



Sentara Health Plans Medical and Clinical Policy Updates

Effective January 1, 2026

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. These medical policies take effect January 1, 2026.

Policy Number	Policy Name	Status	Applicable Service Lines
DME 04	Compression Stockings, Garments and Devices	Reviewed	Commercial and Medicaid
DME 10	Continuous Glucose Monitoring System	Revised	Medicaid
DME 22	Infant Home Apnea Monitor	Archive policy	Commercial and Medicaid
DME 32	Iontophoresis Treatment for Hyperhidrosis	Reviewed	Commercial, Medicaid, and Medicare
DME 34	Miscellaneous Assistive Devices for Home Use	Archive policy	Commercial and Medicaid
DME 35	Home Traction Devices	Reviewed	Commercial and Medicaid
DME 41	Standing Frames	Reviewed	Commercial and Medicaid
DME 42	Transfer Devices and Lifts	Reviewed	Commercial and Medicaid
Medical 02	Bone Scaffolding	Revised	Commercial, Medicaid,

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			and Medicare
Medical 109	Infrared Light Therapy and Low-Level Laser Therapy	Archive and add to criteria to Surgical 119	Commercial and Medicaid
Medical 130	Urinary Incontinence Treatments	Revised	Commercial and Medicaid
Medical 144	Home Health Aide	Reviewed	Commercial, Medicaid, and Medicare
Medical 153	Injectable Fillers & Bulking Agents	Reviewed	Commercial and Medicaid
Medical 179	Electric Cell-Signaling Energy Waves (EcST and ESI)	Archive and add criteria to Medical 349	Commercial and Medicaid
Medical 181	Fecal Bacteriotherapy	Archive policy	Commercial, Medicaid, and Medicare
Medical 244	Autologous Serum Tears	Archive policy	Commercial, Medicaid, and Medicare

Medical 300	Fecal Incontinence Treatments	Archive policy and utilize MCG	Commercial and Medicaid
Medical 336	Category III	Revised	Commercial and Medicaid
Medical 344	Ingestible Devices	Reviewed	Commercial, Medicaid, and Medicare
Medical 345	Gait analysis and surface electromyography (SEMG)	Reviewed	Commercial, Medicaid, and Medicare
Medical 346	Sepsis and Other Febrile Illness without Focal Infection	Reviewed	Commercial, Medicaid, and Medicare
Medical 347	Medical Necessity Guidelines	Reviewed	Commercial
Medical 348	Not Medically Necessary, Experimental, Investigational and Unproven Guidelines	Reviewed	Commercial
Medical 349	Electric Stimulation	Revised	Commercial and Medicaid
Surgical 117	Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy (New title will be Cervical Fusion Procedures)	Revised	Commercial and Medicaid

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Surgical 123	Vertebral Body Tethering	Archive policy and utilize MCG	Commercial, Medicaid, and Medicare
Surgical 214	Core Decompression of the Knee, Ankle, Elbow and Shoulder	Reviewed	Commercial, Medicaid, and Medicare
Surgical 220	Oral Incontinence Treatments	Reviewed	Commercial, Medicaid, and Medicare
Surgical 230	Nasal Implants	Revised	Commercial and Medicaid
Surgical 41	Transanal Endoscopic Microsurgery (TEM)	Archive policy and utilize MCG	Commercial and Medicaid
Surgical 55	Corneal Procedure	Revised	Commercial, Medicaid, and Medicare

Sentara Health Plans Prior Authorization Requirement Changes

Effective October 1, 2025, the medical code(s) listed below will not require Prior Authorization/Precertification by Sentara Health Plans.

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

CODE	LONG DESCRIPTION
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL
57107	VAGNC PRTL RMVL VAG WALL W/RMVL PARAVAGINAL TISS
57288	SLING OPERATION STRESS INCONTINENCE
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE
59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE
92507	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO INDIV
92508	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO GROUP
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH

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97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY
97026	APPLICATION MODALITY 1/> AREAS INFRARED
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET
97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN
97033	APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN
97034	APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN
97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN
97036	APPL MODALITY 1+ AREAS HUBBARD TANK EA 15 MIN
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES
97537	COMMUNITY/WORK REINTEGRATION TRAIING EA 15 MIN
97542	WHEELCHAIR MGMT EA 15 MIN
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN
97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS
97763	ORTHOTICS/PROSTH MGMT &/TRAIING SBSQ ENCTR 15 MIN

Effective October 1, 2025, the medical code(s) listed below will not require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Medicaid products offered in Virginia.

