



Spring 2026 Provider Newsletter

Sentara Health Plans Medical and Clinical Policy Updates

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 pal.sentarahealthplans.com.

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.

January Policies Reviewed - Provider Alert Published February 2026 – Effective Date May 1, 2026

Policy Number	Policy Name	Status	Applicable Service Lines
Surgical 86	Thermal Capsulorrhaphy	Archived/Reviewed	Medicaid – Archived Commercial - Reviewed
OB 10	Fetal Surgeries in Utero	Archived	Commercial, Medicaid and Medicare
Medical 337	Long-Term Care Hospital Services (LTACH)	Reviewed	Medicaid and Medicare
DME 26	Needleless Injection	Reviewed	Commercial and Medicaid
Imaging 24	Scintimammography and Breast Specific Gamma	Archived	Commercial, Medicaid and Medicare
Imaging 53	Whole Body Imaging (CT and MRI)	Archived	Commercial
Surgical 05	Pectus Surgery and Devices	Revised	Commercial, Medicaid and Medicare
Medical 139	Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE)	Archived	Commercial and Medicaid
Surgical 235	Non-Oncology Embolization	Revised	Commercial and Medicaid

Surgical 02	Cytoreductive Surgery	Archived	Commercial, Medicaid and Medicare
Surgical 03	Cosmetic and Reconstructive Surgery	Reviewed	Commercial and Medicaid
Surgical 52	Hand and Foot Surgery	Archived	Commercial, Medicaid and Medicare
Medical 246	Platelet Rich Plasma	Reviewed	Commercial and Medicaid
Surgical 108	Gender Affirming Surgery	Reviewed	Commercial and Medicaid
Medical 13	Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition	Revised	Commercial and Medicaid
Medical 328	Eustachian tube balloon dilation	Reviewed and Archived	Reviewed – Medicaid and Medicare Archived – Commercial
Medical 254	Intra-arterial (IA) Chemotherapy	Archived	Commercial and Medicaid
Medical 81	Gastrointestinal Capsule Endoscopy	Revised	Commercial and Medicaid
Medical 250	Automated Nerve Conduction Testing	Archived	Commercial, Medicaid and Medicare

Medical 252	Physical Therapy for Treating Obesity	Archived	Commercial, Medicaid and Medicare
Surgical 111	Shoulder/Elbow Joint Resurfacing Arthroplasty with Allograft Tissue	Archived	Commercial, Medicaid and Medicare
Surgical 82	Cryoablation	Archived	Commercial and Medicaid

February Policies Reviewed - Provider Alert Published February 2026 – Effective Date June 1, 2026			
Policy Number	Policy Name	Status	Applicable Service Lines
Surgical 04	Treatment for Varicose Veins	Revised	Commercial and Medicaid
Surgical 119	Spinal and Other Pain Management Procedures	Revised	Commercial and Medicaid
Medical 349	Electrical Stimulation	Revised	Commercial and Medicaid
Surgical 235	Non-Oncology Embolization	Revised	Commercial and Medicaid
Surgical 13	Eyelid Procedures and Brow Lifts	Reviewed	Commercial and Medicaid
Surgical 23	Penile Prosthesis Surgery	Reviewed	Commercial and Medicaid
DME 246	Diapers and Underpads	Reviewed	Medicaid

DME 56	Specialized Supportive Seating and Medical Car Seats	Reviewed	Commercial, Medicaid and Medicare
Medical 105	Nonemergent Ambulance Services	Reviewed	Commercial and Medicaid
DME 51	Second (Back Up) Ventilator	Reviewed	Commercial and Medicaid
Medical 262	Autologous myoblast and muscle cell injection	Archived	Commercial and Medicaid
DME 250	OSA oral devices	Reviewed	Commercial, Medicaid and Medicare
Surgical 15	Endometrial Ablation	Archived	Commercial, Medicaid and Medicare
Medical 174	Vestibular Evoked Myogenic Potential (VEMP)	Archived	Commercial, Medicaid and Medicare
DME 225	Vertigo, Tinnitus, Meniere's Diagnosis Treatment Devices	Reviewed	Commercial, Medicaid and Medicare
Surgical 19	Accidental Dental Services	Archived	Commercial
Surgical 128	Medical Dental Surgery	Reviewed	Commercial
Surgical 83	Benign Prostatic Hypertrophy BPH Treatment as an Alternative to Transurethral Resection of the Prostate (TURP)	Revised	Commercial and Medicaid

Surgical 60	Ophthalmic Procedures	Revised	Commercial and Medicaid
Surgical 107	Hyperhidrosis Treatments	Reviewed	Commercial, Medicaid and Medicare
Medical 267	Dry Hydrotherapy	Archived	Commercial and Medicaid
Surgical 102	Left Atrial Appendage Occlusion	Archived	Commercial and Medicaid

March Policies Reviewed - Provider Alert Published April 2026 – Effective Date July 1, 2026			
Policy Number	Policy Name	Status	Applicable Service Lines
Surgical 40	Intraoperative Neurophysiological Monitoring and EMG Larynx	Reviewed	Commercial and Medicaid
Surgical 236	Solid Organ Transplantation	Reviewed	Commercial and Medicaid
OB 13	Doula Services: DMAS Criteria Document	Reviewed	Medicaid
OB 01	Elective Termination of Pregnancy	Reviewed	Commercial and Medicaid
Surgical 205	Gastrointestinal Procedures	Revised	Commercial and Medicaid
Surgical 83	Benign Prostatic Hypertrophy BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP)	Revised	Commercial and Medicaid

Medical 52	Intensive Cardiac Rehabilitation Programs	Reviewed	Commercial and Medicaid
Medical 51	Phase II Cardiac Rehabilitation	Reviewed	Commercial and Medicaid
Medical 256	Transjugular Intrahepatic Portosystemic Shunt (TIPSS)	Archived	Commercial, Medicaid and Medicare
Medical 259	Prescription Digital Therapeutics and Devices	Revised	Commercial and Medicaid
DME 28	Wheelchairs, Motorized Devices and Acs	Revised	Commercial and Medicaid
Medical 182	Chiropractic Services	Revised	Commercial
Surgical 08	Hematopoietic Stem Cell Transplantation	Reviewed	Commercial and Medicaid
Medical 351	Radiation Therapy for Non-oncologic Indications	Reviewed	Commercial and Medicaid
DME 30	Augmentative Communication and Speech Generating Systems	Revised	Commercial and Medicaid
DME 40	Ambulatory Devices	Revised	Commercial and Medicaid
DME 03	Hospital Beds and Accessories	Reviewed	Commercial and Medicaid
BH 06	ASAM 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) Initial	Reviewed	Medicaid
BH 07	ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse Initial	Reviewed	Medicaid

BH 08	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 09	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 10	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 11	ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 12	ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 13	ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 42	ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Initial	Reviewed	Medicaid
BH 43	ASAM 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) Concurrent	Reviewed	Medicaid
BH 44	ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Concurrent	Reviewed	Medicaid
BH 45	ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid

BH 46	ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 47	ASAM 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 48	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 49	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 50	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 51	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 52	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 53	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 54	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 55	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 56	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid

BH 57	ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 58	ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 59	ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid