Sentara® Health Plans

Prior Authorization Updates, Effective April 1, 2024

Authorization requirements for 74 CPT/HCPCS codes will be updated to reflect Authorization Required, effective April 1, 2024.

Note: Code changes and deleted codes are also updated on the **Sentara Health Plans website**.

Procedure	Description	Procedure	Description
0355U	APOL1 RISK VARIANTS	0389U	PED FBRL KD IFI27&MCEMP1 RNA
0358U	NEURO ALYS B-AMYL 1-42&1-40	0390U	OB PE KDR ENG&RBP4 IA ALG
0361U	NEURFLMNT LT CHN DIG IA QUAN	0393U	NEU PRKSN MSFL A-SYNCLN PRTN
0372U	NFCT DS GU PTHGN ARG DETCJ	0394U	PFAS 16 PFAS COMPND LC MS/MS
0375U	ONC OVRN BCHM ASY 7 PRTN ALG	0397T	Ercp w/optical endomicroscpy
0376U	ONC PRST8 CA IMG ALYS 128	0402U	NFCT AGT STI MULT AMP PRB TQ
0378U	RFC1 REPEAT XPNSJ VRNT ALYS	0404U	ONC BRST SEMIQ MEAS THYM KN
0381U	MAPLE SYRUP UR DS MNTR QUAN	0407U	NEPH DBTC CKD MULT ECLIA ALG
0382U	HYPRPHENYLALNINMIA MNTR QUAN	0412U	BETA AMYLOID AB42/40 IMPRCIP
0383U	TYROSINEMIA TYP I MNTR QUAN	0415U	CV DS ACS BLD ALG 5 YR SCORE
0384U	NEPH CKD RSK HI STG KDN DS	0416U	IADNA GU PTHGN 20BCT&FNG ORG
0385U	NEPH CKD ALG RSK DBTC KDN DS	0418U	ONC BRST AUG ALG ALY WHL SL8

Procedure	Description	Procedure	Description
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	A2020	Ac5 wound system
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	C9363	Integra Meshed Bilayer Wound Matrix, per sq. cm
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	E1009	Wheelchair add mech linked leg elevation each
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	E2230	Manual wheelchair acc, standing system
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	E2231	Manual wheelchair, solid seat support base
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	E2295	Pediatric dynamic seating frame
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	E2310	Electro connection between control/seat system
81418	RX METAB GEN SEQ ALYS PNL 6	E2311	Electro connection between control/mult seat
81449	TGSAP SO NEO 5-50 RNA ALYS	E2622	Adjustable skin protectn w/c cushion width <22in
81451	TGSAP HL NEO 5-50 RNA ALYS	E2623	Adjustable skin protectn w/c cushion width>=22in
81456	TGSAP SO/HL 51/< RNA ALYS	E2624	Adjustable skin protectn/position cushion <22in
92499	unlisted ophthalmological service/procedure	E2625	Adjustable skin protectn/position cushion>=22in
A2019	Kerecis marigen shld sq cm	J3244	Inj. tigecycline (accord)

Procedure	Description	Procedure	Description
K0008	Custom manual wheelchair/base	K0050	Ratchet assembly
K0009	Other manual wheelchair/base	K0051	Cam release assembly foot rest/leg rest
K0013	Custom power wheelchair base	K0052	Swingaway detachable foot rests
K0039	Leg strap H style each	K0053	Elevating foot rests articulating
K0040	Adjustable angle footplate	K0056	Seat height <17or =>21 lightweight wheelchair
K0041	Large size footplate each	K0070	Rear wheel assembly complete pneumatic tire
K0042	Standard size footplate each	K0071	Front caster assembly complete pneumatic tire
K0043	Foot rest lower extension tube	K0073	Caster pin lock each
K0044	Foot rest upper hanger bracket	K0098	Drive belt for power wheelchair
K0045	Foot rest complete assembly	K0195	Elevating leg rests pair rental wheelchair
K0046	Elevating leg rest lower extension tube	Q3001	BRACHYTHERAPY RADIOELEMENTS, ANY TYPE EACH
K0047	Elevating leg rest upper hanger bracket	T1001	Nursing assessment/evaluation