## Authorization Updates. Changes will go into effect 60 days from this Provider Alert.

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of providerNEWS:

You can access all current Sentara Health Plans medical behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies via sentarahealthplans.com/providers/clinical-reference/medical-policies

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
|---|---|---|
| **Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 117** | No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L39773. Codes 20930, 20931, 20932, 20933, 20934, 20936, 20937, 20938, 20939, 22548, 22551, 22552, 22554, 22590, 22595, 22600, 22614, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22853, 22854, 22856, 22858, 22859, 22861, 22864, 63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63075, 63076, 63270, 63280, 63285. | • ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Commercial - Surgical 117<br>• ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Medicaid - Surgical 117<br>• ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Medicare - Surgical 117 |
| **Autologous Serum Tears, Medical 244** | No changes for all lines of business. Codes 92499. | • Autologous Serum Tears Commercial - Medical 244<br>• Autologous Serum Tears Medicaid - Medical 244<br>• Autologous Serum Tears Medicare - Medical 244 |
| **Bone Scaffolding, Medical 02** | No changes for Commercial and Medicaid. Codes 0869T. | • Bone Scaffolding Commercial - Medical 02<br>• Bone Scaffolding Medicaid - Medical 02 |

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
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| **Breast Procedures, Surgical 10** | No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.2 and LCD L33428. Codes 11920, 11921, 11922, 15771, 15772, 15777, 15877, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340,19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 64912, 64913 HCPCS: C9358, C9360, Q4100, Q4116, Q4122, Q4128, Q4130. | • Breast Procedures Commercial - Surgical 10<br>• Breast Procedures Medicaid - Surgical 10 |
| **Injectable Fillers and bulking agents (Formerly: Bulking Agents for vocal cord insufficiency), Medical 153** | Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 250.5. Codes 31513, 31570, 31571, 31574, L8607, Q2026, Q4112, 31591. | • Bulking Agents for Vocal Cord Insufficiency Commercial - Medical 153<br>• Bulking Agents for Vocal Cord Insufficiency Medicaid - Medical 153 |
| **Capsular Plication of the Hip, Surgical 232** | Archiving all lines of business. Codes 27299, 29999. | • Policy Archived |
| **Chiropractic Services, Medical 182** | Updated Commercial policy. Codes 97010, 97012, 97014, 97022, 97024, 97026, 97032, 97035, 97039, 97110, 97113, 97124, 97140, 97161, 97530, 97533, 97750, 97760, 98940, 98941, 98942, 98943, E0730, E0855, G0283, L0626, L0627, L0631, L0637, L0650, 20561, 97016, 97150, 97802, 97803, 97810, 97811, 97813, 97814. | • Chiropractic Services Commercial - Medical 182 |

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
|---|---|---|
| **Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder, Surgical 214** | No changes to all lines of business. Codes 23929, 24999, 27599, 27899. | • Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder Commercial - Surgical 214<br>• Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder Medicaid - Surgical 214<br>• Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder Medicare - Surgical 214 |
| **Dermal Fillers, Medical 201** | Archived all lines of business and added to Bulking Agents for vocal cord insufficiency policy Medical 153. Codes G0429, Q2028, Q2026. | • Policy Archived |
| **ESOGAURD GENETIC LAB TEST** | Added to exceptions for Medical 34A, Cancer Prevention Diagnosis and Treatment for Commercial and Medicaid. Utilize LCD l39256 for Medicare. Codes 0114U, 0386U. | • Genetic Testing-Cancer Prevention, Diagnosis and Treatment Commercial - Medical 34A<br>• Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicaid - Medical 34A<br>• Genetic Testing-Cancer Prevention, Diagnosis and Treatment Medicare - Medical 34A |
| **Facet Joint Procedures, Surgical 119** | Rename "Spinal Pain Management Procedures" for Commercial and Medicaid. Remove Procedures and Codes 0202T, 0219T through 0222T, 0719T and place these four procedures in Surgical 35 policy. Remove RFA | • Facet Joint Procedures Commercial - Surgical 119<br>• Facet Joint Procedures Medicaid - Surgical 119 |

