

Provider Updates



Dear Provider,

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

- [Medical inpatient and outpatient authorizations now available in Availity Essentials™ effective September 21, 2026](#)
- [Behavioral health provider contracting: Regulatory updates and reminders 2026](#)
- [Quest Diagnostics Richmond Rapid Response Laboratory — expanding local, in-network toxicology services.](#)
- [Global maternity billing updates — effective January 1, 2027](#)
- [Tobacco cessation referrals](#)
- [Authorization and medical policy updates](#)
- [Upcoming educational opportunities](#)

Medical inpatient and outpatient authorizations now available in Availity Essentials™ effective September 21, 2026

Sentara Health Plans is expanding its capabilities in Availity Essentials™ with a full suite of authorization tools. The initial expansion will be available for Medical inpatient and outpatient authorizations for all lines of business (Commercial, Medicaid, and DSNP). We are working to expand these capabilities to behavioral health authorizations soon and we will communicate once

they are available.

These enhancements build on the Sentara tools you use today for eligibility and benefits, claim submission, claim status, and remittances.

If you are not registered with Availity Essentials, go to <https://www.availity.com/multi-payer-portal-registration/>.

What can providers expect?

Beginning September 21, authorization capabilities will be available in Availity Essentials to help streamline processing through increased automation and, in some cases, automatic approvals.

Capabilities include:

- Determine whether an authorization is required within the Availity Request workflow
- Submit authorization requests
- If prompted, complete clinical criteria through MCG and return seamlessly to Availity Essentials to finish your authorization request
- Submit authorization attachments
- Check the status of your authorizations, including authorizations submitted outside Availity Essentials

Join us for live training

Join experts from Availity and Sentara for either of two live webinar sessions, created especially for Sentara providers:

- Tuesday, September 22, 2026, 11:00 a.m. – 12:00 p.m. ET
- Thursday, September 24, 2026, 1:00 – 2:00 p.m. ET

[Enroll here](#)

If the above direct link doesn't work, log in to Availity Essentials and select Help and Training, then Get Trained from the top menu bar. This will take you to the Availity Learning Center Catalog. Using the search field, type **Sentara** and press enter. It will display the option to select the live webinars and enroll in the webinar of your choice.

Behavioral health provider contracting: Regulatory updates and reminders

Applied Behavior Analysis (ABA) provider participation requirements

In accordance with the Department of Medical Assistance Services (DMAS) provider manual titled Mental Health Services Appendix D: Intensive Community Based Support (Youth), to receive payment for Applied Behavior Analysis services, providers must be enrolled with DMAS as:

- PCT 156 or 456 with PS 903
- PCT 020 or 023
- PCT 256 with PS 104
- Licensed by the applicable health regulatory board at the Virginia Department of Health Professions (DHP)
- Credentialed with the youth's Medicaid MCO for youth enrolled in Medicaid managed care
- Follow all general Medicaid provider requirements specified in Chapter II of the provider manual

Sentara Health Plans is currently denying ABA service authorizations for providers that do not have the correct PRSS enrollment type and specialty. Claims submitted for ABA services by providers not meeting these requirements will also be denied. Please enroll by visiting <https://vamedicaid.dmas.virginia.gov/> by **October 5, 2026**. Sentara Health Plans reserves the right to remove providers that have not enrolled by October 5, 2026 from the Sentara Health Plans provider network pursuant to the terms of the provider's contract with Sentara.

If you have any questions, please contact Randy Hoffman at RCHOFFMA@sentara.com or 540-560-5219.

ABA policy changes

Item 291.WW.2 of the 2026 Appropriation Act requires DMAS to **impose a 20 hour per week limit on ABA services** and to **require a diagnosis of Autism Spectrum Disorder (ASD) or, for children age 5 and younger, a provisional diagnosis of ASD to receive ABA services.**

DMAS is taking steps to obtain approval from the Centers for Medicare and Medicaid Services

(CMS) for these changes. The effective date for ABA service changes will be announced in a subsequent notice, and additional policy guidance will be included in an upcoming update to the DMAS Mental Health Services Manual.

Please note that no changes will be made to the current authorization process until these changes are approved by CMS and updates to the DMAS Mental Health Services Manual have been finalized.

Review the [DMAS memo](#) pertaining to these policy changes.

Community stabilization coverage and mobile crisis response policy change

Items 291.KKKKK and 291.LLLLL of the 2026 Appropriation Act require DMAS to **end coverage of the Community Stabilization (S9482) service and to change the per encounter service limit of Mobile Crisis Response (H2011) from eight hours to four hours per encounter**. DMAS is taking steps to obtain approval from CMS for these changes and to provide additional policy guidance regarding the changes to service limits in Mobile Crisis Response. **The end date of Community Stabilization and the effective date for the Mobile Crisis Response policy change will be announced in a subsequent notice**. The following is the language included in the 2026 Appropriation Act:

Item 291.KKKKK. The Department of Medical Assistance Services shall limit mobile crisis services payments to four hours per incident. In addition, DMAS shall only reimburse the Virginia Department of Behavioral Health and Developmental Services (DBHDS) licensed and approved mobile crisis providers contracted with community services boards. The department shall promulgate emergency regulations to implement these changes within 280 days or less from the enactment of this act. The department shall implement this change upon federal approval and prior to the completion of any regulatory process undertaken in order to effect such change.

Review the [DMAS memo](#) pertaining to these policy changes.

Quest Diagnostics Richmond Rapid Response Laboratory (RRL) — expanding local, in-network toxicology services.

