



# Provider Newsletter

Fall 2025

# Table of Contents

<b>Sentara Health Plans News</b>	<b>3</b>
<ul style="list-style-type: none"><li>• Clinical Practice Guidelines</li><li>• Newly Developed Inclusive Chronic Disease Management Pilot Program</li></ul>	
<b>Medicaid Updates</b>	<b>5</b>
<ul style="list-style-type: none"><li>• Medicaid Member Benefit Change—Continuous Glucose Monitors</li><li>• Changes for Youth in Psychiatric Residential Treatment Facilities (PRTFs)</li><li>• Legally Responsible Individuals (LRI) Nursing Delegation Frequently Asked Questions</li><li>• DMAS Update: Applied Behavior Analysis Service Authorization Changes</li><li>• Welcoming Baby<sup>SM</sup> Program</li></ul>	
<b>Quality Improvement</b>	<b>9</b>
<ul style="list-style-type: none"><li>• Annual National Committee for Quality Assurance (NCQA) Provider Information Requirement 2025</li><li>• Time to Prepare for HEDIS Medical Record Review</li><li>• Dr. Melvin T. Pinn, Jr. Quality Excellence Award</li><li>• Concurrent Use of Opioids and Benzodiazepines</li><li>• Polypharmacy—Use of Multiple Anticholinergic Medications in Older Adults</li><li>• November is Diabetic Eye Disease Awareness Month</li></ul>	
<b>Behavioral Health</b>	<b>14</b>
<ul style="list-style-type: none"><li>• Behavioral Health Authorization Forms</li><li>• Correct Fax Numbers for BH Prior Authorizations</li><li>• No Authorization Required for Case Management Services</li><li>• Reminder: Timely Filing of Authorization Requests</li></ul>	
<b>Authorizations, Medical Policies, and Billing</b>	<b>15</b>
<ul style="list-style-type: none"><li>• Authorization and Medical Policy Updates</li><li>• New Quarterly CPT/HCPCS Codes, Effective October 1</li></ul>	
<b>Pharmacy</b>	<b>16</b>
<ul style="list-style-type: none"><li>• Pharmacy Formulary Updates</li></ul>	
<b>Important Updates and Reminders</b>	<b>16</b>
<ul style="list-style-type: none"><li>• Register for Our Upcoming Webinars</li></ul>	



# Sentara Health Plans News

## Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are adopted to help practitioners and members make decisions about appropriate healthcare for specific clinical circumstances. Sentara Health Plans adopts and disseminates CPGs relevant to its membership for the provision of health, acute, and chronic medical services, and for preventive and non-preventive behavioral health services.

All clinical or preventive health practice guidelines that are adopted or developed are:

- Based on valid and reliable clinical evidence-based practices or a consensus of healthcare professionals in the respective field
- Considering the needs of the members
- Reviewed and updated, at minimum, every two years, as applicable
- Disseminated to practitioners and members annually
- Providing a basis for utilization decisions, member education, and service coverage

Sentara Health Plans ensures network providers utilize appropriate evidence-based clinical practice guidelines through web technology, the use of electronic databases, and manual medical record reviews, as applicable, to evaluate the appropriateness of care and documentation. A modified approach to the utilization of clinical practice guidelines and nationally recognized protocols may need to be taken to fit the unique needs of all beneficiaries.

These medical and behavioral health guidelines are based on published national guidelines, literature reviews, and the expert consensus of clinical practitioners. They reflect current recommendations for screening, diagnostic testing, and treatment. These guidelines are published by Sentara Health Plans as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these guidelines. The Sentara Health Plans guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment. Copies of clinical guidelines are available via mail, email, or fax.

To request a printed copy of the health plan's CPGs, please contact the Quality Improvement and Member Safety Department at **757-252-8400** or toll-free at **1-844-620-1015**. CPGs are also available at **[sentarahealthplans.com](http://sentarahealthplans.com)**.

