Provider Fast Facts

May 27, 2020 | An eNewsletter from Sanford Health Plan

SANFORD HEALTH PLAN

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

Requestor's fax number

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.

Notes

Note type

SHP Provider Comments [139]

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REQUIREMENT OF ELECTRONIC SUBMISSION FOR PRIOR AUTHORIZATION

To better serve our members and providers, Sanford Health Plan will require electronic prior authorization submission effective Oct. 1, 2020. Providers who are not currently using the electronic submission option will need to submit referrals electronically through the provider portal found **HERE**.

For questions, please contact Provider Relations at (800) 601-5086.

2020 Clinical Practice Guidelines

The 2020 Clinical Practice Guidelines have been updated and are now available **HERE**.

UPDATED BENEFIT REIMBURSEMENT POLICIES

- Applied Behavioral Analysis (ABA) – Benefit limitations table updated with coverage changes effective Jan. 1, 2020
- Durable Medical Equipment (DME) – E0471 was added to list of eligible rent to purchase items
- Family Planning – Post-vasectomy semen analysis codes were added as reimbursable
- Services Requiring Prior Authorization – Language added to TMJ/TMD surgery row. Prosthetic code C1815 and DME codes E0691-E0694 were added to mirror DME Policy
- Breast-Related Procedures – Removed PA requirement from partial mastectomy codes 19301 and 19302; added Z90.10-Z90.13 to list of codes in table legend
- Telehealth – Added language regarding coverage during COVID-19 national emergency
- Chiropractic Care – Moved 97028 to reimbursable code list; corrected excluded code 97999 to 97799
- Obstetric (Pre- and Post-Natal) – Removed language that pap smear is part of routine OB visit (This is a preventive benefit addressed in the Preventive Health Guidelines Policy.)
- Habilitative Therapy – Added new codes G2168 & G2169; 92511 & 92520 are now reimbursable to all providers and will not count toward member's limit; Moved S8948 to exclusions.
- Rehabilitative Therapy (PT/OT/ST) – Added new codes G2168 & G2169; 92511 & 92520 are now reimbursable to all providers and will not count toward member's limit; Moved S8948 to exclusions.
- Lab and X-Ray Rider – Added lab codes Q0112, Q0113, and Q0115
- Lab, X-Ray, and Minor Procedure Rider – Added lab codes Q0112, Q0113, and Q0115

Continued Denial on Unspecified Codes

There will continue to be an MISCD denial applied to unspecified codes, which will reflect a provider write off. Please collaborate with your coding department(s) to adhere to proper coding guidelines. In the circumstance you feel as though no better code is available, please submit a reconsideration with proper documentation from a reputable coding source and supporting clinical information for consideration.

MISCD: MORE SPECIFIC CODING REQUIRED*.*
Member not responsible. Procedure CO Denial 9096 Non-Covered Charges.

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.

COVID-19

In general, we will continue to adhere to COVID-19 CMS coverage guidelines; however, reimbursement rates will continue to follow current contractual agreements.

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.

Retro Authorization Updates

As of April 1, 2020, Sanford Health Plan is no longer accepting provider reconsiderations for lack of authorization on the provider reconsideration form. Instead, the provider must submit either through the ***my*SanfordHealthPlan provider portal** (1) or by completing a medical or pharmacy prior authorization form and notating as a Retro (2).

Sanford Health Plan will not retro auth a service that occurred more than 180 days ago. **If the request is for a date of service that is more than 180 days, please complete a reconsideration for timely filing.**

1. Submit the request in the *my*SanfordHealthPlan provider portal by clicking **HERE**.

   Go to *"Create Referral"* on the provider portal. Fill out required information on the New Referral form. **Fill in the Date of Service to notate that this is a Retro authorization.**

OR

2. Provider will need to complete a medical or pharmacy prior authorization form, notate as a **RETRO** request at the top of the form and return with supporting clinical documentation.

   If a denied prior authorization request is already on file, complete a member appeal form.

   Medical and pharmacy forms are available **HERE**.

   If you need help with access to the provider portal or questions on any changes in the process, please email Provider Relations at **providerrelations@sanfordhealth.org**

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.

