

Provider Updates



Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

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Electronic Visit Verification Claims Editing Improvements

Sentara Health Plans and Availity will be making improvements to Electronic Visit Verification (EVV) claims editing. This improvement will be implemented on or after September 15, 2025, and will consist of the following components:

- Sentara Health Plans will be updating its EVV claims editing logic to ensure individual EVV required data elements are being captured for both primary and secondary Medicaid members to allow for easier provider assistance on claims questions.

- There will be quicker notification and claim rejection from Availity when required EVV elements are missing from the submitted claim at the clearinghouse level. The additional claims editing logic will be reviewing claims for both primary and secondary Medicaid enrolled members, in alignment with the Department of Medical Assistance Services (DMAS) requirements.

Use Appropriate Modifiers for New or Rented Durable Medical Equipment

Effective September 1, 2025, please adhere to the guidelines according to the line of business when billing for new or rented durable medical equipment (DME).

Commercial and Medicare

When determined medically necessary and billed correctly with the appropriate ICD-10 code and modifier, Sentara Health Plans allows reimbursement for new or rented equipment unless provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements indicate otherwise. The reimbursement modifiers must be billed in the primary (first modifier) field on the claim for appropriate reimbursement:

- **NU:** New equipment only
- **RR:** Rented equipment only

Medicaid

When determined medically necessary and billed correctly with the appropriate ICD-10 code and modifier, Sentara Health Plans allows reimbursement for new or rented equipment. Sentara Health Plans requires the “RR” modifier for all services billed for rentals of DME. Sentara Health Plans does not require providers to apply the “NU” modifier on services for the purchase of new DME.

- **NU:** New equipment only - not required
- **RR:** Rented equipment only - required for all DME. Apply the modifier in the primary (first modifier) position on the claim for appropriate reimbursement.

Please note that an invoice may be required for some items when submitting for reimbursement. If these items require an invoice, reimbursement will be based on the invoice amount and percentage.

Please refer to the Sentara Health Plans [Prior Authorization List \(PAL\)](#) for the most current authorization requirements.

Upcoming Educational Opportunities

New Provider Orientation

This webinar is for newly contracted providers, new hires, or anyone seeking a refresher on how to successfully conduct business with Sentara Health Plans. We will offer guidance on how to achieve solutions for common questions or challenges without contacting provider services.

To register, please visit sentarahealthplans.com.

Provider Quality Care Learning Collaborative – Pharmacy

We will highlight significant changes, review relevant quality or value-based care measures, address areas of opportunity we are focused on, review member support resources, programs and initiatives, and share provider resources to support your care gap closure efforts.

To register for the Pharmacy webinar on August 6 or a future session, please visit sentarahealthplans.com.

Let's Talk Behavioral Health

Join us for our upcoming quarterly webinar, where we'll explore the latest updates, important changes, and more. Stay informed, ask questions, and connect with our subject matter experts.

To register for the session on August 12 or a future session, please visit sentarahealthplans.com.

New Provider Services Hours for Medicaid Providers

Effective July 1, 2025, provider services extended their hours from 7 a.m. to 7 p.m., Monday through Friday, for Medicaid providers who are part of the Virginia Cardinal Care Managed Care program through DMAS.

Provider Satisfaction Survey

A randomly selected sample of provider offices will be contacted by our vendor partner, Press Ganey, via U.S. mail, email, and/or phone this month to participate in the Sentara Health Plans Provider Satisfaction Survey. This survey invites providers to evaluate various aspects of the health plan and offers an opportunity to share open-ended feedback and suggestions for operational improvements. We highly encourage your participation, as your insights are essential in shaping enhancements to our services and overall provider experience.

Reminder: Fax Numbers for Medicaid Behavioral Health Prior Authorization Requests

Please use the appropriate fax numbers to ensure timely processing of Medicaid prior authorization service requests:

- **Urgent requests requiring a three-day turnaround**

Fax: 1-844-348-3719

- **All other Medicaid behavioral health requests**

Fax: 1-844-895-3231 or 1-844-366-3899

Medical Respite Care for Members Experiencing Homelessness – ICD-10 Code List Updated

Effective July 1, 2025, the enhanced benefit for Medical Respite Care (G0531) became a covered benefit for Medicaid members experiencing homelessness and are being discharged from an inpatient facility without an appropriate place to recuperate. This is included in the

member's medical benefit and must be billed using CMS 1500. Please do not include a rev code or combine with other services.

Medical Respite Care - G0531:

- Provides short-term residential care and medical support for people experiencing homelessness who are too ill or frail to recover on the streets but don't require hospitalization.
- A crucial service that allows individuals to rest, access medical care, and receive supportive services in a safe environment.
- Serves as a bridge between hospitalization and stable housing.

Important details:

- Prior authorization is required. Please utilize the [PAL tool](#) for specifics.
- One skilled nursing facility stay up to 10 days per calendar year is permitted.
- Include the appropriate ICD-10-CM code from the subset below on the claim:
 - **Z59.00: Homelessness, unspecified**
 - **Z59.01: Sheltered homelessness**
 - **Z59.02: Unsheltered homelessness**
 - **Z59.10: Inadequate housing, unspecified**
 - **Z59.11: Inadequate housing, environmental temperature**
 - **Z59.12: Inadequate housing utilities**
 - **Z59.19: Other, inadequate housing**
 - **Z59.2: Discord with neighbors, lodgers and landlord**
 - **Z59.3: Problems related to living in residential institution**
 - **Z59.41: Food Insecurity**
 - **Z59.48: Other specified lack of adequate food**

- **Z59.5: Extreme poverty**
- **Z59.6: Low income**
- **Z59.71: Insufficient health insurance coverage**
- **Z59.72: Insufficient welfare support**
- **Z59.81: Other specified homelessness**
- **Z59.811 Housing instability; risk of homelessness**
- **Z59.812: Housing instability; homelessness in past 12 months**
- **Z59.819: Housing instability; unspecified**
- **Z59.82: Transportation insecurity**
- **Z59.86: Financial insecurity**
- **Z59.87: Material hardship due to limited financial resources**
- **Z59.89: Other problems related to housing and economic circumstances**
- **Z59.9: Problems related to housing and economic circumstances, unspecified**

DMAS Updated Fee Schedule for July 1, 2025

Sentara Health Plans is currently in the process of implementing all DMAS rate changes effective July 1, 2025. Providers are encouraged to review the links below for detailed information on impacted services and updated reimbursement rates.

- [Addiction and Recovery Treatment Services \(ARTS\) Rates Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Physician Administered Drug Procedure Code Rate Additions Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Nursing Facility and Specialized Care Rates Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Outpatient Rehabilitation Rates Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Resource Based Relative Value Scale \(RBRVS\) Rates Effective July 1, 2025 | MES \(virginia.gov\)](#)

- [Clinical Laboratory Services Procedure Code Rate Additions Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Waiver Rate Updates Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Psychiatric Residential Treatment Facility \(PRTFs\), Addiction and Recovery Treatment Services \(ARTS\) Residential Services Rates - Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Personal Care Rate Updates Effective July 1, 2025 | MES \(virginia.gov\)](#)
- [Home Health Rates Effective July 1, 2025 | MES \(virginia.gov\)](#)

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)