## Newly Developed Inclusive Chronic Disease Management Pilot Program

The Chronic Disease Management (CDM) leadership team is developing a pilot program that will have four nurse case managers offering support to enhance the physician-practitioner/patient relationship and adherence to the plan of care for Cardinal Medicaid members. These four nurses will be the primary care managers and complete health risk assessments, CDM assessments (based on their condition), Interdisciplinary Conference Team (ICT), Individualized Care Plans (ICP) and assist with transition of care needs. Two nurse case managers will concentrate on diabetic members, one will focus on Chronic Obstructive Pulmonary Disease (COPD)/Asthma members, and one will focus on Congestive Heart Failure (CHF) members.

The goals of the Inclusive CDM Pilot Program include providing inclusive case management, guiding members toward self-management, reducing readmissions, and decreasing the utilization of emergency rooms and hospitals. Integrated case managers will establish emergency plans during exacerbation of their disease condition, assess Social Determinants of Health (SDOH) needs, medication compliance, provide education, develop support systems, lifestyle changes, and behavior modifications.







# Medicaid Updates

## Medicaid Member Benefit Change—Continuous Glucose Monitors

Due to recent changes from the Department of Medical Assistance Services (DMAS) for Continuous Glucose Monitors (CGM), Medicaid members who receive CGMs will now be able to have these covered as a medical or pharmacy benefit. If members want to utilize their medical benefit, prior authorization is required. If members already fill these products through their local pharmacies, no action is needed. This change is retroactive to July 1, 2025. See the DMAS memo [here](#).

## Changes for Youth in Psychiatric Residential Treatment Facilities (PRTFs)

Effective November 1, 2025, youth receiving services in Psychiatric Residential Treatment Facilities (PRTFs) will maintain enrollment in Cardinal Care Managed Care. Youth currently in a PRTF with admission dates prior to November 1, will remain in fee-for-service (FFS) until they are assigned to an MCO effective December 1, 2025.

The PRTF per diem payment will continue to be carved out of managed care and will be reimbursed by fee-for-service. The PRTF per diem does not include coverage for certain PRTF required services, including physician services related to assessment and diagnosis, medication management and supervision, drug testing, and psychological professional services delivered by facility staff or contractors. These PRTF required services are reimbursed separately from the PRTF per diem and will also continue to be paid through FFS.

Ancillary services such as physician specialists, therapy; occupational therapy; laboratory and radiology services; durable medical equipment; supplemental nutritional supplies; vision services; outpatient hospital services; dental and orthodontic services; emergency services and allowable mental health services (such as mobile crisis response) should be billed and reimbursed by the youth's MCO.

## Legally Responsible Individuals (LRI) Nursing Delegation Frequently Asked Questions

### Who is an LRI?

- An LRI is a parent, stepparent, or guardian of a minor child, or a spouse primarily responsible for a member's daily care.
- LRIs may be reimbursed for personal care services for children under 18 with disabilities—only when the care exceeds what is typical for a child of the same age.
- LRIs can be paid for up to 40 hours per week per child, even if caring for multiple children.
- To be reimbursed, LRIs must meet the same qualifications as other personal care aides.
- Only Activities of Daily Living (ADLs) are reimbursable. Instrumental ADLs, supervision, and respite are not covered.

### Why is identifying the LRI important?

- It ensures a clear point of contact for care coordination and delegated tasks.
- It supports continuity of care and accountability.



## Examples of Delegated Caregiver Tasks

- Medication reminders or tracking
- Scheduling and attending appointments
- Reporting behavioral or health updates
- Assisting with home safety routines
- Supporting ADLs (e.g., bathing, dressing, eating)

## Tasks That Cannot Be Delegated (Unless Exception Criteria Are Met)

*(Note: Exception applies only if all delegation criteria are met per Department of Medical Assistance Services (DMAS) guidelines. Refer to Pages 22–23 of the DMAS CCC Plus Waiver Manual.)*

- Gastronomy tube feedings (NG, G-tube, J-tube)
- Foley Catheter irrigations
- Sterile dressing changes
- Tracheostomy care
- IV therapies or injections
- Surgical wound care
- Any procedure requiring sterile technique