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|---|---|---|
| | (radiofrequency ablation) from the uncovered list as this is covered with criteria. Codes 64490, 64491, 64492, 64493, 64494, 64495,64633, 64634, 64635, 64636, 0213T, 2014T, 0215T, 2016T, 0218T, 62263, 62264, 62280, 62282 | |
| **Fecal Incontinence, Medical 300** | No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 30.1 and LCD L36267. Codes 46999, 64566, 90901, 90912, 90913, A4337, A4453, A4458, A4459, A4563, L8605. | • Fecal Incontinence Treatment Commercial - Medical 300<br>• Fecal Incontinence Treatments Medicaid - Medical 300 |
| **Gait analysis and surface electromyography (SEMG), Medical 345** | No changes to all lines of business. Codes 96000, 96001, 96002, 96004, 64999. | • Gait Analysis and Surface Electromyography Commercial - Medical 345<br>• Gait Analysis and Surface Electromyography Medicaid - Medical 345<br>• Gait Analysis and Surface Electromyography Medicare - Medical 345 |
| **Gastric Pacemakers or Gastric Electrical Stimulators, Surgical 95** | Archive all lines of business and utilize MCG A-0395. Codes 43647, 43881, 64590. | • Policy Archived |
| **Hereditary Hyperparathyroidism Panel** | Added to exceptions for Medical 34C, Cardioneurovascular and Developmental Diagnosis for all lines of business. Codes 81404, 81405, 81406, 81479. | • Genetic Testing - Cardioneurovascular and Developmental Diagnosis Commercial - Medical 34C<br>• Genetic Testing - Cardioneurovascular and Developmental Diagnosis Medicaid - Medical 34C |

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
|---|---|---|
| | | • Genetic Testing - Cardioneurovascular and Developmental Diagnosis Medicare - Medical 34C |
| **Home Health Aide, Medical 144** | No changes for all lines of business. Diabetic Medicare members who are blind will continue to utilize NCD 290.1. Codes G0156, S9122, T1021. | • Home Health Aide Commercial - Medical 144<br>• Home Health Aide Medicaid - Medical 144<br>• Home Health Aide Medicare - Medical 144 |
| **Home Traction Devices, DME 35** | No changes to Commercial. Updated criteria for Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33823. Codes E0830, E0840, E0849, E0850, E0855, E0856, E0941. | • Home Traction Devices Commercial - DME 35<br>• Home Traction Devices Medicaid - DME 35 |
| **Infrared Light Therapy and Low-Level Laser Therapy, Medical 109** | No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.5 and 270.6. Codes 0552T, 97037, 97026, E1399, S8948. | • Infrared Light Therapy and Low-Level Laser Therapy Commercial - Medical 109<br>• Infrared Light Therapy and Low-Level Laser Therapy Medicaid - Medical 109 |
| **Ingestion Challenge Test, Medical 140** | Archive Medical 140 – Ingestion Challenge Test for Commercial. Codes 95076, 95079. | • Policy Archived |
| **Iontophoresis Treatment for Hyperhidrosis, DME 32** | No changes for all lines of business. Codes E1399. | • Iontophoresis Treatment for Hyperhidrosis Commercial - DME 32<br>• Iontophoresis Treatment for Hyperhidrosis Medicaid - DME 32<br>• Iontophoresis Treatment for Hyperhidrosis Medicare - DME 32 |

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
|---|---|---|
| **Lodging and Meal Reimbursement, Medical 169** | Archiving Medicaid and Medicare policies. | • Policy Archived |
| **Mastectomy Garments, DME 240** | No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33317. Codes L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035, L8039. | • Mastectomy Garments Commercial - DME 240<br>• Mastectomy Garments Medicaid - DME 240 |
| **Miscellaneous Assistive Devices for Home Use, DME 34** | Removing criteria for commode chair and utilize MCG A-0874 for Commercial and Medicaid. Updated criteria for Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33825 and L33736. Codes A4265, A4639, E0163, E0167, E0168, E0175, E0221, E0235, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E1300, E1310. | • Miscellaneous Assistive Devices for Home Use Commercial - DME 34<br>• Miscellaneous Assistive Devices for Home Use Medicaid - DME 33 |
| **Neuromuscular Electrical Stimulator and Functional Electrical Stimulators, DME 17** | Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD's 160.12, 160.13 and 160.7. Codes A4556, A4558, E0731, E0745, E0763, E0770, 64555. | • Neuromuscular Electrical Stimulator and Functional Electrical Stimulators Commercial - DME 17<br>• Neuromuscular Electrical Stimulator and Functional Electrical Stimulators Medicaid - DME 17 |
| **Percutaneous Transluminal Coronary Lithotripsy, Surgical 132** | No changes to all lines of business. Codes 92972. | • Percutaneous Transluminal Coronary Lithotripsy Commercial - Surgical 132<br>• Percutaneous Transluminal Coronary Lithotripsy Medicaid - Surgical 132<br>• Percutaneous Transluminal Coronary Lithotripsy Medicare - Surgical 132 |

