



July 30, 2021

**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 one of the following diagnosis codes as a primary or secondary diagnosis on claims submitted for treatment of COVID-19.

| <b>Diagnosis Description</b>                              | <b>Diagnosis Code</b> |
|---|-----------------------|
| COVID-19, virus identified                                | U07.1                 |
| Encounter for screening for COVID-19                      | Z11.52                |
| Contact with and (suspected) exposure to COVID-19         | Z20.822               |
| Personal history of COVID-19                              | Z86.16                |
| Multisystem inflammatory syndrome                         | M35.81                |
| Other specified systemic involvement of connective tissue | M35.89                |
| Pneumonia due to coronavirus disease 2019                 | J12.82                |

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.

In order to better track treatment for COVID-19, CMS has released new COVID-19 treatment inpatient hospital procedure codes, SD Medicaid will accept these codes effective August 1, 2020.

| <b>Procedure Code</b> | <b>Description</b>   |
|-----------------------|--|
| XW013F5               | Introduction of Other New Technology Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 5 |
| XW033E5               | Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5                      |
| XW033F5               | Introduction of Other New Technology Therapeutic Substance into Peripheral Vein, Percutaneous Approach, New Technology Group 5     |
| XW033G5               | Introduction of Sarilumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5                                      |
| XW033H5               | Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5                                    |
| XW043E5               | Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5                         |
| XW043F5               | Introduction of Other New Technology Therapeutic Substance into Central Vein, Percutaneous Approach, New Technology Group 5        |
| XW043G5               | Introduction of Sarilumab into Central Vein, Percutaneous Approach, New Technology Group 5   |
| XW043H5               | Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5                                       |
| XW0DXF5               | Introduction of Other New Technology Therapeutic Substance into Mouth and Pharynx, External Approach, New Technology Group 5       |
| XW13325               | Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5             |
| XW13325               | Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5             |
| XW14325               | Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5                |
| XW14325               | Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5                |

**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.

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](mailto: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 is \$35.91 and \$51.31 for U0002. Effective January 1, 2021 the maximum allowable reimbursement for HCPCS U0003 and U0004 is \$75. Providers may bill the add on code U0005, if the testing was completed within two calendar days. The two days for completing the test accounts for the entire testing process from sample collection to the submission of the results. The rates are based on the South Dakota's Medicare Administrative (MAC) contractor rate.

### **How do providers need to bill for U0005?**

HCPCS code U0003 or U0004 must be listed first on the claim before U0005. Claims without both HCPCS codes in the correct order will deny.

If a claim is submitted incorrectly, you must void the entire claim. The HCPCS codes are required to be billed together, both codes must be denied or voided before you can resubmit the claim. Instructions for how to void a claim are located in the [CMS 1500 Void and Adjustment Request Manual](#).

### **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.

**Are Indian Health Services (IHS) and Tribal 638 providers eligible to be reimbursed at the encounter rate for offsite COVID-19 testing services?**

Yes, CMS is temporarily allowing this flexibility until October 31, 2021. CPT code 99212 should be listed on the claim for specimen collection.

**Does Medicaid cover Monoclonal Antibody Therapy?**

Yes, Medicaid covers Monoclonal Antibody Therapy in accordance with [Medicare guidelines](#).

| Code  | Name      | Payment Allowance    | Effective Date           | End Date   |
|-------|-----------|----------------------|--------------------------|------------|
| Q0239 | Eli Lilly | \$0                  | 11/10/2020               | 04/16/2021 |
| M0239 | Eli Lilly | \$309.60             | 11/10/2020               | 04/16/2021 |
| Q0243 | Regeneron | \$0                  | 11/21/2020               |            |
| M0243 | Regeneron | \$309.60<br>\$443.62 | 11/21/2020<br>05/06/2021 | 05/05/2021 |
| M0244 | Regeneron | \$739.72             | 05/06/2021               |            |
| Q0245 | Eli Lilly | \$0                  | 02/09/2021               |            |
| M0245 | Eli Lilly | \$309.60<br>\$443.62 | 02/09/2021<br>05/06/2021 | 05/05/2021 |
| M0246 | Eli Lilly | \$739.72             | 05/06/2021               |            |

Medicaid will only cover and pay for bamlanivimab (Q0239 and M0239), when administered alone, for dates of service from November 10, 2020 – April 16, 2021.