## When May Skilled Tasks Be Delegated?

Per Virginia Code 18 VAC 90-20-420, skilled tasks may be delegated if all of the following are documented:

### • RN Documentation:

- Name, license number, and qualifications
- Assessment of the individual's clinical status and condition stability
- Description of the specific tasks being delegated

### • Training and Competency:

- Evidence that the RN provided instruction to the aide/attendant
- Confirmation that the RN witnessed the successful performance of the task by the aide/attendant

### • Ongoing Supervision:

- RN must review and supervise the delegated activity at least every 90 calendar days (or more frequently if needed)

### • Physician's Order:

- A current physician's order for the service(s)
- Orders must be updated every six (6) months, or sooner if the individual's condition changes

## Helpful Resources:

- [LRI Overview](#)
- [DMAS Memo](#)
- **LRI Forms:**
  - [Consumer-Direction Services Management Questionnaire](#)
  - [Community-Based Care Member Assess](#)
- [Extraordinary Care Chart](#)



## DMAS Update: Applied Behavior Analysis Service Authorization Changes

Effective **October 15, 2025**, DMAS requires Applied Behavior Analysis (ABA) service authorization requests to specify **units per Current Procedural Terminology (CPT) code**. This applies to both Fee-for-Service (FFS) and **Cardinal Care Managed Care (CCMC)** authorizations. The affected CPT codes include:

- **97153–97158** and **0373T** (treatment codes)
- **Assessment codes (97151, 97152, 0362T)** remain **exempt** from authorization requirements.

Providers must use the new **ABA Service Authorization Form** for services starting on or after October 15. Existing authorizations will remain valid through their end dates. For updates or additional units, contact Acentra Health (FFS) or the respective MCO (CCMC).

## Welcoming Baby<sup>SM</sup> Program

Welcoming Baby is Sentara Community Plan's incentive-based prenatal and postpartum care program for our members. It includes:

- Pregnant members from conception
- Birth
- Postpartum care for up to 12 months
- Watch Me Grow child outreach to babies from birth to 15 months



What do your patients receive from this program?

- One-on-one supportive services from a certified community health worker (outreach representative) and a maternity case manager and/or behavioral health maternity care coordinator
- Screening and referral to maternity case managers or care coordinators for care planning and goal-setting
- Management of high-risk conditions
- Education, community referrals for identified needs
- Family planning, long-acting reversible contraception (LARC), and birth spacing education
- Virtual and in-person **baby showers**
- Access to breast pumps
- Maternal/child education series **classes** (virtual)
- Referrals to parenting, breastfeeding classes, and lactation services
- Virtual and in-person hospital tours
- Timeliness of care incentives

### Contact the Welcoming Baby Outreach Team

Phone: **1-844-671-2108 (TTY: 711)** Monday through Friday 8 a.m.–5 p.m.

Email: **welcomingbaby@sentara.com**

### Timeliness of Prenatal and Postpartum Care

Our members are encouraged to seek timely and consistent prenatal and postpartum care with their providers. Members receive reminders, education, and incentives through the Welcoming Baby Program if they have their first prenatal visit within 42 days of enrolling with Sentara Community Plan or within their first trimester. Members will receive the same benefits if they have a timely postpartum provider visit within 7-84 days of giving birth.





## OB Registration Program: Early Identification of Pregnancy

- Providers are eligible to receive a \$25 incentive for referring pregnant patients to Sentara Health Plans' Welcoming Baby Program upon identification of pregnancy for Medicaid members.
- Providers must complete the **Welcoming Baby OB Registration Form**, fax it to Outreach at **804-799-5117**, and submit a claim using the code G9001.
- Providers can also email the form to **welcomingbaby@sentara.com**.

## Early and Periodic Screening, Diagnostic, and Treatment

- All of our Sentara Community Plan members, birth to 20 years, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to include annual wellness checkups with their providers, pediatricians, primary care physicians (PCP), or general practitioners. Children are able to receive comprehensive health screening and developmental assessments, vision dental and hearing services and medically necessary services as identified.

