

COVID-19 Medicaid Response

July 2020

Remote Work

- South Dakota Medicaid switched to remote operations on March 16, 2020.
- Maintained a small in-office staff during remote work period to perform tasks not able to be done remotely like data entry.
- Processed payroll as normal during state office closures and remote work period.
- Added email options for providers to communicate with prior authorization staff and ask questions normally communicated via telephone.
- Encouraged providers to use online resources in the Medicaid Provider Online Portal:
 - Eligibility Inquiry
 - Service Limit Search
 - CMS 1500 Online Claim Submission
 - Status Inquiry
 - Reports and Remittance Advice

Medicaid Flexibilities: 1135 Waiver

- 1135 waivers temporarily waive, modify, or provide flexibility to certain Medicare, Medicaid, and CHIP requirements to ensure sufficient health care services are available to meet the needs of individuals eligible for those programs during a defined emergency time period and to ensure that providers can be reimbursed and exempt from any sanctions, absent any determination of fraud or abuse.
- DSS submitted a [1135 Waiver](#) to CMS on March 19, 2020. The waiver requested:
 - Provider Enrollment Flexibilities
 - Fair Hearing Extensions
 - Nursing Home Flexibilities
 - Hospital, Clinic, and Other Health Care Provider Flexibilities
- CMS partially approved South Dakota's 1135 waiver on [March 24](#) and [March 26](#) and issued a [blanket waiver](#) granting some flexibilities to all states.
- Flexibilities remain in effect until the end of the federal public health emergency (PHE).

Medicaid Flexibilities: Emergency Disaster SPA

- Emergency Disaster Relief State Plan Amendments (SPAs) may be used by states to temporarily revise policies related to eligibility, enrollment, benefits, premiums, cost sharing, and payments.
- DSS submitted a [Emergency Disaster SPA](#) on May 19, 2020. Flexibility requested includes:
 - Co-pay exemption for COVID-19 Testing and Treatment
 - Removal of face-to-face requirements for community mental health center and substance use disorder services to allow for audio-only services.
- CMS approved South Dakota's SPA on May 28, 2020 with a retroactive effective date to March 13, 2020.

Medicaid Flexibilities: Telehealth and Telephonic Services

- South Dakota Medicaid added additional telehealth flexibility in addition to current coverage during the COVID-19 PHE to help patients and provider practice social distancing and to minimize disruptions to services.
- Added flexibilities include:
 - Physical Therapy
 - Occupational Therapy
 - Optometry
 - Audiology
 - Well Child Services
 - Remote Patient Monitoring
 - Telephonic Behavioral Health Services
 - Telephonic E/M Services
 - Applied Behavioral Analysis (ABA) Services
 - Teledentistry
 - Behavioral Health Assessments
 - Speech Therapy Assessments
 - Additional hospital and observation care

Medicaid Flexibilities: Telehealth and Telephonic Services

- South Dakota Medicaid also removed the same community limitation on telehealth services during the PHE that normally requires in-person services when both the provider and patient are located in the same community.
- South Dakota Medicaid also followed HHS Office of Civil Right's enforcement discretion on HIPAA compliant platforms, allowing providers to use technologies like Facetime and Skype for telehealth. South Dakota Medicaid always encourages providers to use HIPAA-compliant technology.
- A full list of telehealth services and added flexibility can be found in the [Telemedicine Billing and Policy Manual](#).

Communication and Next Steps

■ Communication

- South Dakota Medicaid released 22 COVID-19 related communications between March 16 and July 20.
- South Dakota Medicaid also made direct contact with stakeholder groups and organizations to ask those groups to share communications more widely with their membership.

■ Next Steps

- Federal PHE set to expire on July 25, 2020. South Dakota Medicaid has prepared a SPA to allow some services to continue if federal PHE expires.
- DSS will evaluate telehealth services allowed during the COVID-19 PHE as permanent benefits.



June 12, 2020

ATTENTION: South Dakota Medicaid Providers

FROM: South Dakota Medicaid

RE: Coronavirus (COVID-19) Frequently Asked Questions

Coronavirus (COVID-19) Frequently Asked Questions

This FAQ highlights covered services, coverage requirements, new coverage flexibilities being offered in response to the COVID-19 pandemic. Coverage outlined below is effective beginning March 13, 2020 unless otherwise noted.

Where can I get information and updates about the coronavirus and COVID-19?

Information is available from the Centers for Disease Control (CDC) at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Information about South Dakota's response and updates about the coronavirus (COVID-19) is available from the South Dakota Department of Health at <https://doh.sd.gov/news/Coronavirus.aspx>

Does Medicaid cover testing and treatment for COVID-19?

