

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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May 1, 2020

ATTENTION: South Dakota Medicaid Providers

FROM: South Dakota Medicaid

RE: COVID-19 Telehealth Updates

South Dakota Medicaid has added additional telehealth flexibility during the COVID-19 Public Health Emergency for well child services, optometry, audiology, and remote patient monitoring. The additional telehealth flexibility for these services is described below. South Dakota Medicaid encourages all providers to review the [Telemedicine Billing and Policy Manual](#) and the list of covered telemedicine services.

Well Child Services

South Dakota Medicaid has added temporary coverage of well child check-ups for recipients and providers at high risk for COVID-19, under quarantine, or social distancing during the declared emergency for COVID-19. Providers are allowed to provide well child check-ups delivered via telemedicine or via telephone. Providers must bill for the service with the 52 modifier appended to indicate that a reduced service was performed since physical examination components are not able to be performed via telemedicine/telephone. The maximum reimbursement rate for services billed with the 52 modifier is 75 percent of the established fee for physicians or 75 percent of the encounter rate for FQHC/RHCs and IHS/Tribal 638 providers. FQHC/RHCs and IHS/Tribal 638 providers should not submit claims for these services until after May 15, 2020.

Providers are encouraged to complete the physical examination the next time the recipient is seen in person. Providers who perform a physical examination within 10 months of the telemedicine/telephone well child check-up may void the previously paid claim with the 52 modifier and resubmit for full payment of the well child check-up using the date of service of the physical examination.

South Dakota Medicaid encourages providers to perform in person well child check-ups for children under age 2 and for children who need a vaccine or to arrange for vaccine administration in person following the telemedicine/telephone check-up.

Optometry

South Dakota Medicaid has added temporary coverage of telehealth services provided by optometrists using real-time audio-visual technology. This includes problem focused E/M codes and optometry training (CPT 92065). Optometrists are encouraged to review the full list of allowable services listed in the [Telemedicine Billing and Policy Manual](#).

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).

Optometrists are also able to provide and bill for telephonic services using CPT codes 98966, 98967, and 98968. Telephonic services should include patient history and/or assessment, and some degree of decision making. The service must be 5 minutes or longer. Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an office visit, including a telemedicine office visit, within 24 hours or at the next available appointment time. In those circumstances, the telephone service is considered a part of the subsequent office visit. If the telephone call follows a billable office visit performed in the past seven calendar days for the same or a related diagnosis, then the telephone services are considered part of the previous office visit and are not separately billable.

Audiology

South Dakota Medicaid has added temporary coverage of limited audiology services for recipients and providers at high risk for COVID-19, under quarantine, or social distancing during the declared emergency for COVID-19. Fitting and programming services included in the provision of a hearing aid may be performed via telemedicine. The following services may be performed when the patient is in any setting, including the patient's home:

- Cochlear Implant Follow-Up/Reprogramming (CPT codes 92601-92604);
- Hearing Aid Checks (CPT codes 92592-92593), and
- Auditory Function Evaluation (CPT codes 92620, 92621, 92626, and 92627).

In addition, the following services can be provided via telemedicine when the patient is located in a clinic or other setting with a qualified health professional present:

- Tympanometry (CPT code 92550 and 92567); and
- Evoked Auditory Tests (CPT codes 92585-92588).

Remote Patient Monitoring

South Dakota Medicaid has added temporary coverage of remote patient monitoring (CPT codes 99453, 99454, 99457, and 99458) during the COVID-19 public health emergency when the following criteria is met.

1. The recipient was diagnosed with COVID-19, has not recovered, and meets one of the following additional criteria:
 - a. The recipient was hospitalized due to COVID-19 and further monitoring is required after discharge; or
 - b. The recipient is at risk for severe illness due to being 65 years or older or an assisted living facility; or
 - c. 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.
2. The recipient must be cognitively capable of operating the remote monitoring equipment or must be assisted by a caregiver capable of operating the equipment.
3. A physician, physician assistants, nurse practitioners, or certified nurse midwife must order remote monitoring and document the medical necessity of the service.
4. The technology has been approved for remote patient monitoring by the FDA.

FQHC/RHC providers may bill for these services on a fee for service basis using their non-PPS NPI if the service is ordered by one of the allowable practitioner types.