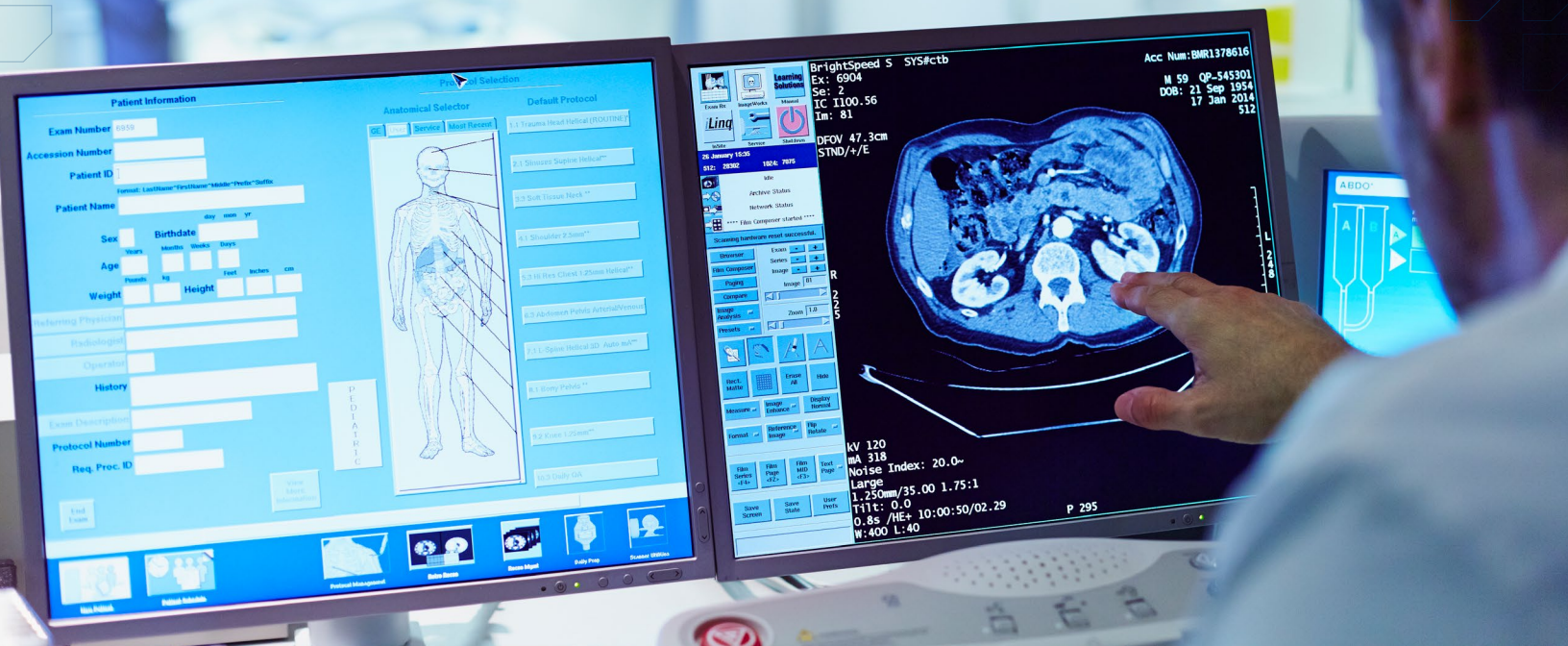
The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Find what you need for these services for North Dakota Medicaid Expansion members in the [Sanford Health Plan Provider Fact Sheet](#) for NDME 1915i that is now available on our Provider NDME [WEBSITE](#).

New Zelis Payer relationship

Starting this month your practice may see additional electronic payments from Zelis for Sanford Health Plan claims. No action is needed. However, if you have problems or questions, [reach out to Zelis at \(855\) 774-4395](#).