Yes. South Dakota Medicaid will cover testing for COVID-19 without cost sharing requirements.

Providers must use diagnosis code U07.1(COVID-19) on all claims submitted for treatment of COVID-19.

Providers should refer to the [ICD-10 Official Coding and Reporting Guidelines April 1, 2020 through September 30, 2020](#) released by the CDC for detailed coding information related to COVID-19.

Does COVID-19 testing require a referral?

No, COVID-19 testing does not require a referral from a PCP or Health Home.

What code should providers use to bill testing for COVID-19?

Providers should use the applicable newly designated HCPCS codes U0001 or U0002 to bill for testing for coronavirus (COVID-19). South Dakota Medicaid will accept these codes starting April 1, 2020 for services provided on or after February 4, 2020.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

Effective April 14, 2020 HCPCS codes U0003 and U0004 can be utilized for COVID-19 testing completed using throughput technologies.

- U0003 should be used for testing performed with throughput technologies that would otherwise be classified under code 87635. HCPCS code 87365 is not covered by Medicaid,
- U0004 should be used for test identified under code U0002 but are completed using throughput technologies.
- U0003 and U0004 should not be used for COVID-19 antibody detection.

Pharmacies that are providing COVID-19 testing can contact DSS with any billing questions at DSSOnlinePortal@state.sd.us.

What is the reimbursement rate for the test for COVID-19?

South Dakota Medicaid's maximum allowable reimbursement rate for HCPCS code U0001 will be \$35.91 and \$51.31 for U0002. The maximum allowable reimbursement for HCPCS U0003 and U0004 is \$100. The rates are based on the South Dakota's Medicare Administrative (MAC) contractor rate.

Will HCPCS U0001, U0002, U0003, and U0004 be available retroactively for billing?

Yes, South Dakota Medicaid will follow Medicare's policy and make U0001 and U0002 retroactively effective on February 4, 2020. The codes may be billed beginning April 1, 2020. U0003 and U0004 are retroactive effective March 18, 2020.

Does Medicaid cover COVID-19 serology/antibody testing?

Serology testing is not currently being recommended by the CDC. Serology testing is covered by South Dakota Medicaid under the following conditions:

- The test must be medically necessary and cannot be used for the convenience of recipients.
- The test must be performed using a test with FDA Emergency Use Authorization.
- The test must have 99% or higher sensitivity and 99% or higher specificity.

Serology testing is covered under HCPCS 86769 and 86328. Claims for serology testing for COVID-19 must include the name and developer of the test.

Billing for these codes is retroactive to April 10, 2020. Providers may begin billing these codes on June 25, 2020.

What is the reimbursement rate for COVID-19 serology testing?

South Dakota's maximum allowable reimbursement rate for HCPCS code 86769 will be \$42.13 and \$45.23 for HCPCS code 86328.

Is remote patient monitoring a covered service?

South Dakota Medicaid temporarily covers remote patient monitoring for a recipient diagnosed with COVID-19, who has not recovered, and meets one of the following additional criteria:

- The recipient was hospitalized due to COVID-19 and further monitoring is required after discharge; or
- The recipient is at risk for severe illness due to being 65 years or older or an assisted living facility; or
- The recipient is at risk for severe illness due to having an underlying medical condition including chronic lung disease, moderate to severe asthma, a serious heart condition, being

immunocompromised, severe obesity (a BMI of 40 or higher), diabetes, chronic kidney disease and undergoing dialysis, or liver disease.

A physician, physician assistants, nurse practitioners, or certified nurse midwife must order remote monitoring and document the medical necessity of the service. The technology used for remote patient monitoring must be approved for remote patient monitoring by the FDA.

Is a telemedicine visit covered?

Yes, South Dakota Medicaid covers telemedicine services. The originating site and the distant site may be located in the same community if:

- The recipient resides in a nursing facility and the nursing facility is the originating site; or
- Telemedicine is being utilized primarily to reduce the risk of exposure of the provider, staff, or others to infection. Services may be provided via telemedicine when the distant site and originating site are in the same community to reduce the risk of exposure to COVID-19.

More information about telemedicine coverage is available in the [Telemedicine Billing and Policy Manual](#).

Do telemedicine services require a referral?

Yes, telehealth services require a referral. Please note that urgent care services provided via telehealth qualify for the 4 urgent care visits exempt from PCP referral. This means an urgent care telehealth visit could be provided without a PCP referral. Services should be billed as urgent according to the instructions in our [Urgent Care Provider Bulletin](#).