Outpatient providers should bill for Monoclonal Antibody Therapy using REV Code 26X.

Monoclonal Antibody Therapy services provided by a FQHC or RHC are covered as an incidental service if it is provided on the same day as an encounter. An FQHC or RHC can bill the service as fee-for-service if no encounter visit occurs on the same day.

### Does Medicaid cover the COVID-19 vaccine?

Yes, South Dakota Medicaid covers the administration of the COVID-19 vaccine(s) that have received Emergency Use Authorization from the Food and Drug Administration. South Dakota

| Code  | Labeler Name | Vaccine/Procedure Name  | Payment Allowance | Effective Dates |
|-------|--------------|---|-------------------|-----------------|
| 91300 | Pfizer       | Pfizer-Biontech Covid-19 Vaccine                              | \$0               | 03/15/2021      |
| 0001A | Pfizer       | Pfizer-Biontech Covid-19 Vaccine Administration – First Dose  | \$39.67           | 03/15/2021      |
| 0002A | Pfizer       | Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose | \$39.67           | 03/15/2021      |
| 91301 | Moderna      | Moderna Covid-19 Vaccine                                      | \$0               | 03/15/2021      |
| 0011A | Moderna      | Moderna Covid-19 Vaccine Administration – First Dose          | \$39.67           | 03/15/2021      |
| 0012A | Moderna      | Moderna Covid-19 Vaccine Administration – Second Dose         | \$39.67           | 03/15/2021      |
| 91303 | Janssen      | Janssen Covid-19 Vaccine                                      | \$0               | 03/15/2021      |
| 0031A | Janssen      | Janssen Covid-19 Vaccine Administration                       | \$39.67           | 03/15/2021      |

Medicaid’s maximum allowable reimbursement rate for the administration of the COVID-19 vaccine is based on the Medicare rate. Providers that have an agreement with the Department of Health for reimbursement of COVID-19 vaccine administration should not bill Medicaid.

### Can pharmacists receive reimbursement for administration of COVID-19 vaccine and COVID-19 testing?

Yes, in accordance with the PREP Act and state law, the State covers the administration of COVID-19 vaccines by pharmacists, pharmacy interns, and pharmacy technicians. In addition, the State covers pharmacist ordered and administered COVID-19 tests as well as COVID-19 tests administered by pharmacy interns and technicians.

South Dakota Medicaid will reimburse pharmacy providers through the Pharmacy Point of Sale System (POS) for the administration of COVID-19 vaccines for South Dakota Medicaid recipients. COVID-19 vaccine administration claims should not be billed on a CMS 1500. This change impacts COVID-19 vaccinations only; all other vaccines as well as COVID-19 tests should continue to be billed on the CMS 1500 claim form. Questions regarding POS claims should be directed to OptumRx at 1-855-401-4262.

Claims for administration of the COVID-19 vaccine must include the following codes:

| <b>NCPDP Field Name</b>             | <b>NCPDP Field Number</b> | <b>First Dose</b>                     | <b>Second Dose (If Applicable)</b> | <b>Single Dose (When Available)</b>   |
|-------------------------------------|---------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| Professional Service Code (DUR-PPS) | 440-E5                    | MA = Medication Administration        | MA = Medication Administration     | MA= Medication Administration         |
| Day Supply                          | 405-D5                    | 1-Day                                 | 1-Day                              | 1-Day                                 |
| Submission Clarification Code (SCC) | 420-DK                    | 2 = Other Override                    | 6 = Starter Dose                   | Blank                                 |
| Ingredient Cost Submitted           | 409-D9                    | \$0.00<br>(\$0.01 if system requires) | \$0.00                             | \$0.00<br>(\$0.01 if system requires) |
| Gross Amount Due                    | 430-DU                    | U&C                                   | U&C                                | U&C                                   |
| Product / Service ID / NDC          | 407-D7                    | EUA approved NDC                      | EUA Approved NDC                   | EUA Approved NDC                      |
| Fill Number                         | 403-D3                    | 00                                    | 01                                 | 00                                    |

