

## 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, imaging, medical, obstetrics, pharmacy, and surgical policies via the weblink [sentarahealthplans.com/providers/clinical-reference/medical-policies](https://sentarahealthplans.com/providers/clinical-reference/medical-policies).

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Continuous Glucose Monitoring Systems, DME 10</b>	For Medicaid ONLY updated criteria to align with the DMAS manual. Codes: 0446T, 0447T, 0448T, A4238, A9276, A9277, A9278, A9279, E2102, K0553, K0554.	<ul style="list-style-type: none"><li>• <a href="#">Continuous Glucose Monitoring System Commercial - DME 10</a></li><li>• <a href="#">Continuous Glucose Monitoring System Medicaid - DME 10</a></li></ul>
<b>Off-Label Drug Use, Pharmacy 12</b>	Updated criteria for both Commercial and Medicaid. For Medicare continue to utilize LCD L33394.	<ul style="list-style-type: none"><li>• <a href="#">Off-Label Drug Use Commercial - Pharmacy 12</a></li><li>• <a href="#">Off-Label Drug Use Medicaid - Pharmacy 12</a></li></ul>
<b>Erector Spinae Plane Block, Medical 332</b>	Archive Medical 332, Erector Spinae Plan Block policy for Commercial, Medicaid and Medicare.	Archive on February 1, 2025

See below for Updates from SHP’s Integrated Benefit Management Team

**IBMT UPDATES: Behavioral Health Authorization Updates for Medicare Effective February 1, 2025**

Prior Authorization requirements for two (2) procedure codes will be updated to reflect Authorization Required (Y) effective February 1, 2025 for Medicare line of business.

G0410
G0411

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

Note-Code changes and deleted codes are uploaded to the Sentara Health Plan website.

Sentara Health Plans Pal Tool: [pal.sentarahealthplans.com](https://pal.sentarahealthplans.com)

**IBMT UPDATES: Behavioral Health Authorization Updates for Medicare Effective February 1, 2025**

Prior Authorization requirements for three (3) procedure codes will be updated to reflect No Authorization Required (N) effective February 1, 2025 for Medicare line of business.

90867
90868
90869

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

Note-Code changes and deleted codes are uploaded to the Sentara Health Plan website.

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## **IBMT UPDATES: Prior Authorization Updates for Medicaid Effective February 1, 2025**

Prior Authorization requirements for four (4) procedure codes will be updated to reflect Authorization Required (Y) effective February 1, 2025 for Medicaid line of business.

C9507
S9975
S9976
S9977

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

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## **IBMT UPDATES: SHP Commercial & Exchange Plans Prior Authorization Updates, Effective February 1, 2025**

Prior Authorization requirements for 24 procedure codes will be updated effective February 1, 2025 for Commercial Fully Funded lines of business.

- 18 Procedure codes will reflect Auth Required (Y)
- 6 Procedure codes will reflect Not Covered (NC)

**THE SENTARA HEALTH PLANS PROCEDURE CODES BELOW WILL HAVE THE FOLLOWING COVERAGE AND /OR AUTHORIZATION REQUIREMENT EFFECTIVE FEBRUARY 1, 2025--COMMERCIAL AND EXCHANGE PLANS**

CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENT	EXCEPTION(S)
0432U	KLHL11 ANTB SR/CSF ASY QUAL	YES	BENEFIT LIMITS APPLY
92521	EVALUATION OF SPEECH FLUENCY	YES	BENEFIT LIMITS APPLY
92522	EVALUATE SPEECH PRODUCTION	YES	BENEFIT LIMITS APPLY
92523	SPEECH EVALUATION	YES	BENEFIT LIMITS APPLY
92524	BEHAVRAL QUALIT ANALYS VOICE	YES	BENEFIT LIMITS APPLY
92610	EVALUATION ORAL/PHARYNGEAL	YES	BENEFIT LIMITS APPLY

92611	MOTION FLUROSCOPIC EVAL	YES	BENEFIT LIMITS APPLY	
92612	ENDOSCOPY SWALLOW (FEES) VID	YES	BENEFIT LIMITS APPLY	
97158	GRP ADAPT BHV TX BY PHY/QHP	YES	BENEFIT LIMITS APPLY	
97163	PT EVAL HIGH COMPLEX 45 MIN	YES	BENEFIT LIMITS APPLY	
97164	PT RE-EVAL EST PLAN CARE	YES	BENEFIT LIMITS APPLY	
97165	OT EVAL LOW COMPLEX 30 MIN	YES	BENEFIT LIMITS APPLY	
97166	OT EVAL MOD COMPLEX 45 MIN	YES	BENEFIT LIMITS APPLY	
97167	OT EVAL HIGH COMPLEX 60 MIN	YES	BENEFIT LIMITS APPLY	
97168	OT RE-EVAL EST PLAN CARE	YES		
97597	REMOVAL OF DEAD TISSUE (20 CM OR LESS)	YES		

97598	RMVL DEVITAL TIS ADDL 20 CM<	YES		
97602	WOUND(S) CARE NON- SELECTIVE	YES		
98966	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE (ESTABLISHED PATIENT, 5-10 MINUTES)	NOT COVERED		
98967	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE (ESTABLISHED PATIENT, 11-20 MINUTES)	NOT COVERED		
98968	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE (ESTABLISHED	NOT COVERED		

	PATIENT, 21-30 MINUTES)			
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE (5-10 MINUTES)	NOT COVERED		
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE (11-20 MINUTES)	NOT COVERED		
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE (21-30 MINUTES)	NOT COVERED		