Does South Dakota Medicaid's coverage for telehealth align with Medicare?

Yes, South Dakota Medicaid expanded coverage during the public health emergency to include the same telehealth codes as Medicare with the exception of CPT codes 96138, 96139, 97535, 97761 99473, and 99483 which are not covered in any setting by SD Medicaid. A full list of covered CPT codes can be found in the [Telemedicine Billing and Policy Manual](#).

Is a telemedicine visit covered if the patient participates from their home?

Yes, the distant site service is covered even when the patient participates from home. When the patient participates from home, there is no reimbursement for a facility fee.

Are there requirements regarding the location of a distant site for telemedicine services?

Distant site services should be provided at a location consistent with any applicable laws or regulations regarding where services may be provided. South Dakota Medicaid does not have additional requirements regarding the distant site location other than the same community limitation stated in the telemedicine manual.

How are telehealth distant site services reimbursed?

Telehealth services are reimbursed as professional services according to the established rates on the [fee schedule](#) for each service; reimbursement for facility related charges for the distant site is not available.

Is a telemedicine visit covered for therapy services?

South Dakota Medicaid has added temporary coverage of physical therapy, occupational therapy, and speech-language pathology services provided via telemedicine for recipients and providers at

high risk for COVID-19 or under quarantine or social distancing during a declared emergency for COVID-19. The service must be provided by means of “real-time” interactive telecommunications system.

Use of telemedicine for the convenience of the provider or recipient is not covered.

A complete list of covered therapy codes can be found in the [telemedicine provider manual](#).

Is a teledentistry visit covered?

Effective March 16, 2020 Delta Dental South Dakota will cover claims for services conducted using tele-dentistry for HCPC D0140: Limited oral exam. The services must have sufficient audio and visual to be functionally equivalent to a face-to-face encounter. Reimbursement for tele-dentistry is equal to reimbursement for face-to-face encounters.

When reporting a service completed via tele-dentistry, providers are certifying the services rendered to the patient were functionally equivalent to a face-to-face encounter.

Providers should include the following codes on claims for services completed using tele-dentistry:

- D9995 – Tele-dentistry, synchronistic; real-time encounter
- D9996 – Tele-dentistry, asynchronistic; information stored and forwarded to dentist for subsequent review

Is telemedicine allowable for Applied Behavioral Analysis (ABA) Services?

South Dakota Medicaid has added temporary coverage of ABA services provided via telemedicine for recipients and providers at high risk for COVID-19, under quarantine, or social distancing during a declared emergency for COVID-19. The service must be provided by means of “real-time” interactive telecommunications system. Use of telemedicine for the convenience of the provider or recipient is not covered.

Is telemedicine allowable for well-child visits?

South Dakota Medicaid has added temporary coverage of well-child visits provided via telemedicine or telephone for recipients and providers at high risk for COVID-19, under quarantine, or social distancing during a declared emergency for COVID-19.

Providers should bill for these visits using a 52 modifier to indicate that a reduced service was performed since physical examination components are not able to be performed via telehealth/telephone. Providers who perform a physical exam within 10 months of the telehealth well child visit may void the previously paid claim with the 52 modifier and resubmit for full payment of the well child visit using the date of service of the physical exam.

South Dakota Medicaid encourages providers to continue to perform in-person visits for children under age 2 or children who need vaccinations. Clinics are encouraged to designating specific sites or times for well and sick visits to prevent comingling of patients when an in-person visit is indicated.

Is telemedicine allowable for Optometry services?

South Dakota Medicaid has added temporary coverage of optometry services provided via

telemedicine for recipients and providers at high risk for COVID-19, under quarantine, or social distancing during a declared emergency for COVID-19. The service must be provided by means of “real-time” interactive telecommunications system.

Providers should use HCPC 92065 for optometry services provided via telemedicine.

Is telemedicine allowable for Audiology services?

South Dakota Medicaid has added temporary coverage of audiology services provided via telemedicine for recipients and providers at high risk for COVID-19, under quarantine, or social distancing during a declared emergency for COVID-19. The service must be provided by means of “real-time” interactive telecommunications system.

A complete list of covered audiology codes can be found in the [telemedicine provider manual](#).

Is an audio-only visit covered for behavioral health services?

South Dakota Medicaid has added temporary coverage of audio-only telemedicine behavioral health services delivered by a Substance Use Disorder (SUD) Agency, a Community Mental Health Center (CMHC), or an Independent Mental Health Practitioner (IMHP) when the following circumstances exist:

- The provider or recipient is at high risk for COVID-19 or under quarantine or social distancing during a declared emergency for COVID-19; **and**
- The recipient does not have access to face-to-face audio/visual technology (including smart phone, tablet, computer, or WIFI/internet access).

