



Fall 2025 Provider Newsletter

Sentara Health Plans Medical and Clinical Policy Updates

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.

July Policies Reviewed - Provider Alert Published August 2025 – Effective Date November 1, 2025			
Policy Number	Policy Name	Status	Applicable Service Lines
Behavioral Health 35	Multisystemic Therapy	Revised	Medicaid
Behavioral Health 36	Functional Family Therapy	Revised	Medicaid
Behavioral Health 37	Applied Behavioral Analysis	Revised	Medicaid
DME 04	Compression Stockings, Garments and Devices	Revised	Commercial and Medicaid
DME 24	Wearable External Cardioverter Defibrillators	Reviewed	Commercial and Medicaid
DME 33	Vitrectomy Face-Down Positioning System	Reviewed	Commercial and Medicaid
DME 63	Automated External Defibrillators	Reviewed	Commercial and Medicaid
Medical 157	Injectable Hormone Pellets	Archived policy	Commercial and Medicaid
Medical 247	Muscle Pain Detector	Reviewed	Commercial and Medicaid
Medical 303	Apixaban (Eliquis) Drug Level	Archived policy	Commercial, Medicaid and Medicare
Medical 350	Level of Care Guidance for Observation (OBS) versus Inpatient Hospital Stays	New Policy	Commercial and Medicaid

Obstetrics 13	Doula Services	Revised	Medicaid
Surgical 09	Dermatologic Conditions	Revised	Commercial and Medicaid
Surgical 106	Subcutaneous Implantable Cardioverter Defibrillator	Revised	Commercial and Medicaid
Surgical 114	Coccygectomy	Reviewed	Commercial and Medicaid
Surgical 116	Sacroiliac Joint Fusion (Arthrodesis), Open and Percutaneous	Reviewed	Commercial and Medicaid
Surgical 119	Spinal and Other Pain Management Procedures	Revised	Commercial and Medicaid
Surgical 126	Leadless Cardiac Pacemaker	Revised	Commercial and Medicaid
Surgical 130	Substernal Implantable Cardioverter-Defibrillator System	Archived policy and add criteria to Surgical 106	Commercial and Medicaid
Surgical 132	Percutaneous Transluminal Coronary Lithotripsy	Archived policy	Commercial, Medicaid and Medicare
Surgical 231	Percutaneous Spinal Augmentation	Reviewed	Commercial and Medicaid
Surgical 39	Tissue Transplantation of the Knee, Ankle and Talus	Reviewed	Commercial and Medicaid
Surgical 40	Intraoperative Neurophysiological Monitoring and EMG Larynx	Revised	Commercial and Medicaid
Surgical 55	Corneal Procedures	Archived policy	Commercial and Medicaid

Surgical 73	Skin and Tissue Substitutes	Revised	Commercial and Medicaid
Surgical 79	Thermal Intradiscal Procedures	Archive and utilize MCG	Commercial and Medicaid

August Policies Reviewed - Provider Alert Published September 2025 – Effective Date December 1, 2025			
Policy Number	Policy Name	Status	Applicable Service Lines
DME 242	Pads with Circulating Water for Pain Relief	Archived policy and utilize MCG	Commercial and Medicaid
DME 249	Scalp Cooling During Chemotherapy	Reviewed	Commercial and Medicaid
Medical 108	Sclerotherapy and Prolotherapy for Joints and Tendons	Archive and add criteria to Surgical 119	Commercial and Medicaid
Medical 293	Transanal Double Balloon Enteroscopy	Archived	Commercial, Medicaid and Medicare
Medical 317	Implantable Hemodynamic Monitoring for Heart Failure	Revised	Commercial and Medicaid
Medical 91	Vestibular Rehabilitation	Archived	Commercial and Medicaid
Surgical 118	Lumbar Fusion	Reviewed	Commercial and Medicaid

