



March 2, 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.

Diagnosis Description	Diagnosis Code
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.

Procedure Code	Description
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.

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 January 30, 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](#).

- Q0239 and Q0243 are reimbursed at \$0.
- M0239 and M0243 are reimbursed at \$309.60.

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

Monoclonal Antibody Therapy services provided by a FQHC or RHC is 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 Medicaid's maximum allowable reimbursement rate for the administration of the COVID-19 vaccine is based on the Medicare rate. The maximum allowable reimbursement rate for the initial dose is \$16.94 and \$28.39 for the second dose. Providers that have an agreement with the Department of Health for reimbursement of COVID-19 vaccine administration should not bill Medicaid.

The Pfizer-BioNTech COVID-19 vaccine should be billed using CPT code 91300 with the applicable administration code: CPT 0001A (1st dose) or CPT code 0002A (2nd dose). Upon receiving Emergency Use Authorization, the Moderna COVID-19 vaccine should be billed using CPT code 91301 with the applicable administration code: CPT code 0011A (1st dose) or CPT code 0012A (2nd dose).

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 these claims should be directed to OptumRx at 1-855-401-4262.

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

NCPDP Field Name	NCPDP Field Number	First Dose	Second Dose (If Applicable)	Single Dose (When Available)
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 <small>(\$0.01 if system requires)</small>	\$0.00	\$0.00 <small>(\$0.01 if system requires)</small>
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. 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, 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 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](#).

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.

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](#) and [Executive Order 2020-34](#) grant 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.

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.