

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 providerNEWS:

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.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Augmentative Communication and Speech Generating Systems, DME 30	Expanding criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 50.1 and 50.4 LCD L33739. Codes: E1399, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, E3000, E2513, L8500, L8501, L8505, L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515, 31611.	<ul style="list-style-type: none"> • Augmentative Communication and Speech Generating Systems Commercial - DME 30 • Augmentative Communication and Speech Generating Systems Medicaid - DME 30
Benign Prostatic Hypertrophy Treatments - Alternative to Transurethral Resection of the Prostate (TURP), Surgical 83	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 20.28, 230.9, and LCD L38378, L34090, L34090, L38549, L38682, Billing and Coding A56083. Codes: 0421T, 0714T, 52282, 52441, 52442, 52450, 52601, 52647, 52648, 52649, 53850, 53852, 53854, 55873, 37242, 37243, 53855, 53899.	<ul style="list-style-type: none"> • BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP) Commercial - Surgical 83 • BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP) Medicaid - Surgical 83
Cosmetic and Reconstructive Surgery, Surgical 03	Updating criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 280.3, 280.16, 280.15, LCD L33788, L33792, L33312, L33789. Codes: 11950, 11951, 11952, 11954, 12011, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15782, 15783,	<ul style="list-style-type: none"> • Cosmetic and Reconstructive Surgery Commercial - Surgical 03 • Cosmetic and Reconstructive Surgery Medicaid - Surgical 03

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 69300.	
Gastrointestinal Procedures, Surgical 205	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 100.2, LCD L34434, L34553, L39780, L38747. Codes: 43284, 43285, 43497, 43499, 43210, 43257.	<ul style="list-style-type: none"> • Gastrointestinal Procedures Commercial - Surgical 205 • Gastrointestinal Procedures Medicaid - Surgical 205
Headache treatments, Surgical 103	Archiving Surgical 103 and adding it to Surgical 119 for both Commercial and Medicaid. For Medicare continue to utilize LCD L38765. Codes: 64400, 64405, 64505, 64633, 64634, 64744.	<ul style="list-style-type: none"> • Headache Treatments Commercial - Surgical 103 • Headache Treatments Medicaid - Surgical 103
Hematopoietic Stem Cell Transplantation, Surgical 08	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 110.23 and LCD L39270. Codes: 38240, 38241.	<ul style="list-style-type: none"> • Hematopoietic Stem Cell Transplantation (HSCT) Commercial - Surgical 08 PDF, 259 KBLast Updated: 09/04/2024 (sitecorecontenthub.cloud) • Hematopoietic Stem Cell Transplantation (HSCT) Medicaid, Surgical 08
Hospital Beds and Accessories, DME 03	Expanding criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 280.7, 280.8, LCD L33820, L33642, L33830, L33692. Codes: A4640, E0181, E0182, E0183, E0184, E0185, E0186, e0187, E0193, E0194, E0196, E0197, E0198, E0199, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0271, E0272, E0273, E0274, E0277, E0280, E0290, E0291, E0292, E0293, E0294, E0295,	<ul style="list-style-type: none"> • Hospital Beds and Accessories Commercial - DME 03 • Hospital Beds and Accessories Medicaid - DME 03

