Authorization Updates. Changes will go into effect 60 days from this Provider Alert.

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of providerNEWS:

You can access all current Sentara Health Plans medical behavioral health, durable medical equipment (DME), imaging, medical, obstetrics, pharmacy, and surgical policies via sentarahealthplans.com/providers/clinical-reference/medical-policies

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Athletic Pubalgia Surgery (Formerly: Sports Hernia Repair), Surgical 127	No changes for all lines of business. 27299, 49659	• Sports Hernia Repair (Athletic Pubalgia Surgery) Commercial - Surgical 127 • Sports Hernia Repair (Athletic Pubalgia Surgery) Medicaid • Sports Hernia Repair (Athletic Pubalgia Surgery) Medicare - Surgical 127
Augmentative Communication and Speech Generating Systems, DME 30	Updated criteria for Commercial and Medicaid. Continue to use Medicare and utilize NCD 50.1 and LCD L33739. E1399, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	• Augmentative Communication and Speech Generating Systems Commercial - DME 30 • Augmentative Communication and Speech Generating Systems Medicaid - DME 30
Automated External Defibrillators, DME 63	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L33690. E0617	• Automated External Defibrillators (AED) Commercial - DME 63

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Automated External Defibrillators (AED) Medicaid - DME 63
Genicular Artery Embolization (GAE), Medical 342	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing NCD 20.28. 37242, 37244	• Genicular Artery Embolization (GAE) Commercial - Medical 342 • Genicular Artery Embolization (GAE) Medicaid - Medical 342
High Frequency Chest Wall Compression, DME 14	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L33785. A7025, A7026, E0483, E0481, E1399	• High Frequency Chest Wall Compression Commercial - DME 14 • High Frequency Chest Wall Compression Medicaid - DME 14
Home Music Therapy, BH 38	No changes for all lines of business. G0176	• Home Music Therapy Commercial - BH 38 • Home Music Therapy Medicaid - BH 38 • Home Music Therapy Medicare - BH 38
Implantable Hemodynamic Monitoring for Heart Failure, Medical 317	Expanded criteria for all lines of business. 33289, 0933T, 0934T	• Implantable Hemodynamic Monitoring for Heart Failure Commerical - Medical 317 • Implantable Hemodynamic Monitoring for Heart Failure Medicaid - Medical 317 • Implantable Hemodynamic Monitoring for Heart Failure Medicare - Medical 317

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Infant Home Apnea Monitor, DME 22	No changes for Commercial and Medicaid. E0618, E0619	• Infant Home Apnea Monitor Commercial – DME 22 • Infant Home Apnea Monitor Medicaid - DME 22
Intestinal Transplant with or without combined Liver Transplant or other Visceral Organs, Surgical 92	No changes for Commercial and Medicaid. Continue to use Medicare NCD 260.5. CPT 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055	• Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs Commercial - Surgical 92 • Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs Medicaid - Surgical 92
Jaw Motion Rehabilitation Systems, DME 43	No changes for all lines of business. E1700, E1701, E1702	• Jaw Motion Rehabilitation Systems Commercial - DME 43 • Jaw Motion Rehabilitation Systems Medicaid - DME 43 • Jaw Motion Rehabilitation Systems Medicare - DME 43
New Tech Guardant Reveal	Added to Commerical and Medicaid as an exception Medical 34A, Genetic Testing-Cancer Prevention, Diagnosis and Treatment. Utilizing LCD L38779 for Medicare. 81479	• Genetic Testing-Cancer Prevention, Diagnosis and Treatment Commercial - Medical 34A • Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicaid - Medical 34A

