

Authorization Updates. Changes will go into effect 60 days from this Provider Alert.

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of **Provider News**.

You can access all current Sentara Health Plans medical behavioral health, durable medical equipment (DME), imaging, medical, obstetrics, pharmacy, and surgical policies at sentarahealthplans.com.

Please note: The Sentara Health Plans medical policy website has a new look. This new capability allows you to now search by keyword if it appears in the title of the policy, or you can continue to access policies the traditional way by category search. This update is the first of several phases to enhance our searchability by procedure, product name, keyword, code, and more.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
23-Hour Crisis Stabilization, BH 33	Updated Medicaid policy per DMAS manual update, no Commercial and Medicare policy. Codes: 90791, 90792, S9485.	<ul style="list-style-type: none"> 23-Hour Crisis Stabilization Medicaid - BH 33
Accelerated Partial Breast Irradiation, Medical 207	Archiving Commercial and Medicaid policies. Codes: 19296, 19297.	Archive on August 1, 2025
Applied Behavioral Analysis, BH 37	No changes to Medicaid policy, no Commercial and Medicare policy. Codes: 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T.	<ul style="list-style-type: none"> Applied Behavioral Analysis Medicaid - BH 37
Brachytherapy, Medical 71	Archiving Commercial and Medicaid policies. Codes: 19298, 20555, 41019, 55875, 55920, 57156, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772,	Archive on August 1, 2025

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	77778, 77790, 77799, 77799, 0395T.	
Cell Enumeration, Medical 310	Archiving policy for Commercial and Medicaid. For Medicare continue to utilize LCD L38566. Codes: Removing prior authorization for 0091U, 86152, 86153 for Commercial, Medicaid and Medicare.	Archiving on August 1, 2025.
Chemotherapy and Supportive Care, Medical 316	No changes for Commercial, Medicaid and Medicare. Codes: 96401, 96402, 96405, 96406, 96409, 96411, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96542, 96549.	<ul style="list-style-type: none"> • Chemotherapy Administration Commercial - Medical 316 • Chemotherapy Administration Medicaid - Medical 316
Chiropractic Services, Medical 182	No changes to Commercial policy, no Medicaid or Medicare policy. Codes: 97010, 97012, 97014, 97022, 97024, 97026, 97032, 97035, 97039, 97110, 97113, 97124, 97140, 97161, 97530, 97533, 97750, 97760, 98940, 98941, 98942, 98943, E0730, E0855, G0283, L0626, L0627, L0631, L0637, L0650, 20561, 97016, 97150, 97802, 97803, 97810, 97811, 97813, 97814, E0190.	<ul style="list-style-type: none"> • Chiropractic Services Commercial - Medical 182
Cochlear Implants, Bone Attached Hearing Aid Implants, Auditory Brain Stem Implant, Surgical 20	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 50.3 and LCA A53708. Remove codes 69930, 69710, 69711, 69714, 69716, 69717, 69719, 69726, 69727, 69728, 69729, 69730, 92640, L8614, L8615, L8616, L8617, L8618,	<ul style="list-style-type: none"> • Cochlear Implants, Bone Attached Hearing Aid Implants and Auditory Brain Stem Implants Commercial - Surgical 20 • Cochlear Implants, Bone Attached Hearing Aid Implants and Auditory Brain Stem Implants Medicaid - Surgical 20

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, S2235, 92622, 92623, L8625, L8690, L8691, L8693, L8694, V5040 from policy and use MCG. Codes remaining in policy 69799, 69949, L8692, S2230.	
Community Stabilization, BH 32	Updated Medicaid policy per DMAS manual update, no Commercial and Medicare policy. Codes: 90791, 90792, S9482.	<ul style="list-style-type: none"> • Community Stabilization Medicaid - BH 32
Dermatologic Conditions (Formerly Skin Lesions-Keloids-Warts-Dermoscopy) Surgical 09	Expanded criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 250.4, 140.5, 250.1. Codes: 0479T, 0480T, 11102, 11103, 11104, 11105, 17106, 17107, 17108, 77401, 77402, 77407, 77427, 77431, 88356, 96920, 96921, 96922, 96999, 97039, 0419T, 0420T, S8948, 96904, 96931, 96932, 96933, 96934, 96935, 96936.	<ul style="list-style-type: none"> • Dermatologic goes live 6/1 so there are no updated links to put here
Doula Services: DMAS Criteria Document, OB 13	No changes to Medicaid policy, no Commercial or Medicare policy. Codes: 59409HD, 59425HD, 59430HD, 59514HD, 99600HD, 99199HD.	<ul style="list-style-type: none"> • Doula Services Medicaid - Obstetrics 13
Elective Termination of Pregnancy, OB 01	No changes to Commercial and Medicaid. For Medicare continue to utilize NDC 140.1. Codes: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, S0199.	<ul style="list-style-type: none"> • Elective Termination of Pregnancy Commercial - Obstetrics 01 • Elective Termination of Pregnancy Medicaid - Obstetrics 01
Foot Orthotics, DME 64 - (Formerly Foot Orthotics, Diabetic Shoes, and Braces)	Archiving policy for Commercial and Medicaid, and use MCG. For Medicare continue to utilize LCD	<ul style="list-style-type: none"> • Foot Orthotics Commercial - DME 64 • Foot Orthotics Medicaid - DME 64

