



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**.

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.

Instructions:

Incorrect Reimbursement – Fax OCE edits or code updates with supporting clinical documentation and/or rationale to Provider Relations at (800) 601-5086. Assistant surgeon reimbursement is not eligible for reconsideration; see PR-035 Assistant at Surgery Reimbursement Policy in the Provider Portal for more information.

MultiPlan or Data iSight Reimbursement – Call MultiPlan at (800) 950-7040 or Data iSight at (866) 835-4022 to file a reimbursement appeal.

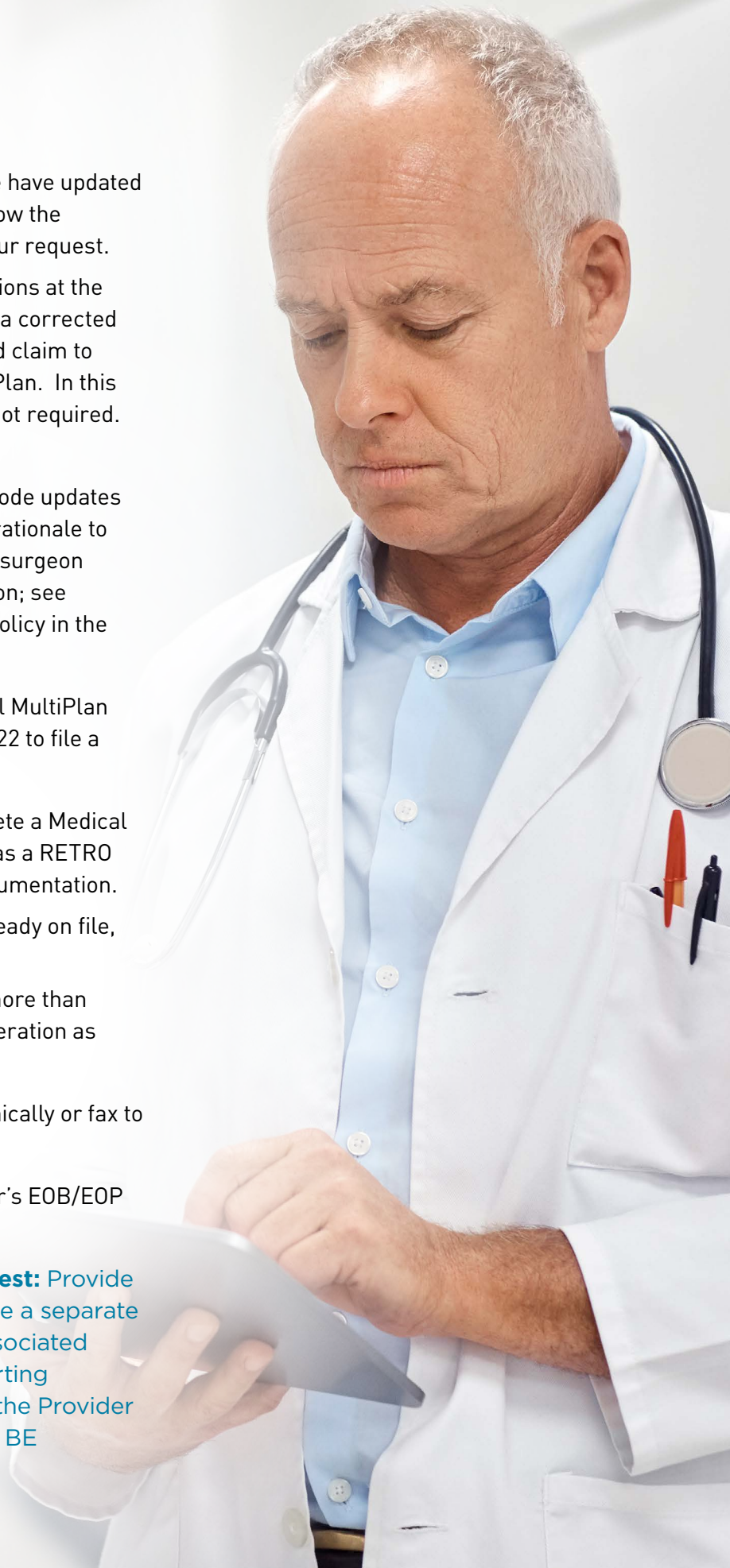
Retrospective Authorization Request – Complete a Medical or Pharmacy Prior Authorization Form, notate as a RETRO request and return with supporting clinical documentation.