- At Sentara Community Plan, the Watch Me Grow, Infant and Child Wellness program, screens children at birth through 15 months, and other Sentara community plan children in the home, for any health needs and ensures access to care. Children identified with additional needs are referred to our internal high risk pediatric case management for further assessment and follow up. Parents are provided with education on timely well- child visits and immunizations to include oral health care and vision care.

## Maternal/Child Dental Health Care

- Sentara Community Plan members are educated on dental care for before, during, and after pregnancy, and how to care for their baby's teeth, including fluoride varnish. Education is provided through partnership with Cardinal Cares Smiles. Members are encouraged to contact a dental provider through **DentaQuest.com** or by calling **1-888-912-3456**.







# Quality Improvement

## Annual National Committee for Quality Assurance (NCQA) Provider Information Requirement 2025

As a valued provider in Sentara Health Plans' network, we want you to know where to find the information about our plan's coverage. Important details such as the following can be found online on [sentarahealthplans.com](https://www.sentarahealthplans.com) on the 'Member' page of the Medicaid Member Handbook, Member Guide, and in the Evidence of Coverage/Certificate of Insurance for commercial and Virginia's Insurance Marketplace members:

- Quality improvement programs and annual goals
- Consumer satisfaction results
- Search for in-network providers covered, including their qualifications, office locations, contact information, and hours of operations
- Compliance and reporting compliance concerns
- Clinical practice guidelines
- Practitioner and provider policies and procedures
- Rights and responsibilities of our members
- Notice of Privacy Practices and information related to protected health information (PHI)
- Affirmative Statement
- HEDIS
- Information services for members
- Coordination of healthcare services
- Covered and noncovered benefits and services information
- How members can receive services through their primary doctor and/or specialist
- How to receive care after normal business hours or in case of an emergency
- How members can receive care when they are outside of our service area
- How to file a complaint or appeal a denial of service
- Request language translation assistance or receive materials in an alternative format
- Pharmaceutical procedures
- Advance directives



And throughout the year, be on the lookout for information in our quarterly provider newsletter that will discuss topics such as:

- Our Case Management Program and how to make self-referrals
- How we evaluate new technology
- Quality improvement activities and programs
- Provider education meetings
- Best practices for medical record keeping
- Cultural needs and preferences, including information related to our Cultural Competency Quiz
- Access standards notification
- Practitioner and provider rights
- Language assistance/TDD/TTY services
- Our Chronic Care Management Program, formerly known as the Disease Management Program
- Health education articles
- Coordination of care and transition to other care
- Under/overutilization results
- Availability of utilization management criteria

To have printed copies, please call provider services at **1-800-881-2166** to request copies to be mailed to your office.

We appreciate your participation in Sentara Health Plans' healthcare network and the role you play in helping us achieve our mission of inspiring healthy living among our members.

## Time to Prepare for HEDIS Medical Record Review

Each year, Sentara Health Plans reviews a sample of our members' medical records as part of the HEDIS® (Healthcare Effectiveness Data and Information Set) quality improvement initiative. HEDIS is a nationally recognized set of performance measures used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and several states to evaluate the performance of managed care organizations (MCO).

**For HEDIS Measurement Year 2025, we will begin requesting medical records in February 2026.**

No special authorization is required to share member medical record information with us, as HEDIS is a

Quality Improvement (QI) initiative and a routine part of healthcare operations.

The HEDIS review is time sensitive. Please submit the requested medical records within the timeframe specified in the initial HEDIS request letter sent to your office. **Per NCQA's timeline, the data submission deadline for all HEDIS data collection is May 1, 2026.**

If you have any questions, please contact Sentara Health Plans Quality Improvement Office at **757-252-8400** or **844-620-1015**.