Surgical 120	Lumbar Discectomy	Reviewed	Commercial, Medicaid and Medicare
Surgical 121	Lumbar Laminectomy	Reviewed	Commercial and Medicaid
Surgical 122	Cervical Laminectomy	Revised	Commercial, Medicaid and Medicare
Surgical 127	Athletic Pubalgia Surgery	Archived	Commercial, Medicaid and Medicare
Surgical 131	Surgical Assisted Liposuction	Revised	Commercial, Medicaid and Medicare
Surgical 136	Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation	Archive policy and utilize MCG	Commercial, Medicaid and Medicare
Surgical 34	Orthognathic Surgery	Reviewed	Commercial and Medicaid
Surgical 35	Spinal Arthroplasty (Formerly known as Artificial Disc Replacement and Treatment)	Reviewed	Commercial and Medicaid
Surgical 40	Intraoperative Neurophysiological Monitoring and EMG Larynx	Revised	Commercial and Medicaid

September Policies Reviewed - Provider Alert Published October 2025 – Effective Date January 1, 2026			
Policy Number	Policy Name	Status	Applicable Service Lines
DME 04	Compression Stockings, Garments and Devices	Reviewed	Commercial and Medicaid
DME 10	Continuous Glucose Monitoring System	Revised	Medicaid
DME 22	Infant Home Apnea Monitor	Archive policy	Commercial and Medicaid
DME 32	Iontophoresis Treatment for Hyperhidrosis	Reviewed	Commercial, Medicaid and Medicare
DME 34	Miscellaneous Assistive Devices for Home Use	Archived	Commercial and Medicaid
DME 35	Home Traction Devices	Reviewed	Commercial and Medicaid
DME 41	Standing Frames	Reviewed	Commercial and Medicaid
DME 42	Transfer Devices and Lifts	Reviewed	Commercial and Medicaid
Medical 02	Bone Scaffolding	Revised	Commercial, Medicaid and Medicare
Medical 109	Infrared Light Therapy and Low-Level Laser Therapy	Archive and add criteria to Surgical 119	Commercial and Medicaid
Medical 130	Urinary Incontinence Treatments	Revised	Commercial and Medicaid

Medical 144	Home Health Aide	Reviewed	Commercial, Medicaid and Medicare
Medical 153	Injectable Fillers & Bulking Agents	Reviewed	Commercial and Medicaid
Medical 179	Electric Cell-Signaling Energy Waves (EcST and ESI)	Archive and add criteria to Medical 349	Commercial and Medicaid
Medical 181	Fecal Bacteriotherapy	Archive policy	Commercial, Medicaid and Medicare
Medical 244	Autologous Serum Tears	Archive policy	Commercial, Medicaid and Medicare
Medical 300	Fecal Incontinence Treatments	Archive policy and utilize MCG	Commercial and Medicaid
Medical 336	Category III	Revised	Commercial and Medicaid
Medical 344	Ingestible Devices	Reviewed	Commercial, Medicaid and Medicare
Medical 345	Gait analysis and surface electromyography (SEMG)	Reviewed	Commercial, Medicaid and Medicare
Medical 346	Sepsis and Other Febrile Illness without Focal Infection	Reviewed	Commercial, Medicaid and Medicare
Medical 347	Medical Necessity Guidelines	Reviewed	Commercial

Medical 348	Not Medically Necessary, Experimental, Investigational and Unproven Guidelines	Reviewed	Commercial
Medical 349	Electric Stimulation	Revised	Commercial and Medicaid
Surgical 117	Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy (New title will be Cervical Fusion Procedures)	Revised	Commercial and Medicaid
Surgical 123	Vertebral Body Tethering	Archive policy and utilize MCG	Commercial, Medicaid and Medicare
Surgical 214	Core Decompression of the Knee, Ankle, Elbow and Shoulder	Reviewed	Commercial, Medicaid and Medicare
Surgical 220	Oral Incontinence Treatments	Reviewed	Commercial, Medicaid and Medicare
Surgical 230	Nasal Implants	Revised	Commercial and Medicaid
Surgical 41	Transanal Endoscopic Microsurgery (TEM)	Archive policy and utilize MCG	Commercial and Medicaid
Surgical 55	Corneal Procedure	Revised	Commercial, Medicaid and Medicare