- If a denied prior authorization request is already on file, complete a Member Appeal Form.
- If your retro prior authorization request is more than 180 days old, submit a timely filing reconsideration as outlined below.

Corrected Claim – Resubmit the claim electronically or fax to (605) 328-6840.

Coordination of Benefits – Fax the other carrier's EOB/EOP to (605) 328-6840.

To Submit a Claim Reconsideration Request: Provide the information shown below and complete a separate request for each claim. Return with the associated Explanation of Payment (EOP) and supporting documentation via mail, fax or submit via the Provider Portal. **INCOMPLETE SUBMISSIONS WILL BE RETURNED UNPROCESSED.**



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**.

SHP Facet Joint Injection (Addenda)

Added language for clarification: Thoracic facet joint/ medial branch block injections are not covered in diagnostic scenarios as current evidence does not support thoracic radiofrequency ablation.

Out-of-Network Referrals

Sanford Health Plan will require that providers indicate a reason for out-of-network referrals (i.e. complexity of care, lack of capacity, services not available in-network, timely access). Referral indications due to patient preference will be treated in accordance with the member's benefit plan (i.e. reduction or administrative denial of coverage, depending on plan coverage).



Requestor's phone number	<input type="text"/>
Requestor's fax number	<input type="text"/>
Medical indication for out-of-network referral: Medical indication is required or this out-of-network request will be treated in accordance to a member's benefit plan.	<input type="text"/>
Notes	
Note type	SHP Provider Comments [139]

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Introducing Sanford SAFEGUARD

Sanford Health Plan is launching SAFEGUARD, a short-term, limited duration medical insurance plan beginning July 1, 2020. SAFEGUARD will follow Sanford Health Plan's broad network but offers limited coverage and does not cover pre-existing conditions.

Pharmacy Clinical Pearls

- Voltaren® Gel (topical diclofenac) is now available over the counter as a 1% gel for arthritis pain.
- NurtecODT™ and Ubrovelty™ 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.

Overpayment Identification

Sanford Health Plan has conducted a retrospective review of paid claims as part of our quality assurance processes. As a result of this review, SHP has identified paid claims that did not comply with industry standards including, but not limited to:

- ✓ CMS
- ✓ Medicare Correct Coding Initiative and Guide
- ✓ Current year American Medical Association (AMA)
- ✓ Current Procedure Terminology (CPT)
- ✓ Milliman and Interqual guidelines

Recovery will be initiated as overpayments are identified.



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.

Policy Updates

- Services Requiring Prior Authorization
 - o Removed B9998 & B9999 from Artificial Nutrition row
 - o Removed 99341-99350 & 99374-99375 from Home Health row
 - o Removed 81511, 88341-88344, & "M" codes from Genetic Testing row
 - o Removed 77295 & 77316-77318 from Brachytherapy row
 - o Added N62 to Breast Procedures row
 - o Added notes on 30130, 30140, & 31237
- Genetic and Molecular Testing
 - o Added new "U" codes & moved "M" codes to exclusions
 - o Removed PA requirement from 81511 & 88341-88344
- Home Health Care
 - o Moved 99339-99340 to reimbursable
 - o Removed PA requirement and limit on 99341-99350 & 99374-99375
 - o Removed 99334-99337 from exclusions
- Lab, X-Ray, and Minor Procedure Rider
 - o Removed 17106-17108 from included code range



Sanford Health Plan will be updating the MCG content used for utilization management decision making to the 24th edition content this month. To view the most current policies, access is available through the MCG Cite for Guideline Transparency located on the [provider portal](#).

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](#).

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