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

### **Can a provider provide a telemedicine service to a recipient located in the same community?**

Yes, effective July 1, 2021, South Dakota Medicaid removed the same community restrictions for telemedicine services. Previously if a provider and recipient were both located in the same community, services were not covered via telemedicine unless one of the stated exceptions was met. The decision of whether it is appropriate to deliver the service via telemedicine should be determined by the provider and the recipient.

**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, 99483, G0422, and G0423 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](#) manual.

**Are teledentistry services covered?**

Yes, please refer to our [Teledentistry](#) manual for coverage information.

**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](#) manual.

### **Are Indian Health Services (IHS) and Tribal 638 providers eligible to be reimbursed at the encounter rate for telemedicine services when neither the practitioner nor recipient are located in the clinic at the time of the service?**

Yes, CMS is temporarily allowing this flexibility until January 30, 2021. Telemedicine services must be provided in accordance with the [Telemedicine](#) manual.



### **Are audio-only visits covered?**

Effective July 1, 2021, South Dakota Medicaid discontinued coverage of telephonic and audio-only services that have been covered on a temporary basis. The department will be bringing forth an administrative rules package in the coming months that is intended to enable certain services to be provided via telephone or other audio-only modalities on a permanent basis. We encourage providers to leverage technology to deliver services when possible and continue to provide services via telemedicine when appropriate in accordance with our [Telemedicine](#) manual.

### **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 supplies?**

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.

### **What are the early refill thresholds and day supply for prescription medications?**

Effective July 1, 2021, Prescription refills are subject to the following limitations based on the dispensed day supply:

- Non-controlled substances: 75%
- Controlled Substances: 85%

For example, a 30 day prescription for a non-controlled substance filled on July 1st is eligible to be refilled after 75% of the 30 day supply has passed, or July 23rd.

Unless otherwise noted the maximum day supply allowed under Medicaid is 34 days. Products with unique package sizes (ex. creams, liquids, etc) may be subject to a day supply limit less than 34. Certain generic maintenance medications are eligible for 90-day fills after a recipient has established compliance and tolerability by filling a prescription for the same drug and strength for three 30-day

fills within the previous 100 days. Please reference the [list of medications](#) eligible for 90-day fills.

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

Yes, providers are required to be licensed in South Dakota in order to provide services in South Dakota. HB 1077 will become law for certain professions effective July 1, 2021 and allows individual to easily port their license across state lines.

**Will South Dakota Medicaid allow ground ambulance transportation from a hospital with a higher level of care to a hospital with a lower level of care?**

On a temporary basis during the declared COVID-19 Federal Public Health Emergency South Dakota Medicaid will allow ground ambulance transportation from a hospital with a higher level of care to a hospital with a lower level of care in the following circumstances:

- The transportation is not being done for the convenience of the recipient;
- The transportation to lower level of care is done by a stretcher van if available and ground ambulance transport is not indicated; and
- The transportation is to accommodate the care of additional patients with a COVID-19 diagnosis. This must be documented in the hospital's records and provided upon request.

When billing for a transfer under this flexibility, the ambulance provider should bill the applicable non-emergency base rate code (A0428, BLS non-emergency, or A0426, ALS non-emergency, (if recipient has an open running IV or needs medication during transport)). The provider must include the applicable origin/destination modifier and the CR modifier on the claim. This flexibility is allowable for dates of service of October 1, 2020 or later.