

Provider Updates



Dear Provider,

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

- [Multi-factor Authentication Tool Change](#)
- [LTSS Provider Community – Notice of Change](#)
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Multi-factor Authentication Tool Change

Sentara is transitioning our multi-factor authentication tool from Cisco Duo to Microsoft Authenticator. **For enrollment support, please call 757-857-8190 or 855-306-2252 and select option 6.**

LTSS Provider Community – Notice of Change

To better align contracting services across the health plan, Sentara Health Plans has decided to discontinue our partnership with our current vendor partner, HEOPS, for the administration of our Long-Term Services and Supports (LTSS) contract. Beginning Wednesday, April 1, 2026, Sentara Health Plans will begin direct contracting with our eligible LTSS provider partners with a contract effective date this plan year of Thursday, October 1, 2026.

All LTSS providers will have an opportunity to apply for partnership with Sentara Health Plans, and all eligible providers will receive outreach from an assigned contract manager that will initiate next steps in the contracting process. Mandatory training must be completed by all eligible LTSS providers before contract execution.

Key information regarding this change:

- The purpose is to streamline and align contracting services across the provider network, improving care delivery.
- This change affects the administrative, vendor-managed contracting process for LTSS providers. HEOPS contract affiliation will terminate effective September 30, 2026.
- Direct contracting with Sentara Health Plans will become effective on October 1, 2026.
- A Sentara Health Plans training session is required for all eligible LTSS providers before a contract can be executed. A follow-up communication will be sent to all LTSS provider partners outlining additional details about this process.

Virtual information sessions will be led by our contracting team to discuss this process and provide an opportunity to address your questions. You may register to attend one of the information sessions at sentarahealthplans.com.

Day	Date	Time
Tuesday	March 24, 2026	9:30am - 10:00am
Tuesday	March 24, 2026	2:00pm - 2:30pm
Thursday	March 26, 2026	7:00am - 7:30am
Thursday	March 26, 2026	11:00am - 11:30am
Wednesday	April 1, 2026	9:00am - 9:30am
Thursday	April 2, 2026	7:00am - 7:30am

If you have any questions regarding this notice, please contact Sentara Health Plans provider services at 1-800-229-8822. We appreciate your assistance in serving our members and meeting their healthcare needs.

Upcoming Appointment Availability and After-Hours Survey

This month, our contracted survey vendor, Press Ganey, will conduct a survey with a random sample of providers to assess appointment availability and after-hours coverage. This survey supports Sentara Health Plans in meeting standards set by the National Committee for Quality Assurance (NCQA), fulfilling regulatory requirements, and gaining valuable insight into provider availability within our network. The appointment and after-hours standards are published in the [Provider Manuals](#), and providers are encouraged to review them regularly to ensure compliance.

Survey Details

Appointment Availability

Press Ganey will call provider offices during regular business hours to assess scheduling availability and confirm that providers meet the appointment standards for Sentara Health Plans.

After-Hours

Press Ganey will make calls outside of regular office hours to evaluate adherence to required after-hours standards, as listed below.

After Hours Standards (Live answer or automated system)	Standards (Appropriate responses)
Emergency instructions provided	Caller is directed to hang up and dial 911 or go to the nearest emergency room for life-threatening emergencies.

<p>Process to reach physician</p>	<ul style="list-style-type: none"> • Directly connects or forwards caller to the physician/on-call physician or appropriate medical professional. • Caller can select an option on their telephone to be directly connected to the physician/on-call physician or appropriate medical professional. • Pages the medical professional; call is returned within 30 minutes to the physician/on-call physician or appropriate medical professional. • Answering machine allows caller to leave message; call is returned within 30 minutes by the physician/on-call physician or appropriate medical professional. • Call forwarding automatically; call is automatically forwarded to the physician/on-call physician or medical professional.
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Reminder – Back Up Ventilator Requirements

Proper modifier use ensures accurate claims processing and helps prevent denials, delays, or post-payment review findings.