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
|---|---|---|
| **Pneumatic Compression of the Chest or Trunk, DME 53** | Archiving all lines of business and adding codes to DME 04 Compression Stockings, Garments and Devices. Codes E0656, E0657. | • Policy Archived |
| **Sepsis and Other Febrile Illness, without Focal Infection, Medical 346** | Updated MCG's criteria to reflect Sepsis 2.5. | |
| **Surgical Assisted Liposuction, Surgical 131** | Updated criteria to include coverage for lipedema for all lines of business. Codes 15832, 15833, 15834, 15835, 15836, 15837, 15839, 15877, 15878, 15879. | • Surgical Assisted Liposuction for Lymphedema Post-mastectomy Commercial - Surgical 131<br>• Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicaid - Surgical 131<br>• Surgical Assisted Liposuction for Lymphedema Post-mastectomy Medicare - Surgical 131 |
| **Surgical Treatment for Obstructive Sleep Apnea (OSA), Surgical 18** | Updated criteria for Commercial and Medicaid. For Medicare continue to utilize LCD L38276 and L34526. Codes 0466T, 0467T, 0468T, 21031, 21198, 21199, 21206, 21685, 42145, 42975, 61886, 61888, 64568, 64569, 64570, 64582, 64583, 64584, L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8688, 41512, 41530, 41599, 42140, 42160, 42299, S2080. | • Surgical Treatments for Obstructive Sleep Apnea (OSA) Commercial - Surgical 18<br>• Surgical Treatments for Obstructive Sleep Apnea (OSA) Medicaid - Surgical 18 |
| **Transanal Endoscopic Microsurgery (TEM), Surgical 41** | No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L38551. Codes 0184T. | • Intraoperative Neurophysiological Monitoring and EMG Larynx Commercial - Surgical 40<br>• Intraoperative Neurophysiological Monitoring and EMG Larynx Medicaid - Surgical 40 |

| POLICY | DETERMINATION/COVERAGE | • CURRENT POLICY URLS |
|---|---|---|
| **Vertebral Body Tethering, Surgical 123** | No changes for all lines of business. Codes 0656T, 0657T, 22899, 0790T. | • Vertebral Body Tethering Commercial - Surgical 123<br>• Vertebral Body Tethering Medicaid - Surgical 123<br>• Vertebral Body Tethering Medicare - Surgical 123 |
| **Vestibular Rehabilitation, Medical 91** | No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33942. Codes 95992, 97110, 97112, 97116, S9476. | • Vestibular Rehabilitation Commercial - Medical 91<br>• Vestibular Rehabilitation Medicaid - Medical 91 |
| **Whole Body Imaging (CT and MRI), Imaging 53** | Updated criteria for Commercial Codes 76497, 76498. | • Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography) Commercial - Imaging 53 |
| **Inpatient language updates** | Updating Surgical Procedure Policies to add inpatient language to Surgical 10, Breast Procedures (with the exception of Complete Mastectomy with Tissue Flap Reconstruction), Surgical 116, Sacroiliac Fusion, Open and Percutaneous, Surgical 117, Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 118, Lumbar Fusion, Surgical 119, Facet Joint Procedures / rename Spinal Pain Management Procedures, Surgical 120, Lumbar Discectomy, Surgical 121, Lumbar Laminectomy, Surgical 122, Cervical Laminectomy, Surgical 124, Lumbar disc arthroplasty, Surgical 32, Bariatric Services and Surgical 35, Artificial Disc Replacement and Treatment / rename Spinal Arthroplasty. | |

## IBMT UPDATES: Prior Authorization Updates for CPAP Machines (Medicare/Medicaid) Effective 12.1.2024

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Network News:

Note-Code changes and deleted codes are uploaded to the Sentara Health Plan website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

| PROCEDURE CODE | DESCRIPTION | MCR AUTH REQUIRED | MCR EXCEPTION | MCD AUTH REQUIRED | MCD EXCEPTION |
|---|---|---|---|---|---|
| E0601 | CONTINUOUS AIRWAY PRESSURE DEVICE/CPAP | YES | NO AUTH REQUIRED UNTIL LIMIT IS REACHED | YES | NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED |

- Note: For CPAP rentals, the cost of the rental cannot exceed the purchase price of the device.

## IBMT UPDATES: Prior Authorization Updates for Service Facilitator Code Non-Par (Medicaid) Effective 12.1.2024

Non-Par Providers who accept DMAS rates will no longer require Prior Authorization.

- Note- DMAS limits will apply to the respective service.

| PROCEDURE CODE | DESCRIPTION | DMAS LIMITS FOR PROVIDERS |
|---|---|---|
| T1028 | Home Assessment | 4 per rolling year. |
| H2000 | Comprehensive Evaluation | 1 per member lifetime |
| 99509 | Home Visit | 8 per rolling year. |
| S5109 | Home Care Training | 1 per member lifetime per Employee of Record (EOR) |
| S5116 | Management Training Hours | 4 per rolling year. |