Utilization Management: Innovating to Improve Access to Medically Necessary Care

PRIOR AUTHORIZATION (PA) REQUIREMENTS FOR ADVANCED IMAGERY

In late 2020, Sanford Health Plan began steps to honor the commitment to providers and members/patients to optimize efficiencies. This includes the modernization of our Utilization Management (UM) capabilities through enhancing the Prior Authorization (PA) processes for advanced imaging through a partnership with eviCore Healthcare:

- Based on evidence-based clinical guidelines
- Alleviate administrative and provider burden with automation
- Improving and enhancing the overall patient experience
- Ensure patient access to the best fit for high quality care

To learn more on these requirements, visit the dedicated website for Providers at [HYPERLINK](http://www.evicore.com/resources/healthplan/sanford)

"<http://www.evicore.com/resources/healthplan/sanford>" www.evicore.com/resources/healthplan/sanford

On the dedicated website, you will be able to:

1. Register for training (in General Resources Tab, Registration Instructions)
2. Register for sign in (in General Resources Tab, Registration Instructions)
3. Review CPT code list for services that require authorization (in Solution Resources Tab, Radiology icon)
4. Access Evidence Based Clinical Guidelines

Important reminders:

1. Referring provider must be on the claim for authorization requirements to be reviewed timely.
2. We do not require authorization for advance imaging when we are the secondary payer.

Please note: Services performed without authorization may not be reimbursed. The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Request authorization by visiting [evicore.com](http://www.evicore.com).

We do require CPT code match on authorizations. If the code changes based on what was provided you should request an update with eviCore within 60 days of the request.

Ensure date of service is within the authorization period.

For questions, please call eviCore's call center from 7 a.m. to 7 p.m. CST (844) 635-7225.

Pharmacy Clinical Pearls

The goal of this section is to provide you with information on newly approved medications, updated medication indications or warnings, new generic approvals, and other miscellaneous pharmacy “pearls”.

The FDA recently added an indication to Farxiga® (dapagliflozin) in adults with chronic kidney disease who are at risk of disease progression. Farxiga® is now approved to decrease the risk of:

- Kidney failure
- Kidney function decline
- Cardiovascular death
- Hospitalization for heart failure
- Farxiga® should not be utilized in patients on dialysis

In late 2020, the FDA approved the first generic glucagon injection (1 mg/vial) emergency kit indicated for treating severe hypoglycemia. Glucagon is also indicated as a diagnostic tool in the radiological examination when decreased motility of the intestines is necessary. This generic formulation is a synthetic version of human glucagon. Please refer to the HYPERLINK “<https://www.fda.gov/news-events/press-announcements/fda-approves-first-generic-drug-used-treat-severe-hypoglycemia>” [FDA News Release](#) for more information.

Please reach out to Courtney Feist, PharmD with any questions or topics you would like to learn more about in upcoming issues of Fast Facts. Email: courtney.feist@sanfordhealth.org

Updated Provider Reconsideration Form

Our Provider Reconsideration form has been updated! Please take time to review the [new form](#) to ensure timely responses to your requests.

Also, did you know you can submit your claim reconsideration form on our secure portal?

Once logged in to the portal use the “Quick Link” to the Tutorial “Review Coverage and Claim Tutorial” and skip to page 12 for instructions. If you would like a copy of this tutorial please email us at providerrelations@sanfordhealth.org.

COVID-19: Updated Coverage Announcement

Stay up-to-date on all COVID-19 information and find resources specifically for providers by visiting this [webpage](#).

**Our provider FAQ was updated 07/08/2021. As indicated in the policies update article, please review our telehealth policy for updates.



Please accept our apologies in our error on annual notice communication. The correct phone number to call for questions on annual notices is 800-601-6086. Thank-you.

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 a.m. to 5 p.m. CST | (800) 752-5863

NDPERS Customer Service

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

ND Medicaid Expansion

Monday-Friday, 8 a.m. to 5 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 (800) 755-2604 | TTY: 711

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 711

Translation assistance for non-English speaking members (800) 752-5863