We sincerely appreciate your partnership and your continued commitment to delivering high-quality care to our members.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

## Dr. Melvin T. Pinn, Jr. Quality Excellence Award

Sentara Health Plans values quality and safety, especially when coordinating and managing care and safety for our members. Sentara Health Plans has a physician recognition program to promote and salute excellence: the **Dr. Melvin T. Pinn, Jr. Quality Excellence Award (QEA)**.

Founded in 2006, this prestigious award was created to recognize providers for their commitment to quality care and safety. Dr. Pinn advocated for the medically underserved and was a pillar in the community. He received countless awards throughout his career for his many contributions to high-quality and safe patient care.

Sentara Health Plans will continue to annually recognize an outstanding in-network provider who promotes safe clinical practice and delivery of quality care.

Sentara Health Plans members, network providers, provider office staff, employees, and Sentara employees can nominate a physician any time between January 1 and December 31 each year.

To submit a nomination for the QEA award, click the **link** or use the QR code below:



To read more about the QEA, visit [sentarahealthplans.com/qea](https://sentarahealthplans.com/qea).



# Concurrent Use of Opioids and Benzodiazepines

Sentara Health Plans is committed to improving patient safety and reducing potential risk to our members. The concurrent use of opioids and benzodiazepines (BZDs) increases the risk for adverse outcomes.<sup>1</sup> Given these risks, providers are encouraged to evaluate patients who are concurrently prescribed both opioids and BZDs and consider alternative treatments. Please note, this is an inverse measure with a lower rate representing better performance.

Quality Measure	Target Group	Recommendation for Improvement
Concurrent Use of Opioids and Benzodiazepines (COB)	Patients 18 years and older with at least two (2) fills of an opioid and two (2) fills of a benzodiazepine overlapping for 30 days or more.	Assess the current use of opioids and benzodiazepines and consider tapering or discontinuing one agent or implementing alternative treatment strategies to optimize patient safety.

## Exclusions to this star measure include:

- The member has a cancer diagnosis.
- The member has at least one day of hospice coverage or palliative care diagnosis during the measurement period (ICD-10 Code: Z51.5).
- The member has a sickle cell disease diagnosis.

## Strategies for Success

- Educate members on the risks of concurrently taking opioids and benzodiazepines.
- Coordinate care to avoid co-prescribing.
- Maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate such as physical therapy, exercise (aerobic, aquatic or resistance), behavioral therapy, yoga, NSAIDs, acetaminophen, and selected antidepressants and anticonvulsants<sup>1</sup>
- CMS five central principles for co-prescribing BZDs and opioids if necessary:<sup>2</sup>
  1. Avoid initial combination by offering alternative approaches
  2. If new prescriptions are needed, limit the dose and duration
  3. Taper long-standing medications gradually and, whenever possible, discontinue
  4. Continue long-term co-prescribing only when necessary and monitor closely
  5. Provide rescue medication (for example, naloxone) to high-risk patients and caregivers

## Sources:

1. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022. *MMWR Recomm Rep*. 2022 Nov 4;71(3):1-95. doi: 10.15585/mmwr.rr7103a1. PMID: 36327391; PMCID: PMC9639433.

2. Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines." *MLN Matters*, 1 July 2019, [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19011.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19011.pdf).





# Polypharmacy–Use of Multiple Anticholinergic Medications in Older Adults

Sentara Health Plans is committed to promoting the health and wellness of our members, by identifying opportunities to reduce adverse effects associated with the use of multiple anticholinergic medications in our senior population.

Quality Measure	Target Group	Recommendation for Improvement	Exclusion Criteria
Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	Percentage of beneficiaries age 65 and older with two or more unique anticholinergic medications (with two or more fills on different dates of service for each medication) with an overlapping day supply for at least 30 cumulative days during the measurement period	Lower rate of anticholinergic co-prescribing	Patients enrolled in hospice

## Tips to help measure compliance

- Regularly review patients’ medication regimens, including over-the-counter drugs, to identify and minimize anticholinergic burden.
- Consider deprescribing or substituting anticholinergic medications with safer alternatives when appropriate.
- Educate patients and caregivers about the potential risks associated with anticholinergic medications.
- Collaborate with pharmacists and other healthcare professionals to optimize medication therapy.