Starting April 1, 2020, all reconsiderations submitted due to lack of medical or pharmacy prior authorization should be submitted directly to the appropriate department (Utilization or Pharmacy Management) for review. For a prior authorization reconsideration, 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, a Member Appeal is required. For additional details about the Plan's reconsideration policy, review policy PR-014 Provider Claim Reconsiderations.

COVID-19 Provider Webpage Available

Sanford Health Plan has created a webpage with COVID-19 information and resources specifically for providers. Visit **this webpage** to find FAQs, recent communications and coding updates.

Have additional COVID-19 questions? Submit your questions **HERE.**

Pharmacy Update

NEW THIS MONTH: Clinical pearls and recent updates in the pharmacy world that may apply to your various practice settings. Please contact us with suggestions, topics, and/or questions for future newsletters at **courtney.feist@sanfordhealth.org**.

Sanford Health Plan and Lewis Drug have a joint clinical pharmacist, Courtney Feist. She is based out of the Sanford 26th and Sycamore Family Medicine and Children's Clinic in Sioux Falls. Her role is to help create efficiencies and improve communication between the clinics and pharmacies. She is available in many capacities, including to answer drug-related questions, provide formulary and financial assistance, provide patient education, and monitor chronic disease states.

Clinical Pearls

- Pataday® (olopatadine) is now available over the counter as a 0.1% and 0.2% eye drop for allergic conjunctivitis.
- Symbicort® (budesonide/formoterol) is available as a generic treatment indicated for asthma and COPD.
- The FDA strengthened existing warnings to the leukotriene receptor antagonist, Singulair® (montelukast). Montelukast now has a black box warning regarding mental health side effects, including suicidal thoughts or actions. It is recommended that health professionals inquire about history of mental illnesses prior to starting treatment and to counsel patients about the potential risk. See the FDA safety alert for more information.
- Lewis Drug carries the UltiGuard® SafePack which is a container where pen needles and a sharps container are provided in a single unit to help ensure safe disposal of sharps. This is covered by many insurance plans.
- Within Epic there are now standard ordering instructions for the medication, Rybelsus® (oral semaglutide), as it has very specific administration recommendations. Courtney has also helped fix day supply calculations on various insulin and oral contraceptive products and standardized directions for the Dexcom G6® and FreeStyle Libre Continuous Glucose Monitoring (CGM). These updates should decrease order entry time.
- The FDA has clarified that all insulin pen products MUST be dispensed in their original container. This means that a full box of insulin pens has to be dispensed to each individual patient (no more partial boxes), regardless of the day supply they will receive.

Quick Guide for Insulin Prescription Quantities

Remember to send prescriptions in mL - NOT units

Insulin Product	Strength	Total mL per Full Package	Units per Package
Admelog (lispro) Solostar Apidra (glulisine) Solostar Basaglar (glargine) Kwikpen Fiasp (aspart) Flextouch Humalog (lispro) and Humalog Mix KwikPen Humulin (recominant) KwikPen Lantus (glargine) Solostar Levemir (detemir) FlexTouch Novolog (aspart) and Novolog Mix FlexPen Tresiba (degludec) Flextouch U100	100 units/mL	15 (#5 – 3mL Pens)	1500
Insulin Vials Admelog, Aprida, Fiasp, Humalog, Humalog Mix, Humulin, Levemir, Novolin, Novolog, Novolog Mix	100 units/mL	10	1000
Humulin R U-500	500 units/mL	20	10,000
Toujeo (glargine) Solostar	300 units/mL	4.5 (#3 – 1.5mL Pens)	1350
Toujeo (glargine) Max Solostar	300 units/mL	6 (#2 – 3 mL Pens)	1800
Tresiba (degludec) Flextouch U200	200 units/mL	9 (#3 – 3mL Pens)	1800
Soliqua (glargine - lixisenatide)	100 unit – 33mcg/mL	15 – (#5 – 3mL Pens)	1500 units glargine
Xultophy (degludec - liraglutide)	100 unit – 3.6mg/mL	15 – (#5 – 3mL Pens)	1500 units degludec

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

SVHP-2860 Rev. 5/20