# Sentara Health Plans Medical and Clinical Policy Updates

## Effective November 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 November 1, 2026.

| Policy Number | Policy Name | Status | Applicable Service Lines |
|---|---|---|---|
| Medical 130 | Urinary Incontinence Treatments | Revised | Commercial and Medicaid |
| Surgical 106 | Subcutaneous and Substernal Implantable Cardioverter-Defibrillator | Revised | Commercial, Medicaid, and Medicare |
| Surgical 114 | Coccygectomy | Archived | Medicaid |
| Medical 345 | Gait Analysis and Surface Electromyography (SEMG) | Archived | Commercial, Medicaid, and Medicare |
| Medical 153 | Injectable Fillers & Bulking Agents | Archived | Medicaid |
| Surgical 220 | Oral Incontinence Treatments | Archived | Commercial, Medicaid, and Medicare |
| Durable Medical Equipment 41 | Standing Frames | Reviewed | Commercial and Medicaid |
| Medical 350 | Level of Care for Observation vs Inpatient Hospital Stay | Reviewed | Commercial and Medicaid |
| Surgical 131 | Surgical Assisted Liposuction | Reviewed | Commercial, Medicaid, and Medicare |
| Medical 344 | Ingestible Devices | Reviewed | Commercial and Medicaid, |

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| | | | Archive Medicare |
| Durable Medical Equipment 04 | Compressions Stockings and Garments | Reviewed | Commercial and Medicaid |
| Durable Medical Equipment 42 | Transfer Devices and Lifts | Reviewed | Commercial and Medicaid |
| Medical 349 | Electrical Stimulation | Revised | Commercial, Medicaid, and Medicare |

| Policy Number | Policy Name | Status | Applicable Service Lines |
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| **Avalon Policy Updates**  Q3 2026 Comprehensive Exec | | | |
| G2006 | Diabetes Mellitus (RTM) | Revised | Commercial and Medicaid |
| G2035 | Prenatal Screening (Nongenetic) (RTM) | Revised | Commercial and Medicaid |
| G2054 | Liquid Biopsy (GTM) | Revised | Commercial and Medicaid |
| G2113 | Oral Cancer Screening and Testing (RTM) | Revised | Commercial and Medicaid |

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| G2149 | Pathogen Panel Testing (RTM) | Revised | Commercial and Medicaid |
| G2150 | Biomarkers for Myocardial Infarction and Chronic Heart Failure (RTM) | Reviewed | Commercial and Medicaid |
| G2151 | Serum Testing for Evidence of Mild Traumatic Brain Injury (RTM) | Reviewed | Commercial and Medicaid |
| G2155 | General Inflammation Testing (RTM) | Revised | Commercial and Medicaid |
| G2173 | Gamma-glutaml Transferase Testing in Adults (RTM) | Reviewed | Commercial and Medicaid |
| G2174 | Coronavirus Testing in the Outpatient Setting (RTM) | Revised | Commercial |
| G2181 | Colorectal Cancer Screening (RTM) | Revised | Commercial and Medicaid |
| M2017 | Genetic Testing for Cystic Fibrosis (GTM) | Revised | Commercial and Medicaid |
| M2026 | Testing for Colorectal Cancer Management (GTM) | Revised | Commercial and Medicaid |
| M2030 | Testing for Targeted Therapy of Non-Small-Cell Lung Cancer (GTM) | Revised | Commercial and Medicaid |
| M2032 | Genome and Exome Sequencing (GTM) | Revised | Commercial and Medicaid |
| M2038 | Genetic Testing for Familial Alzheimer Disease (GTM) | Revised | Commercial and Medicaid |
| M2068 | Testing for Alpha-1 Antitrypsin Deficiency (GTM) | Reviewed | Commercial and Medicaid |

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| M2072 | Genetic Testing for Diagnosis of Inherited Peripheral Neuropathies (GTM) | Revised | Commercial and Medicaid |
| M2075 | Genetic Testing for Epilepsy (GTM) | Revised | Commercial and Medicaid |
| M2081 | Genetic Testing for Li-Fraumeni Syndrome (GTM) | Reviewed | Commercial and Medicaid |
| M2083 | Genetic Testing for Ophthalmologic Conditions (GTM) | Reviewed | Commercial and Medicaid |
| M2087 | Genetic Testing for PTEN Hamartoma Tumor Syndrome (GTM) | Revised | Commercial and Medicaid |
| M2091 | Transplant Rejection Testing (GTM) | Revised | Commercial and Medicaid |
| M2097 | Identification of Microorganisms Using Nucleic Acid Probes (RTM) | Revised | Commercial and Medicaid |
| M2134 | Genetic Testing for Neurofibromatosis and Related Disorders (GTM) | Reviewed | Commercial and Medicaid |
| M2170 | Red Blood Cell Molecular Testing (GTM) | Reviewed | Commercial and Medicaid |
| M2175 | Minimal Residual Disease (MRD) (GTM) | Revised | Commercial and Medicaid |
| M2178 | Microsatellite Instability and Tumor Mutational Burden Testing (GTM) | Revised | Commercial and Medicaid |
| M2179 | Prenatal Screening (Genetic) (GTM) | Revised | Commercial and Medicaid |
| M2180 | Genetic Markers for Assessing Risk of Cardiovascular Disease (GTM) | Reviewed | Commercial and Medicaid |

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| R2162 | Laboratory Procedures Reimbursement Policy (RTM) | Revied | Commercial and Medicaid |