



Sentara Health Plans Medical and Clinical Policy Updates

Effective July 1, 2026

Sentara Health Plans would like to notify you of the following medical policy updates made since the last version of **Provider News**.

You can access all current Sentara Health Plans medical policies at sentarahealthplans.com.

You can link directly to Sentara Health Plans current Prior Authorization List (PAL) at pal.sentarahealthplans.com.

For the most current, comprehensive review of the proceedings from Sentara Health Plans' pharmacy and therapeutics committee, please view the [Quarterly Pharmacy Changes](#) to see Formulary and Authorization updates.

Medical Policies

The Medical Policy Committee (MPC) approved the following Medical Policies applicable to Sentara Health Plans. These medical policies take effect July 1, 2026.

Policy Number	Policy Name	Status	Applicable Service Lines
Surgical 40	Intraoperative Neurophysiological Monitoring and EMG Larynx	Reviewed	Commercial and Medicaid
Surgical 236	Solid Organ Transplantation	Reviewed	Commercial and Medicaid
OB 13	Doula Services: DMAS Criteria Document	Reviewed	Medicaid
OB 01	Elective Termination of Pregnancy	Reviewed	Commercial and Medicaid
Surgical 205	Gastrointestinal Procedures	Revised	Commercial and Medicaid
Surgical 83	Benign Prostatic Hypertrophy BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP)	Revised	Commercial and Medicaid
Medical 52	Intensive Cardiac Rehabilitation Programs	Reviewed	Commercial and Medicaid
Medical 51	Phase II Cardiac Rehabilitation	Reviewed	Commercial and Medicaid
Medical 256	Transjugular Intrahepatic Portosystemic Shunt (TIPSS)	Archived	Commercial, Medicaid and Medicare
Medical 259	Prescription Digital Therapeutics and Devices	Revised	Commercial and Medicaid
DME 28	Wheelchairs, Motorized Devices and Acs	Revised	Commercial and Medicaid
Medical 182	Chiropractic Services	Revised	Commercial

Surgical 08	Hematopoietic Stem Cell Transplantation	Reviewed	Commercial and Medicaid
Medical 351	Radiation Therapy for Non-oncologic Indications	Reviewed	Commercial and Medicaid
DME 30	Augmentative Communication and Speech Generating Systems	Revised	Commercial and Medicaid
DME 40	Ambulatory Devices	Revised	Commercial and Medicaid
DME 03	Hospital Beds and Accessories	Reviewed	Commercial and Medicaid
BH 06	ASAM 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) Initial	Reviewed	Medicaid
BH 07	ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse Initial	Reviewed	Medicaid
BH 08	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 09	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 10	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 11	ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid
BH 12	ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Initial	Reviewed	Medicaid

BH 13	ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 42	ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Initial	Reviewed	Medicaid
BH 43	ASAM 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) Concurrent	Reviewed	Medicaid
BH 44	ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Concurrent	Reviewed	Medicaid
BH 45	ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 46	ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 47	ASAM 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 48	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 49	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 50	ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 51	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid

BH 52	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 53	ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 54	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) Initial	Reviewed	Medicaid
BH 55	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 56	ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid
BH 57	ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 58	ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Concurrent	Reviewed	Medicaid
BH 59	ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Concurrent	Reviewed	Medicaid