Quest Diagnostics has expanded the capabilities of its Richmond Rapid Response Laboratory (RRL) in Short Pump to include same day urine drug screen testing, reinforcing our commitment to providing Virginia providers and Sentara Health Plans members with a high-quality, local, in-network option for toxicology testing.

This investment was made in direct response to the growing demand for timely, clinically actionable toxicology testing while addressing the significant reliance on out-of-network toxicology laboratories across the market. Many behavioral health, addiction medicine, pain management, and primary care providers continue to utilize specialized toxicology laboratories that do not participate in major commercial health plan networks. Quest's expansion provides providers with an in-network alternative that delivers the clinical support they need without sacrificing turnaround time or service.

Through established local logistics network and dedicated courier infrastructure, specimens received by the Richmond Rapid Response Laboratory are eligible for same-day presumptive urine drug screen results, allowing providers to review results more quickly and make informed treatment decisions while patients remain actively engaged in care. This is particularly valuable for medication-assisted treatment (MAT) programs, behavioral health providers, pain management practices, and other clinicians who depend on timely toxicology information to support safe prescribing, monitor treatment adherence, and identify potential substance misuse.

The Richmond RRL performs a comprehensive menu of routine urine drug monitoring services. When medically appropriate, specimens requiring definitive confirmation are seamlessly transitioned within the Quest Diagnostics network for confirmatory Liquid Chromatography—Tandem Mass Spectrometry (LC-MS/MS) testing, creating a streamlined experience for both providers and patients.

Beyond the laboratory itself, this expansion reflects Quest's investment in a truly local model of care. Providers have access to local account support, local operations teams, responsive client services, dependable specimen transportation, and an integrated national laboratory network—delivering the white-glove service and operational consistency that healthcare organizations expect from a trusted diagnostic partner.

The Richmond Rapid Response Laboratory also provides an additional in-network option for providers who have historically relied on out-of-network toxicology laboratories, supporting member access to high-quality local testing while helping reduce unnecessary out-of-network utilization, strengthen network integrity, improve the member experience, and promote continuity of care across the Commonwealth.

Common drugs and drug classes screened include:

- Amphetamines
- Methamphetamine
- Barbiturates
- Benzodiazepines
- Buprenorphine
- Cocaine metabolite
- Fentanyl
- Heroin metabolite (6-MAM)
- Marijuana (THC metabolite)
- MDMA (Ecstasy)
- Methadone
- Opiates
- Oxycodone
- Phencyclidine (PCP)
- Alcohol metabolite testing (EtG/EtS)
- Specimen validity testing
- Prescribed drug monitoring panels
- Reflex/confirmation testing to our Clifton, NJ lab when clinically indicated

Global maternity billing updates — effective January 1, 2027

Sentara Health Plans is aligning with the new American Medical Association (AMA) requirements regarding maternity care services code changes. The AMA has revised coding related to global maternity billing, with updates effective January 1, 2027.

Effective immediately, providers should bill codes 59425 and 59426 for maternity services for Sentara Health Plans members who are pregnant but delivering after January 1, 2027. The AMA has provided detailed guidance that you may review at your convenience:

[CPT Maternity Care Services Education Brief: Antepartum Transition Reporting | AMA](#)

[CPT® 2027 Maternity Care Services code changes | American Medical Association](#)

Additional Sentara Health Plans guidance and resources will be shared in the coming months.

Tobacco cessation referrals

You can easily refer patients to the state tobacco quit line directly in Epic. Quit Now Virginia and

Provider Updates: Medical Inpatient and Outpatient Authorizations Now Available and More_091726

Quitline NC provide free, 24/7 counseling for patients ages 13 and older who want to quit tobacco or nicotine, including vaping. Free nicotine replacement therapy is available based on patient assessment. Submit your referral in Epic. Sentara Health Plans will route it and document the outcome in the patient's chart. For instructions, see the Epic Tip Sheet under the How To section of the Provider Toolkit on our [website](#).

Authorization and medical policy updates

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

Upcoming educational opportunities

New provider orientation

The new provider orientation webinar is designed for both newly contracted providers and those seeking a refresher. This session offers a comprehensive overview of Sentara Health Plans' key resources, self-service tools, and essential operational processes. Participants will also enjoy a guided tour of the provider website, highlighting valuable features, navigation tips, and online resources to help them quickly access the information and tools needed for everyday success. Our goal is to ensure providers feel confident, informed, and supported as they partner with us to serve our members.

To register, please visit sentarahealthplans.com.

Claims brush-up

Join us for a 30-minute interactive session designed to keep you informed on the latest claims trends, operational updates, and process changes. This is your opportunity to get quick, essential updates and ask questions directly to our experts.

To register, please visit sentarahealthplans.com.

Provider quality learning collaborative

During this webinar, we will highlight key updates, review quality and value-based care measures,

identify areas of opportunity that we are prioritizing, and walk through member support resources, programs, and initiatives. We will also share provider-focused tools designed to support your care gap closure efforts.

October 7 session: This session equips providers and clinical staff with evidence-based approaches to managing congestive heart failure, diabetes, and asthma. Led by our integrated care management team, it reviews risk stratification and preventive care planning for patients with these chronic conditions. Documentation and coding requirements will also be reviewed.

November 4 session: This session provides an update on current Healthcare Effectiveness Data and Information Set (HEDIS) quality measures and their documentation and coding requirements. Participants will also learn how the health plan engages members to support your practice in identifying and closing potential gaps in care.

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

Appeals, reconsiderations and contestments process

This training session is designed to help you navigate the submission of reconsiderations and appeals. We will review differences in appeals submission processes and requirements by plan type, as well as related self-service resources available on the provider website.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)