## Addendum: Examples of Anticholinergic medication by class.

Class	Anticholinergic medications	Alternatives
Antiarrhythmics	disopyramide	diltiazem, verapamil
Antihistamines	brompheniramine, cyproheptadine, diphenhydramine, hydroxyzine, meclizine	levocetirizine, azelastine nasal spray, fluticasone nasal spray
Antiparkinsonian	benztropine, trihexyphenidyl	carbidopa/levodopa, entacapone
Skeletal Muscle Relaxants	cyclobenzaprine, orphenadrine	baclofen, tizanidine, acetaminophen
Antidepressants	amitriptyline, amoxapine, clomipramine, desipramine, doxepin (6mg/day), imipramine, nortriptyline, paroxetine, protriptyline,	bupropion, citalopram, fluoxetine, sertraline, escitalopram, trazodone
Antipsychotics	chlorpromazine, clozapine, loxapine, olanzapine, perphenazine, thioridazine, trifluoperazine	aripiprazole, quetiapine, risperidone, ziprasidone
Antimuscarinics (Urinary Incontinence)	darifenacin, fesoterodine, flavoxate, oxybutynin, solifenacin, tolterodine, trospium	mirabegron
Antispasmodics	atropine (excludes ophthalmic), clidinium-chlordiazepoxide, dicyclomine, homatropine (excludes ophthalmic), scopolamine	loperamide
Antiemetics	perphenazine, thioridazine, trifluoperazine	mirabegron

Sources: DEPARTMENT OF HEALTH & HUMAN SERVICES, et al. UPDATES - 2025 Medicare Part D Patient Safety Reports. 24 Apr. 2025, [www.cms.gov/files/document/2025-patient-safety-memo-202504.pdf](https://www.cms.gov/files/document/2025-patient-safety-memo-202504.pdf).

2. Centers for Medicare & Medicaid Services. Announcement of Calendar Year (CY) 2025 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. 2024, [www.cms.gov/files/document/2025-announcement.pdf](https://www.cms.gov/files/document/2025-announcement.pdf).



# November is Diabetic Eye Disease Awareness Month

Diabetes is a leading cause of **preventable vision loss and blindness**. Providers play a critical role in early detection and patient education. The National Eye Institute (NEI) shares five important facts about diabetic eye disease, along with steps you can take to support your patients.

1. Diabetes can cause multiple eye problems.

- Cataracts
- Glaucoma
- Diabetic Retinopathy - the leading cause of blindness in U.S. adults aged 20–74.

✓ Encourage routine screening and educate patients on these risks.

2. Diabetic retinopathy often has no early symptoms.

- The disease may progress silently.
- Vision changes may result from macular edema or vitreous hemorrhage.

✓ Discuss the importance of early detection during diabetes visits.

3. All patients with diabetes are at risk.

- Risk increases with duration of diabetes.
- Approximately 40–45% of people diagnosed with diabetes show signs of diabetic retinopathy.

✓ Use every visit as an opportunity to assess eye health and reinforce the importance of screening.

4. Promote the **TRACK** framework for diabetes management.

- **T**ake medications as prescribed.
- **R**each and maintain a healthy weight.
- **A**dd physical activity.
- **C**ontrol A1C, blood pressure, and cholesterol.
- **K**ick the smoking habit.

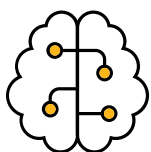
✓ Integrate **TRACK** into diabetes management discussions.

5. Recommend annual dilated eye exams.

- A comprehensive dilated eye exam can detect diabetic eye disease before vision loss occurs.

✓ Ensure patients are scheduled annually for a dilated eye exam and follow up on exam results.

