

Previously, on the Provider Alert posted on 10/24/2025, Procedure Code 97033 was updated in error to reflect No Authorization Required effective January 1,2026 for Medicaid and Medicare lines of business. Please disregard that update, as this code will continue to require Prior Authorization/Precertification by Sentara Health Plans.

Sentara Health Plans would like to apologize for any confusion this may have caused.

This applies to all Medicaid and Medicare products offered in Virginia.

CODE	LONG DESCRIPTION
97033	APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN

Effective December 1, 2025, the medical code(s) listed below will not require Prior Authorization/Precertification by Sentara Health Plans for up to twenty-five (25) visits in sixty (60) days for Code Group: G0151, G0152, G0153, G0157, G0158, G0162, G0299, G0300, G0493, G0494.

This applies to all Medicaid products offered in Virginia.

CODE	LONG DESCRIPTION
G0151	PT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN
G0152	OT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN
G0153	SPEECHLANG, HOME HEALTH OR HOSPICE, EACH 15 MIN

Effective December 1, 2025, the code group in the Prior Authorization/Precertification Exception of no authorization required up to twenty-five (25) visits in sixty (60) days for code group G0151, G0152, G0153, G0157, G0158, G0162, G0299, G0300, G0493, G0494 has been expanded to include G0151, G0152, G0153 for the medical code(s) listed below.

This applies to all Medicaid products offered in Virginia.

CODE	LONG DESCRIPTION
G0157	HOME HEALTH CARE, PT ASSISTANT, EACH 15 MIN
G0158	HOME HEALTH CARE, OT ASSISTANT, EACH 15 MIN
G0162	HOME HEALTH CARE, RN E&M PLAN SERVICES,15 MIN EA
G0299	HHS/HOSPICE OF RN EA 15 MIN
G0300	HHS/HOSPICE OF LPN EA 15 MIN
G0493	RN CARE EA 15 MIN HH OR HOSPICE
G0494	LPN CARE EA 15MIN HH OR HOSPICE

Effective January 1,2026, the medical code(s) listed below will not require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Commercial products offered in Virginia.

CODE	LONG DESCRIPTION
Q5157	INJECTION, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP
96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL
35535	BYPASS W/VEIN HEPATORENAL
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS
36513	THERAPEUTIC APHERESIS PLATELETS
36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)
67923	REPAIR ENTROPION EXCISION TARSAL WEDGE
67924	REPAIR ENTROPION EXTENSIVE
67950	CANTHOPLASTY
68841	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA
95723	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE

Effective March 1,2026, the medical code(s) listed below will require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Commercial products offered in Virginia.

CODE	LONG DESCRIPTION
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32999	UNLISTED PROCEDURE LUNGS & PLEURA
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE
40899	UNLISTED PROCEDURE VESTIBULE MOUTH
44799	UNLISTED PROCEDURE SMALL INTESTINE
47399	UNLISTED PROCEDURE LIVER
48999	UNLISTED PROCEDURE PANCREAS
67999	UNLISTED PROCEDURE EYELIDS
69949	UNLISTED PROCEDURE INNER EAR
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE

Note: Code changes and deleted codes are available on the Sentara Health Plans [website](#).