Documentation Requirements

Providers must maintain documentation that includes:

- Physician order supporting the need for both primary and secondary ventilators
- Medical necessity justification for backup equipment
- Confirmation of member eligibility and authorization, when required

Documentation must be available upon request for audit or medical review.

Primary Ventilator

- Must be billed with modifier RR (Rental)

- The RR modifier indicates the item is being provided on a rental basis in accordance with the Department of Medical Assistance Services (DMAS) policy

Secondary (Backup) Ventilator

- Must be billed with modifier RR and TW
- TW identifies the item as a backup equipment supply
- The combination of RR and TW indicates a rented secondary (backup) ventilator

Additional Backup Ventilators

- Sentara Health Plans typically allows reimbursement for one primary ventilator and one medically necessary secondary (backup) ventilator when clinical criteria are met and properly authorized
- Billing for more than one backup ventilator (e.g., one primary ventilator and two backup ventilators) is not standard coverage and may be denied unless prior authorization and medical necessity documentation clearly support the need for additional equipment
- Claims submitted for a second backup ventilator beyond the approved primary and single backup unit:
 - May be denied as not medically necessary
 - May be denied as exceeding quantity limitations
 - May be subject to prepayment or post-payment review
- Providers are strongly encouraged to obtain authorization, when required, and ensure documentation clearly supports the clinical necessity for any ventilator beyond the standard primary and one backup configuration

Billing Expectations

- The TW modifier must only be used when billing an approved secondary ventilator that meets DMAS medical necessity criteria
- Documentation must support the clinical need for a backup ventilator in accordance with DMAS coverage guidelines
- Claims submitted for a secondary ventilator without modifier TW may be denied or subject to recoupment
- Claims submitted without modifier RR when rental is required may be denied as improperly coded

Telehealth Audio Only – Modifier 93

Effective May 1, 2026, Sentara Health Plans will no longer require modifier 93 on audio only telehealth services codes 98008-98015 for synchronous, time-based medical decision-making. modifier 93 is typically used to indicate audio-only real-time service.

Update to Vitamin D Testing Requirements

Effective May 1, 2026, Vitamin D requirements will follow the Local Coverage Determination (LCD) set forth by the Palmetto Government Benefit Administrators (GBA) and the Centers for Medicare and Medicaid Services (CMS) to require specific ICD-10 diagnosis codes when billing with Vitamin D CPT procedure codes 82306 and 82652.

Denosumab Drug Class Announcement

Please review the following updates for Sentara Health Plans Community Plan:

On April 1, 2026, the following Healthcare Common Procedure Coding System (HCPCS) codes and/or drug therapies will not require prior authorization under the medical benefit:

- Q5162 (*code effective 4/1/26*), Bilyos/Bilprevda (denosumab-nxxp)
- The following will continue to not require prior authorization:
 - Q5136, Jubbonti/Wyost (Injection, denosumab-bbdz, biosimilar, 1 mg);
 - Q5157, Osenvelt/Stoboclo (Injection, denosumab-bmwo, biosimilar, 1 mg)

The following HCPCS codes and/or drug therapies will continue to require prior authorization under the medical benefit and will now incorporate clinical criteria:

- J0897, Prolia (Injection, denosumab, 1 mg)
- Q5158, Conexence (Injection, denosumab-bnht, biosimilar, 1 mg)
- Q5159, Ospomyv (Injection, denosumab-dssb, biosimilar, 1 mg)
- Q5161 (*code effective 4/1/26*), Bosaya (Injection, denosumab-kyqq, biosimilar, 1 mg)
- *Unclassified (C9399/J3590)*, Enoby (Injection, denosumab-qdbe, biosimilar, 1 mg)

- *Unclassified (C9399/J3590)*, Osvyrti (Injection, denosumab-desu, biosimilar, 1 mg)

The preferred products will consist of: Jubbonti/Wyost, Osenvelt/Stoboclo, and Bilyos/Bilprevda. Non-preferred products will require documentation of an inadequate response with the preferred agents.