*Source: National Eye Institute. 5 Things You Should Know About Diabetic Eye Disease. | National Eye Institute. [www.nei.nih.gov/learn-about-eye-health/outreach-resources/outreach-materials/5-things-you-should-know-about-diabetic-eye-disease](http://www.nei.nih.gov/learn-about-eye-health/outreach-resources/outreach-materials/5-things-you-should-know-about-diabetic-eye-disease).*



# Behavioral Health

## Behavioral Health Authorization Forms

Sentara Health Plans has updated both the location and the format of our Behavioral Health authorization forms. These improvements are part of our ongoing commitment to making the authorization process faster, and easier for providers to navigate.

Using the updated forms helps ensure:

- Information is captured and routed correctly
- Requests are processed efficiently and without delays
- Providers and members experience timely responses

The most up-to-date forms are available at [sentarahealthplans.com](https://sentarahealthplans.com).

## Correct Fax Numbers for BH Prior Authorizations

Sentara Health Plans has updated its Behavioral Health Authorization Fax Numbers.

Please use the following for **Medicaid Behavioral Health Services**:

- Inpatient and Crisis Services:  
**757-963-9619** or **1-844-348-3719**
- Mental Health Services:  
**757-963-9620** or **1-844-895-3231**

Please use the following for **Commercial Behavioral Health Services**:

- Inpatient and Outpatient Services:  
Fax Numbers: **757-431-7763** or **1-844-723-2096**

## No Authorization Required for Case Management Services

Sentara Health Plans confirms that **no prior authorization is required** for **Mental Health Case Management (H0023)** and Substance Use Case Management (H0006) services **for Medicaid members for Contracted Providers**. Providers should verify member eligibility and ensure services are documented per DMAS and Sentara guidelines.

## Reminder: Timely Filing of Authorization Requests

DMAS requires that **authorization requests** be submitted **before the start date of services, or shortly after based on service type**. Late submissions may result in **denials** unless specific exceptions apply. We ask that you follow the timely submission for authorization requests to reduce full or partial denials.







# Authorizations, Medical Policies, and Billing

## Authorization and Medical Policy Updates

Access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies on the Sentara Health Plans [medical policies webpage](#).

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

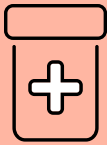
## New Quarterly CPT/HCPCS Codes, Effective October 1

New Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes effective October 1, 2025, for drugs, professional services and procedures, supplies, durable medical equipment, and quality measures. Coverage determination and authorization requirements, Medicare, and Medicaid are available via the Prior Authorization List on the Sentara Health Plans website.

- 76 New HCPCS codes
- 25 New CPT codes
- 1 Description change
- 9 Deleted codes

Note: Code changes and deleted codes are available on the Sentara Health Plans [website](#).





# Pharmacy

## Pharmacy Formulary Updates

The Sentara Health Plans Pharmacy and Therapeutics Committee (P&T) meets at least bimonthly to provide strategic clinical direction on formulary management and clinical programs. Clinical recommendations made by the committee may result in drug formulary placement updates. These updates help ensure that the most clinically appropriate, cost-effective formulary drugs remain accessible and that contractual obligations are maintained.

Formulary updates for our commercial, exchange, FAMIS, Medicaid, and Medicare lines of business can be found on our [website](#). Once at the [Formularies and Drug Lists](#) page, choose the appropriate line of business.

[The Quarterly Pharmacy Changes document\(s\)](#) are updated quarterly. Updates are posted a minimum of 60 days before implementation.



# Important Updates and Reminders

## Register for Our Upcoming Webinars

Mark your calendars to join our upcoming quarterly educational sessions. Visit our [website](#) to learn more and register. Presentations from previous sessions are also available.

### [New Provider Orientation](#)

December 4 – 7 a.m.

### [Lunch & Learn: Provider Website Tour – Provider Orientation Part 2](#)

December 9 – 12 p.m.

### [Claims Brush-up](#)

December 17 – 1 p.m.

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### Stay connected!

Follow Sentara Health Plans on social media for updates that support your patients and practice.



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[sentarahealthplans.com](https://www.sentarahealthplans.com)

