

Effective February 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
G0260	INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH
0498U	ONC CLRCT NGS MUT DETCJ 43GEN&MTHYLTN PTRN 45GEN
0536U	RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE&GAPDH
A9154	ARTIFICIAL SALIVA 1 ML
H0034	MEDICATION TRAINING AND SUPPORT PER 15 MINUTES
H0048	ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD

Effective March 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
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM
83987	PH EXHALED BREATH CONDENSATE
L8609	ARTIFICIAL CORNEA
S0812	PHOTOTHERAPEUTIC KERATECTOMY

Effective March 1, 2026, 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
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM

65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM
83987	PH EXHALED BREATH CONDENSATE
L8609	ARTIFICIAL CORNEA
S0812	PHOTOTHERAPEUTIC KERATECTOMY

Effective March 1, 2026, 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
65770	KERATOPROSTHESIS
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM
L8609	ARTIFICIAL CORNEA

Effective May 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
S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN

Effective May 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
0377U	CV DS QUAN ADV SRM/PLSM LPOPRTN PRFL NMR SPECT
0488U	OB FTL AG NIPT CFDNA SEQ ALYS DETCJ FTL PRESENCE
0489U	OB SGNPT CFDNA SEQ ALYS 1+ TRGT ID PTHGNC VRNT
0536U	RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE&GAPDH
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY

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

This applies to all Medicaid products offered in Virginia.

CODE	LONG DESCRIPTION
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN

Effective May 1, 2026, 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
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ALYS
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH

88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA
81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS
0335U	RARE DISEASES WHOLE GENOME SEQ ALYS FETAL SAMPLE
0488U	OB FTL AG NIPT CFDNA SEQ ALYS DETCJ FTL PRESENCE
0489U	OB SGNIPT CFDNA SEQ ALYS 1+ TRGT ID PTHGNC VRNT
0498U	ONC CLRCT NGS MUT DETCJ 43GEN&MTHYLTN PTRN 45GEN
0536U	RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE&GAPDH