EXCEPTION: When requested under the medical benefit for oncology-related indications, the Xgeva reference product and the corresponding biosimilars (Wyost, Osenvelt, Bomynta, Xbryk, Aukelso, Bilprevda, Xtrenbo, and Jubereq) will only require inadequate trials of the preferred agents noted above.

Authorization and Medical Policy Updates

[Visit our website](#) to view the most recent authorization and medical policy updates.

Upcoming Educational Opportunities

New Provider Orientation

This webinar serves as a comprehensive introduction to Sentara Health Plans, designed for both newly contracted providers and those seeking a refresher. This session delivers an in-depth overview of our key resources, self-service tools, and core operational processes to support an efficient and successful working relationship.

To register, please visit sentarahealthplans.com.

Lunch & Learn: Provider Website Tour – Provider Orientation Part 2

Join Us for an Interactive Lunch Hour Website Tour

Take a break and join us for an informal, yet informative, session designed to make navigating our provider website simple and efficient. During this hour, you'll discover how to:

- Navigate our provider portal with confidence
- Access and utilize self-help resources
- Find guidance and tools to successfully conduct business with us
- Get answers quickly on your own without having to call for assistance

Bring your questions and curiosity. We're here to help you get the most out of our resources.

To register, please visit sentarahealthplans.com.

Claims Brush-up

Join us for a for a 30-minute interactive session, designed to keep you informed about important health plan changes. This session offers key insights into evolving claims activity, recent operational updates, and process enhancements that influence your daily workflows.

During this webinar, you will:

- Gain a clear understanding of emerging claims trends and how they may affect your practice
- Learn about new operational updates that help to simplify tasks and improve overall efficiency
- Review essential process changes that support timely, accurate claims submissions
- Participate in a live Q&A with a member from our expert team to get the clarity you need

Whether you're new to claims management or a seasoned professional, this session will help you stay informed, compliant, and prepared for what's next.

To register, please visit sentarahealthplans.com.

Provider Quality Learning Collaborative

April 1 Session: We encourage all providers and their staff interested in discovering new workflow ideas to improve care gap performance to attend this session. You will hear a provider's journey in using their electronic medical record (EMR) "ticketing" system to electronically schedule patient nurse visits for blood pressure rechecks and lab appointments for elevated A1c results. Our quality team will also introduce a new resource on developmental screening best practices. Time will be reserved for an open forum discussion and Q&A.

May 6 Session: This session is designed for behavioral health providers, primary care providers (PCPs), and their staff interested in reducing preventable behavioral health admissions and readmissions. Our behavioral health team will provide an overview of our programs and resources available at Sentara Health Plans. Additionally, our quality will review depression screening tips and best practices. We will reserve time for an open forum so participants can discuss their successes and barriers in these areas as well as ask questions.

To register for either session, please visit sentarahealthplans.com.

Appeals, Reconsiderations, and Contestment Process

Join us for comprehensive training on reconsiderations, appeals, and contestments. This session is designed to give you clear, practical guidance on submitting reconsiderations and appeals with accuracy, confidence, and a clear understanding of the contestment process.

Together we will:

- Break down the differences between reconsideration and appeal processes
 - Understand requirements, timelines, and submission pathways by plan type so you know exactly what to send and where
- Walk through step-by-step submission procedures
 - Learn how to avoid common errors and streamline your workflow for faster, more efficient resolution
- Discuss the contestment process once a retraction takes place and next steps
- Explore provider website tools and self-help resources

- Get introduced to the online guides, forms, and reference materials available to support you right at your fingertips

Whether you're new to these processes or looking to sharpen your expertise, this training will equip you with the knowledge and tools you need for smoother, more successful submissions.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)
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