CODE	LONG DESCRIPTION
92507	TX SPEECH LANG VOICE COMMJ&/AUD PROC DO INDIV
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS

Effective October 1, 2025, the medical code(s) listed below will not require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Medicare products offered in Virginia.

CODE	LONG DESCRIPTION
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM

58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY
58240	PEL EXNTJ GYNECOLOGIC MAL
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY
58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG

Effective October 1, 2025, 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
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58150	TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY
58152	TOT ABD HYST W/VO RMVL TUBE OVARY W/COLPURETHRXY
58180	SUPRACERVICAL ABDL HYSTER W/VO RMVL TUBE OVARY
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY
58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL
57107	VAGNC PRTL RMVL VAG WALL W/RMVL PARAVAGINAL TISS
57288	SLING OPERATION STRESS INCONTINENCE
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR

Effective December 1, 2025, 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
E0217	WATER CIRCULATING HEAT PAD WITH PUMP
S9476	VESTIBULAR REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM

Effective December 1, 2025, the medical code(s) listed below will not require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Medicaid products offered in Virginia.

CODE	LONG DESCRIPTION
S9476	VESTIBULAR REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM

Effective January 1, 2026, the medical code(s) listed below will no longer be covered by Sentara Health Plans.

This applies to all Medicaid products offered in Virginia.

CODE	LONG DESCRIPTION
G040 6	FOLLOW-UP INPATIENT CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH

G040 7	FOLLOW-UP INPATIENT CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH
G040 8	FOLLOW-UP INPATIENT CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH

Effective January 1, 2026, the medical code(s) listed below will no longer be covered by Sentara Health Plans.

This applies to all commercial products offered in Virginia.

CODE	LONG DESCRIPTION
90880	HYPNOTHERAPY
S9989	SERVICES PROVIDED OUTSIDE OF THE UNITED STATES OF AMERICA (LIST IN ADDITION TO CODE(S) FOR SERVICE(S))
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM
S8940	EQUESTRIAN/HIPPOTHERAPY, PER SESSION

Effective January 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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L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF, EACH
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD

L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH
J3590	UNCLASSIFIED BIOLOGICS

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CODE	LONG DESCRIPTION
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE

L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION

	IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE

	PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L1821	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, OFF THE SHELF
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF

L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED
L1932	ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT

L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF

L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED

Effective January 1, 2026, precertification/prior authorization requirements will change for the following code(s).

Precertification/prior authorization requirements will be “Y”, for the following code(s):

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

Code	Description
J7198	Anti-inhibitor, per IU

Effective January 1, 2026, precertification/prior authorization requirements will change for the following code(s).

Precertification/prior authorization requirements will be "Y", with exception "FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH; FOR ALL OTHER INDICATIONS CONTACT HEALTH PLAN" for the following code(s):

This applies to all Medicaid products offered in Virginia.

Code	Description
J0897	Injection, denosumab, 1 mg
Q5136	Injection, denosumab-bbdz (jubboniti/wyost), biosimilar, 1 mg
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg
Q5158	Injection, denosumab-bnht (bomynta/conexxence), biosimilar, 1 mg
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg

Effective January 1, 2026, precertification/prior authorization requirements will change for the following code(s).

Precertification/prior authorization requirements will be “Y”, with exception "FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH; FOR ALL OTHER INDICATIONS CONTACT HEALTH PLAN" for the following code(s):

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

Code	Description
J0897	Injection, denosumab, 1 mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg

Effective January 1, 2026, precertification/prior authorization requirements will change for the following code(s).

Precertification/prior authorization requirements will be “Y”, for the following code(s):

This applies to all Medicare products offered in Virginia.

Code	Description
J7183	Injection, Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO
J7190	Factor VIII (antihemophilic factor [human]) per IU
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (Novoeight), per IU
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiiq), 1 IU
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
J7205	Injection, factor VIII, Fc fusion protein (recombinant), per IU
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.

J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
J7194	Factor IX, complex, per IU
J7195	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram

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