SUD agencies, CMHCs, and IMHPs must utilize traditional audio/visual telemedicine technology when possible. Audio-only visits is not covered when used for the convenience of the provider or recipient. Providers must document both conditions for the use of audio-only technology in the medical record. SUD agencies and CMHCs may contact the Division of Behavioral Health via email at DSSBH@state.sd.us with further questions regarding the use of audio-only visits.

Are audio-only evaluation and management services covered?

Yes, South Dakota Medicaid is temporarily covering and reimbursing audio services for recipients who are actively experiencing symptoms consistent with COVID-19. The audio only service must meet the following criteria:

- The service must be initiated by the patient.
- The service should include patient history and/or assessment, and some degree of decision making.
- The service must be provided by a physician, nurse practitioner, physician assistant, or optometrist.
- The service must be 5 minutes or longer in order to bill 98966 or must meet the minimum time requirements for CPT codes 98967 and 98968.
- Services may be provided via telephone or via another device or service that allows real time audio communication.

Services must be billed using CPT codes 98966, 98967, 98968. claims should not be submitted to

South Dakota Medicaid until April 8, 2020 or later.

FQHC/RHC and IHS/Tribal 638 providers may bill for telephonic evaluation and management services using codes 98966, 98967, 98968 and be reimbursed at the fee schedule rate. FQHC/RHCs must bill for the service using a non-PPS billing NPI. For more information regarding billing with a non-PPS billing NPI please refer to the [FQHC/RHC Service Manual](#).

FQHC/RHC and IHS/Tribal 638 providers may bill for EM services performed telephonically using CPT codes 99201 - 99215 with the modifier 52 appended.

Who is eligible to receive audio-only evaluation and management services?

Audio only physician services can be used for established patients if the recipient is experiencing symptoms consistent with COVID-19, at high risk for COVID-19, under quarantine, or social distancing during a declared emergency for COVID-19.

Telephonic evaluation and management services are also covered for new patients experiencing symptoms consistent with COVID-19.

Providers should refer to the guidance in the [Physician Services Manual](#) for additional information who is considered a “new patient” and who is considered an “established patient”

Can telemedicine be provided using everyday technology like Skype and FaceTime?

DSS is following the [guidance](#) released by Medicare and HHS Office for Civil Rights (OCR). OCR is exercising enforcement discretion and waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. South Dakota Medicaid recommends providers provide telemedicine services via a HIPAA compliant platform, but on a temporary basis is affording providers the same flexibility offered by OCR during the COVID-19 pandemic.

Can recipients get extra medicine or supplies?

Effective 03/16/2020 South Dakota Medicaid will implement the following changes to the outpatient retail prescription benefit for all medications as allowed by federal or state law:

1. The early refill threshold will be reduced to 50%. This will allow a prescription to be refilled after 50% usage. For example, a 30 day supply can be refilled 15 days (50% of 30) after the previous fill date.
2. Prescriptions may be filled for up to a 60 day supply.

These changes are temporary and are subject to change or termination at any time. All applicable federal and state laws for prescribing and dispensing still apply.

Providers may dispense a 60-day supply of oxygen supplies (CPT codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, E0444, E1390, E1391, E1392, E1405, E1406, K0738) and diabetic supplies for recipients at high risk of COVID-19 or under quarantine or social distancing during a declared emergency for COVID-19.

Providers may submit claims for a 60-day supply of oxygen supplies through the portal or via paper.

- Paper claims for dispensing 60-day supply for oxygen supplies may be submitted with future

service dates.

- Claims submitted on the portal will need to wait to be submitted until after the last day of the span date.

Existing outpatient prescriptions that require prior authorizations and will expire before May 31, 2020 will be extended by 90 days. This does not apply to new prior authorization requests or limited timeframe prior authorizations (ex. Hepatitis C treatments).

We are actively evaluating current dispensing limits for other services in light of the COVID-19 pandemic, with the intent to provide additional flexibility where possible.

Do out of state providers need to be licensed in South Dakota to provide services during the public health emergency?

Providers wanting to provide services in South Dakota during the COVID-19 response do not need to be licensed in the state. Governor Noem's [Executive Order 2020-07](#) grants full recognition to the licenses held by a professional by any compact member state, in accordance with the Uniform Emergency Management Assistance Compact (ECAC) should those facilities require additional professionals to meet patient demand during COVID-19 emergency, whether in-person or by remote means. This order has been in place since March 23, 2020.