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0305, E0310, E0315, E0316, E0328, E0329, E0371, E0372, E0373, E0910, E0911, E0912, E0940.	
Intensive Cardiac Rehabilitation Programs, Medical 52	No changes to Commercial and Medicaid. For Medicaid continue to utilize NCD 20.10.1, 20.31, 20.31.1, 20.31.2, 20.31.3. Codes: G0422, G0423, S9472.	<ul style="list-style-type: none"> • Intensive Cardiac Rehabilitation Programs Commercial - Medical 52 • Intensive Cardiac Rehabilitation Programs Medicaid - Medical 52
Archiving Intestinal Transplant with or without combining Liver Transplant or other Visceral Organs, Surgical 92, Heart-Lung, Surgical 28 and archiving Pancreas and islet cell, Surgical 27. New: Solid Organ Transplantation, Surgical 236	Archiving Intestinal Transplant with or without combining Liver Transplant or other Visceral Organs, Surgical 92, archiving Heart-Lung, Surgical 28 and archiving Pancreas and islet cell, Surgical 27. Combining all transplant policies into New Solid Organ Transplantation, Surgical 236. Updated criteria for both Commercial and Medical. For Medicare continue to utilize NCD 260.9, 260.3, 260.5. Codes: 33935, 44132, 44133, 44135, 44136, 44137, 48160, 48554, 0584T, 0585T, 0586T, S2102, S2053, S2054, S2055.	
Intraoperative Neurophysiological Monitoring and EMG Larynx, Surgical 40	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 160.10 and LCD L34623. Codes: 95865, 95866, 95940, 95941, G0453.	<ul style="list-style-type: none"> • Intraoperative Neurophysiological Monitoring Commercial - Surgical 40 • Intraoperative Neurophysiological Monitoring Medicaid - Surgical 40
Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, DME 222	No changes to ALL lines of business. Codes: 21085, D7880.	<ul style="list-style-type: none"> • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Commercial - DME 222

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		<ul style="list-style-type: none"> • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicaid - DME 222 • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicare - DME 222
Keratoconus Lenses and Interventions-Piggyback Contact Lenses, Medical 03	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 80.1 and LCD L 33793. Codes: 65785, 92325, 92072, V2510, V2511, V2512, V2513, V2530, V2531, V2520, V2521, V2522, V2523.	<ul style="list-style-type: none"> • Keratoconus Lenses and Interventions - Piggyback Contact Lenses Commercial - Medical 03 • Keratoconus Lenses and Interventions - Piggyback Contact Lenses Medicaid - Medical 03
Low-Intensity Therapeutic Ultrasound (LITUS) Devices, DME 55	Name changed to "Wearable Monitoring and Treatment Devices". Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 150.5. Codes: E1399, K1004, K1036.	<ul style="list-style-type: none"> • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Commercial - DME 55 • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Medicaid - DME 55 • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Medicare - DME 55
Nonemergent Ambulance Services, Medicaid 105	Updating Medicaid, archiving current policy number Medical 346 and unarchiving Medical 105 to align policy numbers across all plans. Codes: A0425, A0426, A0428, A0430, A0431, A0432, A0434, A0435, A0436, A0998.	<ul style="list-style-type: none"> • Nonemergent Air and Water Ambulance Services
Pectus Surgery and Devices, Surgical 05	Criteria updated for ALL lines of business. Codes: 21740, 21742, 21743, L9900, L1320.	<ul style="list-style-type: none"> • Pectus Surgery and Devices Commercial - Surgical 05 PDF, 233 KBLast Updated: 05/29/2024 (sitecorecontenthub.cloud)

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		<ul style="list-style-type: none"> • Pectus Surgery and Devices Medicaid - Surgical 05 PDF, 259 KB Last Updated: 09/04/2024 (sitecorecontenthub.cloud) • Pectus Surgery and Devices Medicare - Surgical 05 PDF, 273 KB Last Updated: 06/27/2024 (sitecorecontenthub.cloud)
Phase II Cardiac Rehabilitation, Medical 51	No changes to Commercial and Medicaid. For Medicare continue to utilize NCA A53775. Codes: 93797, 93798.	<ul style="list-style-type: none"> • Phase II Cardiac Rehabilitation Commercial -Medical 51 • Phase II Cardiac Rehabilitation Medicaid - Medical 51
Photodynamic Therapy for Oncologic and Dermatologic Conditions, Medical 77	Archive policy for Commercial and Medicaid. For Medicare continue to utilize NCD 250.4 and LCD L34434. Codes: 31641, 43229, 96567, 96573, 96574, 96570, 96571.	Archiving June 1, 2025
Proton Beam Radiation Therapy (PBRT), Medical 101	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L35075, L36658, and L39553. Codes: 77520, 77522, 77523, 77525.	<ul style="list-style-type: none"> • Proton Beam Radiation Therapy Commercial - Medical 101 • Proton Beam Radiation Therapy Medicaid - Medical 101
Retire Early Inpatient Admission, Medical 145	Archiving Commercial and Medicaid no policy for Medicare.	Archiving June 1, 2025.
Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)), Surgical 69	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L37632. Codes: 63650, 63655, 63685, L8680, L8682, L8683, L8685, L8686, L8687, L8688.	<ul style="list-style-type: none"> • Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)) Commercial - Surgical 69