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L33641. Codes: A9283, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649	
Home Music Therapy, BH 38	Archiving policy for Commercial, Medicaid and Medicare. Codes: G0176.	Archiving on August 1, 2025.
Mental Health Partial Hospitalization Program (MH-PHP), BH 30	No changes to Medicaid policy, no Commercial and Medicare policy. Codes: 90791, 90792, 90839, 90840, H0024, H0025, H0035.	<ul style="list-style-type: none"> • Mental Health Partial Hospitalization Program (MH-PHP) Medicaid - BH 30
Mobile Crisis Response, BH 31	No changes to Medicaid policy, no Commercial and Medicare policy. Codes: H2011.	<ul style="list-style-type: none"> • Mobile Crisis Response Medicaid - BH 31
Open Treatment of Rib Fracture with Internal Fixation, Surgical 217	Archiving policy for Commercial and Medicaid and utilize MCG GRG(SG-TS). For Medicare continue to utilize	Archiving on August 1, 2025

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	LCA A53931Codes: 21811, 21812, 21813.	
OSA oral devices (i.e. eXciteOSA), DME 250 New Name: OSA Devices, DME 250	Expanded criteria and added codes for Commercial, Medicaid and Medicare. Policy name changed to OSA Devices. Codes: E0490, E4091, E0492, E0493, E0530, Adding codes E0492, E0493, and E0530.	<ul style="list-style-type: none"> • Obstructive Sleep Apnea Oral Devices Commercial - DME 250 • Obstructive Sleep Apnea Oral Devices Medicaid - DME 250 • Obstructive Sleep Apnea Oral Devices Medicare - DME 250
Prosthetics, DME 21	No changes for Commercial and Medicaid. For Medicare continue to utilize NCD 280.10, 80.5 and LCD L33737, L33738, L33787. Codes: 92499, L2006, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682,	<ul style="list-style-type: none"> • Prosthetic Devices Commercial - DME 21 • Prosthetic Devices Medicaid - DME 21

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6026, L6880, L6881, L6882, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7510, L7520, L8041, L8042, L8043, L8044, L8045, L8046, L8499, L8701, L8702, S0515.	
Proton Beam Radiation Therapy (PBRT), Medical 101	Archiving Commercial and Medicaid policies. Codes: 77520, 77522, 77523, 77525.	Archive on August 1, 2025

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Psychosocial Rehabilitation, BH 21	No changes to Medicaid policy, no Commercial and Medicare policy. Codes: H0032, H2017.	<ul style="list-style-type: none"> • Psychosocial Rehabilitation Medicaid - BH 21
Residential Crisis Stabilization Unit (RCSU), BH 34	Updated Medicaid policy per DMAS manual update, no Commercial and Medicare policy. Codes: 90791, 90792, H2018.	<ul style="list-style-type: none"> • Residential Crisis Stabilization Unit (RCSU) Medicaid - BH 34
Sensory-Weighted Vest, BH 27	No changes for Commercial, Medicaid and Medicare. Codes: A9900.	<ul style="list-style-type: none"> • Sensory - Weighted Vest Commercial - Behavioral Health 27 PDF, 221 KBLast Updated: 09/03/2024 (sitecorecontenthub.cloud) • Sensory - Weighted Vest Medicaid - Behavioral Health 27 PDF, 228 KBLast Updated: 09/03/2024 (sitecorecontenthub.cloud) • Sensory - Weighted Vest Medicare - Behavioral Health 27 PDF, 277 KBLast Updated: 07/26/2024 (sitecorecontenthub.cloud)
Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT), Surgical 88	Archive Commercial and Medicaid, and continue to utilize LCD L39553, and A59350 for Medicare. Codes: 32701, 61720, 61735, 61760, 61770, 61781, 61782, 61790, 61791, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340. Removing prior authorization on 61781, 61782, 61783 for Commercial and Medicaid.	Archiving on August 1, 2025.
Surgical Treatment for Obstructive Sleep Apnea (OSA), Surgical 18	Expanding for Commercial and Medicaid. For Medicare continue to utilize LCD L34526, L38276. Codes: 21031, 21198, 21199, 21206, 21685, 41512, 42140, 41530, 42299, 42975, 61886, 61888,	<ul style="list-style-type: none"> • Surgical Treatments for Obstructive Sleep Apnea (OSA) Commercial - Surgical 18 • Surgical Treatments for Obstructive Sleep Apnea (OSA) Medicaid - Surgical 18

