

Provider Updates



Dear Provider,

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

- [Medicaid Provider Manual Update](#)
- [Prior Authorization Process Improvements](#)
- [Discontinuation of FreeStyle Libre 2 and FreeStyle Libre 3 Sensors](#)
- [Update to Doula Services Authorization Requirements](#)
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Medicaid Provider Manual Update

The annual review of the Sentara Health Plans Medicaid Provider Manual is currently underway. The revised edition is scheduled for publication on the Sentara Health Plans website in November 2025. A follow-up notification will be issued once the manual is available.

To access the Sentara Health Plans Medicaid Provider Manual, visit sentarahealthplans.com.

Prior Authorization Process Improvements

Sentara Health Plans continues to make strides in streamlining our process for treatment and service requests by reducing items that require prior authorizations and offering same-time

Provider Updates: Prior Authorization Process Improvements, Anatomical Modifiers Update, and More

approvals for services that require minimal clinical review. Our goal is to promote a positive provider experience with quicker access to care for our members.

Discontinuation of FreeStyle Libre 2 and FreeStyle Libre 3 Sensors

Effective September 30, 2025, Sentara Health Plans will discontinue coverage of FreeStyle Libre 2 and FreeStyle Libre 3 sensors. These products will be replaced by the updated FreeStyle Libre 2 Plus and FreeStyle Libre 3 Plus sensors.

For more information, visit sentarahealthplans.com.

Update to Doula Services Authorization Requirements

In alignment with recent updates to the Department of Medical Assistance Services (DMAS) contract, Sentara Health Plans has increased the number of allowable visits for doula services to 11 visits without prior authorization.

The following procedure codes are covered under the initial 11 visits without authorization:

- 59409HD
- 59425HD
- 59430HD
- 59514HD
- 99600HD
- 99199HD

If additional visits are needed beyond the initial 11, providers must submit a request for authorization to the Medicaid medical utilization management (UM) team via phone, fax, or the Sentara Health Plans Portal. All required Medicaid medical request forms are available on the Sentara Health Plans [website](#).

Anatomical Modifiers Update

According to the Centers for Medicare & Medicaid Services (CMS) Claims Processing Manual, “when certain component codes or mutually exclusive codes are appropriately furnished, such as later on the same day, it is appropriate that these services be reported using a healthcare common procedure coding system (HCPCS) code modifier.” Enforcement of correct coding guidelines, regarding anatomical modifiers, is an important aspect of payment integrity code editing. Without the proper anatomical modifier applied to the procedure code, there is a risk of duplicate claims payment, incorrect procedure-to-procedure bundling, incorrect frequency limitations, and unnecessary medical record review.

Accordingly, effective September 1, 2025, Sentara Health Plans released an edit that reviews surgical procedures on the foot and toes (code range 28001-28899*) and hand and fingers (code range 26010-26989*) when they are not reported with the appropriate anatomical modifier. Included codes must represent a digit.

Disclaimer: Exceptions may include select unlisted codes, as well as codes with descriptors that do not support a digit-specific anatomical modifier.

Upcoming Educational Opportunities

Navigating the Reconsiderations & Appeals Process

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

To register, please visit sentarahealthplans.com.

New Provider Orientation

This webinar is for newly contracted providers, new hires, or anyone seeking a refresher on how to successfully conduct business with Sentara Health Plans. We will offer guidance on how to achieve solutions for common questions or challenges without contacting provider services.

To register, please visit sentarahealthplans.com.

Provider Quality Care Learning Collaborative – Onduo

We will highlight significant changes, review relevant quality or value-based care measures, address areas of opportunity we are focused on, review member support resources, programs and initiatives, and share provider resources to support your care gap closure efforts.

To register for the October 1 How Onduo Supports Member Health or November 5 Value Based Care session, please visit sentarahealthplans.com.

Lunch & Learn: Provider Website Tour

Join us for an informal virtual session during the lunch hour. These sessions will be held twice monthly and are designed to help you learn how to navigate our provider website and explore our self-help resource library for guidance in successfully conducting business with us.

To register, please visit sentarahealthplans.com.

Sentara Health Plans Spotlight

Join us for an engaging session as we take a closer look at the key updates, implementations, and milestones from 2025 across Sentara Health Plans. We'll also provide a forward-looking overview of what providers can expect in 2026, including new processes, enhanced resources, and practical steps to prepare for upcoming transitions.

This webinar is designed to support your continued success in working with Sentara Health Plans.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

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