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
New Tech Review – Robotic arm (assistive device)	Added codes to Wheelchairs policy as an exception DME 28 for all lines of business. K0108, E1399.	• Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Commercial - DME 28 • Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Medicaid - DME 28
New Tech Review Motus Nova Rehabilitation Devices	Adding to Misc Orthotics and Braces – DME 251 as an exception to both Commercial and Medicaid. Utilize NCD 280.1 for Medicare. E0739, E0738	
Orthognathic Surgery, Surgical 34	No changes for Commercial and Medicaid. Continue to use Medicare LCD L33428. CPT 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21244, 21245, 21246, 21247, 21255, 21295, 21296	• Orthognathic Surgery Commercial - Surgical 34 • Orthognathic Surgery Medicaid - Surgical 34
Pads with Circulating Water for Pain Relief, DME 242	No changes to Commercial and Medicaid. Continue to use Medicare LCD L33784 and LCD L33735. E0217, E0218, E0236, E0249	• Pads with Circulating Liquid for Pain Relief Commercial - DME 242 • Pads with Circulating Liquid for Pain Relief Medicaid - DME 242
Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation, Surgical 136	No changes to all lines of business. 0483T, 0484T	• Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation Commercial - Surgical 136

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation Medicaid - Surgical 136 • Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation Medicare - Surgical 136
Pneumatic Compression of the Chest or Trunk, DME 53	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L33829. E0656, E0657	• Pneumatic Compression of the Chest or Trunk Commercial - DME 53 • Pneumatic Compression of the Chest or Trunk Medicaid - DME 53
Renamed Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis – Corneal Procedures, Surgical 55	Updated criteria for both Commercial and Medicaid and Renamed policy to Corneal Procedures. Continue to use Medicare and utilizing NCD 80.7. 58353, 65710, 65730, 65750, 65755, 65756, 65757, 65770, 65772, 65775, 66999, L8609, S0810, S0812	• Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis Commercial - Surgical 55 • Corneal remodeling, Corneal Keratectomy, Keratoplasties and Keratoprosthesis Medicaid - Surgical 55
Scalp cooling during chemotherapy, DME 249	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing LCD L39573. 0662T, 0663T	• Scalp Cooling During Chemotherapy Commercial - DME 249 • Scalp Cooling During Chemotherapy Medicaid - DME 249

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Sclerotherapy and Prolotherapy for Joints and Tendons, Medical 108	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing NCD 150.7. M0076	• Sclerotherapy and Prolotherapy for Joints and Tendons Commercial - Medical 108 • Sclerotherapy and Prolotherapy for Joints and Tendons Medicaid - Medical 108
Second Ventilator, DME 51	No changes to Commercial and Medicaid. Continue to use Medicare and utilizing NCD 280.1 and LCD L33800. E0465, E0466, E0467	• Second Ventilator Commercial - DME 51 • Second Ventilator Medicaid - DME 51
Spinal Arthroplasty (Formerly: Artificial Disc Replacement and Treatment), Surgical 35	Expanded criteria for both Commercial and Medicaid. Continue to utilize LCD L38033, L37826 and NCD 150.10 for Medicare. 0095T, 0098T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0719T	• Spinal Arthroplasty (Formerly: Artificial Disc Replacement and Treatment) Commercial - Surgical 35 • Spinal Arthroplasty (Formerly: Artificial Disc Replacement and Treatment) Medicaid - Surgical 35
Surgical Assisted Liposuction for Lymphedema Post-mastectomy, Surgical 131	No changes for all lines of business. 15878	• Surgical Assisted Liposuction for Lymphedema Post-mastectomy Commercial – Surgical 131 • Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicaid – Surgical 131 • Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicare – Surgical 131
Transanal Double Balloon Enteroscopy, Medical 293	No changes for all lines of business. 44799	• Transanal Double Balloon Enteroscopy Commercial - Medical 293

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Transanal Double Balloon Enteroscopy Medicaid - Medical 293
Transfer Devices and Lifts, DME 42	No changes to Commercial and updating criteria for Medicaid. Continue to use Medicare and utilizing NCD 280.4, LCD L33799, L33736, and L33801. E0247, E0248, E0621, E0625, E0635, E0639, E0640, E1035, E1036	• Transfer Devices and Lifts Commercial - DME 42 • Transfer Devices and Lifts Medicaid - DME 42
Transvenous Implantable Cardioverter Defibrillator, Surgical 133	Archiving Commercial and Medicaid and utilizing MCG M-157. Continue to use Medicare and utilizing NCD 20.4. 33216, 33217, 33249	• Transvenous Implantable Cardioverter Defibrillator Commercial - Surgical 133 • Transvenous Implantable Cardioverter Defibrillator Medicaid - Surgical 133