

Provider Updates



Dear Provider,

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

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Authorization Updates Effective November 1

Sentara Health Plans has a new medical policy weblink available to access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies. You can access this at sentarahealthplans.com/providers/clinical-reference/medical-policies.

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

Provider Satisfaction Survey

A randomly selected sample of provider offices will be contacted by our vendor partner, Press Ganey, via U.S. mail, email, and/or phone this month to participate in the Sentara Health Plans Provider Satisfaction Survey. This survey invites providers to evaluate various aspects of the health plan and offers an opportunity to share open-ended feedback and suggestions for operational improvements. We highly encourage your participation, as your insight is essential in shaping enhancements to our services and overall provider experience.

New Quest Rapid Respond Laboratory in Richmond, VA

On August 18, 2025, the Quest Rapid Response Laboratory (RRL) facility became operational to members located near 11740 West Broad Street, Richmond, VA 23233 (Short Pump). Quest's RRL facility is a specialized clinical laboratory that provides accelerated turnaround times for essential laboratory tests. Lab tests performed at the RRL include a restricted menu of tests needed for managing critical medical emergencies by physicians so that they can make time-sensitive treatment decisions for their patients.

Recalls

- **FDA Recall of Dexcom G6 and G7 Receivers**

Dexcom, Inc. is recalling certain Dexcom G6, G7, ONE, and ONE+ glucose monitoring receivers because a problem with the speaker may cause it to fail to make an alert sound when blood sugar is dangerously low or high.

- **Recall of Sodium Chloride 0.9% Injection**

B. Braun Medical Inc. has initiated a voluntary recall of five lots of Sodium Chloride 0.9% Injection due to the presence of small pinholes in the product bags.

For more information, visit sentarahealthplans.com.

Authorization Now Required for Specific Inpatient Services

Please be advised that claims for the services identified in the linked spreadsheet will not be reimbursed without valid authorization. This also applies if there is an associated inpatient authorization on file.

The impacted service codes are listed in [the Inpatient Urgent and Inpatient Elective tabs of the spreadsheet](#):

- Inpatient Urgent - 383 codes marked with an “N,” indicating they are being removed from automatic approval and will now require a separate authorization.
- Inpatient Elective - 462 codes marked with an “N,” also being removed and now require separate authorization for payment.

To avoid claim denials, please ensure that prior authorization is obtained for any services associated with the listed codes before services are rendered.

Behavioral Health Service Changes

Starting July 1, 2026, Sentara Health Plans will begin offering the following services:

- Community Psychiatric Support and Treatment - Adult Home/Community-Based
- Community Psychiatric Support and Treatment - Youth Home/Community-Based and School Setting
- Coordinated Specialty Care for First Episode Psychosis
- Clubhouse Model of Psychosocial Rehabilitation

As a result of this transition, the following legacy behavioral health services will be retired as of June 30, 2026:

- Intensive In-Home Services (H2012)
- Therapeutic Day Treatment (H2016)
- Mental Health Skill Building (H0046)
- Psychosocial Rehabilitation (H2017)

Additional guidance and resources will be made available in the coming months to ensure a smooth implementation process.

Attention DME Providers: Unilateral Amendment – Provider Agreement Compensation Exhibit, Medicaid Products Section, and Invoice Requirements

Effective September 1, 2025, Sentara Health Plans has unilaterally amended agreements for durable medical equipment (DME) providers to ensure payments for DME unlisted and individual consideration codes meet the requirements of the Department of Medical Assistance Services (DMAS) rate floor.

Amendment language is as follows:

When there is no rate available for a DME item: the MCO is required to utilize the reimbursement methodology set forth in 12VAC30-80-30.A(6) to determine the fee-for-service benchmark rate.

The following shall be added to the Provider Agreement Compensation Exhibit, Medicaid Products section:

If there is no applicable DMAS DME rate or durable medical equipment regional carrier rate (DMERC Rate) as published by the Centers for Medicare and Medicaid Services (CMS) (including unlisted and individual consideration codes and services) or any contractually agreed upon carveout rate that meets the floor requirements pursuant to the methodology set forth in 12VAC30-80-30.A(6): The manufacturer's net charge to provider, less shipping and handling, plus 30%. The manufacturer's net charge to provider shall be the cost to the provider minus all available discounts to the provider.

Provider shall submit manufacturer invoices with claims submitted for payment of DME covered services that do not have an applicable DMAS rate or DMERC rate. Sentara Health Plans reserves the right, as needed, to request cost invoices to assist in determining the appropriate fees to be paid for DME covered services.

All DME contracted providers should submit paper claims with paper invoices attached for all Medicaid DME miscellaneous/unlisted/ individual consideration claims where no rate is established by DMAS. The claims will pend for edit 1160, claims processors will review the invoice, and the claim will be priced at the manufacturer's net charge to provider, minus all available discounts to the provider, less shipping and handling, plus 30%. If the invoice is not attached or the claim is electronic, the claim will be denied.

*Some DME providers will have an earlier effective date due to recent contract amendments.

Upcoming Educational Opportunities

Navigating the Reconsiderations & Appeals Process

This training session is designed to help you navigate 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 – HEDIS Blitz

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 September 3 Hedis Blitz session, October 1 How Onduo Supports Member Health, or a future webinar, 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.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)