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	64568, 64569, 64570, 64582, 64583, 64584, S2080, L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8688	
Telemonitoring Services, Medical 160	Archive Medicaid policy. Remove Prior Authorization from 98975, 98976, 98977, 98978, 98980, and 98981 for Commercial, Medicaid and Medicare. Remove Prior Authorization from 99473 and 99474 for Medicare. Remove Prior Authorization for S9110 for Medicaid.	Archive on August 1, 2025
Testing of Premature Rupture of Membrane in Pregnancy, OB 12	Archiving policy for Commercial, Medicaid and Medicare and use MCG. Removing prior authorization for code: 84112	Archiving on August 1, 2025.
Therapeutic Day Treatment (TDT) for Youth, BH 20	No changes to Medicaid policy, no Commercial and Medicare policy. Codes: H0032, H2016.	<ul style="list-style-type: none"> • Therapeutic Day Treatment (TDT) for Youth Medicaid - BH 20
Titanium Rib Implant Device, Surgical 75	Archive policy for Commercial, Medicaid and Medicare. Codes: 21899.	Archiving on August 1, 2025.
Transabdominal Cerclage, OB 11	Archiving policy for Commercial, Medicaid and Medicare and use MCG. Codes: 59325, 59898.	Archiving on August 1, 2025.
Ultraviolet Light Therapy System for Home Use, DME 60	Expanded criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 280.1 and 250.1. Codes: E0691, E0692, E0693, E0694.	<ul style="list-style-type: none"> • Ultraviolet Light Therapy System for Home Use Commercial - DME 60 • Ultraviolet Light Therapy System for Home Use Medicaid - DME 60

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Vision Therapy for Convergence Insufficiency, Medical 324	Criteria updated for Commercial, Medicaid and Medicare. Codes: 92065, 92066, 92499.	<ul style="list-style-type: none"> • Vision Therapy for Convergence Insufficiency Commercial - Medical 324 • Vision Therapy for Convergence Insufficiency Medicaid - Medical 324
Wearable Monitoring and Treatment Devices for Home Use, Medical 259	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 150.5. Codes: E1399, K1004, K1036. Add E0270 to policy.	<ul style="list-style-type: none"> • Actigraphy Commercial - Medical 259 • Actigraphy Medicaid - Medical 259
Wound Treatments, Medical 343	No changes to criteria for Commercial and Medicaid. No policy for Medicare. Codes: J7353, 97610, A9156.	<ul style="list-style-type: none"> • Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Commercial - Medical 343 • Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Medicaid - Medical 343

IBMT UPDATES: Prior Authorization Updates for Medicaid and Medicare Effective January 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

- Authorization requirement for three procedure codes has been updated to reflect No Authorization required (N) effective January 1, 2025.

98970	98971	98972
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Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Prior Authorization Updates for Medicaid, Medicare, and Commercial Effective July 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

- Authorization requirement for fifty-two procedure codes has been updated to reflect No Authorization required (N) effective July 1, 2025.

19396	L8002	L8032	64712	37221	37228	37241	55821	53852
88749	L8015	L8033	64714	37224	37229	55801	55840	53854
L8000	L8020	L8035	64718	37225	37230	55810	55842	53855
L8001	L8030	L8039	64719	37226	37231	55812	55845	55873
L8002	L8031	67404	64721	37227	37238	55815	55867	
52441	52442	52450	52601	52647	52648	52649	53850	

Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Prior Authorization Updates for Medicaid Effective July 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

- Authorization requirement for eight procedure codes has been updated to reflect No Authorization required (N) effective July 1, 2025.

0055U	0320U
0087U	0549U
0088U	0278U
0319U	0529U

Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Prior Authorization Updates for Commercial Effective August 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

- Authorization requirement for three procedure codes has been updated to reflect Authorization required (Y) effective August 1, 2025.

79101	S3850	S3800
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- Authorization requirement for nine procedure codes have been updated to reflect Authorization Required (Y) with limit “No auth required unless limit of 8 hours is reached for Psych Testing; 10 hours for Neuro Psych Testing” effective August 1, 2025.

96121	96139	96159
96136	96146	
96137	96156	
96138	96158	

- Authorization requirement for two procedure codes have been updated to reflect Authorization Required (Y) with limit “No auth required unless limit of 8 hours is reached for Psych Testing” effective August 1, 2025.

96130	96131
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- Authorization requirement for two procedure codes have been updated to reflect Authorization Required (Y) with limit “No auth required unless limit of 10 hours for Neuro Psych Testing” effective August 1, 2025.

96132	96133
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- Authorization requirement for one procedure codes have been updated to reflect No Authorization Required (N) effective August 1, 2025.

96116

Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com