

Sentara Health Plans Medical and Clinical Policy Updates

Effective December 1, 2025

Sentara Health Plans would like to notify you of the following medical policy updates made since the last version of **Provider News**.

You can access all current Sentara Health Plans medical policies at sentarahealthplans.com.

You can link directly to Sentara Health Plans current Prior Authorization List (PAL) at <u>pal.sentarahealthplans.com</u>.

For the most current, comprehensive review of the proceedings from Sentara Health Plans' pharmacy and therapeutics committee, please view the Quarterly Pharmacy Changes to see Formulary and Authorization updates.

Medical Policies

The Medical Policy Committee (MPC) approved the following Medical Policies applicable to Sentara Health Plans. These medical policies take effect December 1, 2025.

Publication Date: September 2025 Effective Date: December 1, 2025

Policy	Policy Name	Status	Applicable
Number			Service Lines
DME 242	Pads with Circulating Water for Pain Relief	Archived – Use MCG	Commercial
			and Medicaid
DME 249	Scalp Cooling During Chemotherapy	Reviewed	Commercial
			and Medicaid
Medical 108	Sclerotherapy and Prolotherapy for Joints and	Archived – Add criteria	Commercial
	Tendons	to Surgical 119	and Medicaid
Medical 293	Transanal Double Balloon Enteroscopy	Archived	Commercial,
			Medicaid,
			and Medicare
Medical 317	Implantable Hemodynamic Monitoring for Heart	Revised	Commercial
	Failure		and Medicaid
Medical 91	Vestibular Rehabilitation	Archived	Commercial
			and Medicaid
Surgical 118	Lumbar Fusion	Reviewed	Commercial
			and Medicaid
Surgical 120	Lumbar Discectomy	Reviewed	Commercial,
			Medicaid,
			and Medicare
Surgical 121	Lumbar Laminectomy	Reviewed	Commercial
			and Medicaid
Surgical 122	Cervical Laminectomy	Revised	Commercial,
			Medicaid,
			and Medicare

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Surgical 127	Athletic Pubalgia Surgery	Archived	Commercial, Medicaid, and Medicare
Surgical 131	Surgical Assisted Liposuction	Revised	Commercial, Medicaid, and Medicare
Surgical 136	Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation	Archived – use MCG	Commercial, Medicaid, and Medicare
Surgical 34	Orthognathic Surgery	Reviewed	Commercial and Medicaid
Surgical 35	Spinal Arthroplasty (Formerly known as Artificial Disc Replacement and Treatment)	Reviewed	Commercial and Medicaid
Surgical 40	Intraoperative Neurophysiological Monitoring and EMG Larynx	Revised	Commercial and Medicaid

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