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		<ul style="list-style-type: none"> • Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)) Medicaid - Surgical 69
Transjugular Intrahepatic Portosystemic Shunt (TIPSS), Medical 256	No changes to ALL lines of business. Codes: 37182, 37183.	<ul style="list-style-type: none"> • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Commercial - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Medicaid - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Medicare - Medical 256
Transplant Rejection Testing, Medical 99	Archive Medical 99, Transplant Rejection Testing policy. Add information not addressed by MCG to Medical 34 Genetic and Molecular testing for commercial lines of business that have yet to opt in to Avalon.	Archiving June 1, 2025
Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories, DME 28	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 280.3, 280.16, 280.15 and LCD L33788, L33792, L33312, L33789. Codes: A9270, E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0994, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1028, E1029, E1030, E1037, E1038, E1039, E1050, E1060,	<ul style="list-style-type: none"> • Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Commercial - DME 28 • Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories Medicaid - DME 28

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1225, E1226, E1227, E1228, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, E1399, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2231, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	K0010, K0011, K0012, K0013, K0014, K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0098, K0108, K0195, K0733, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899.	

IBMT UPDATES: Prior Authorization Updates for Medicare Effective April 1, 2025

Prior Authorization requirements for fifty-six (56) procedure codes have been updated to reflect No Authorization Required (N) effective April 1, 2025 for the Medicare line of business.

19301	66179	66850	93246	65755	47563
19302	66180	66852	93247	65756	47605
19303	66183	66920	93248	65757	E0163
19305	66184	66930	23700	65820	E0482
19306	66185	66940	27275	65850	E0776
19307	66820	93241	27570	65855	E0168
19340	66821	93242	49321	65860	
L8600	66825	93243	65710	65865	
65880	66830	93244	65730	65870	
65900	66840	93245	65750	65875	

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

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 April 1, 2025

Prior Authorization requirements for forty- nine (49) procedure codes have been updated to reflect No Authorization Required (N) effective April 1, 2025 for the Medicaid line of business.

19301	66179	66850	93246	65755
19302	66180	66852	93247	65756
19305	66183	66920	93248	65757
19306	66184	66930	23700	65820
19307	66185	66940	27275	65850
19340	66820	93241	27570	65855
L8600	66821	93242	49321	65860
65880	66825	93243	65710	65865
65900	66830	93244	65730	65870
66840	93245	65750	65875	

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IBMT UPDATES: New Quarterly CPT/HCPCS codes Effective April 1, 2025

New CPT and HCPCS codes effective April 1, 2025, for drugs, professional services and procedures, supplies, durable medical equipment, and quality measures. Coverage determination and authorization requirements for Medicare and Medicaid are available via the Prior Authorization List on the Sentara Health Plans website.

- 83 New HCPCS Codes
- 21 New CPT Codes
- 37 Deleted Codes
 - Effective April 1, 2025

- 2 Short Description Changes

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

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IBMT Updates: Prior Authorization Updates for Commercial Effective April 1, 2025

Prior Authorization requirements for forty-eight (48) procedure codes have been updated to reflect No Authorization Required (N) effective April 1, 2025 for the commercial line of business.

19301	65710	66179	66825	66940	93247	95716
19302	65730	66180	66830	93241	93248	95718
19305	65750	66183	66840	93242	95711	95720
19306	65755	66184	66850	93243	95712	95722
19307	65756	66185	66852	93244	95713	95724
19340	65757	66820	66920	93245	95714	95726
L8600	65855	66821	66930	93246	95715	

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

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

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IBMT Updates: Prior Authorization Updates for Commercial Effective May 1, 2025

Authorization requirement for seven (7) procedure codes have been updated to reflect No Authorization Required (N) effective May 1, 2025.

32994

49185

55867

55873

L0220

L3250

L3806

Authorization requirement for one (1) procedure code has been updated to reflect Authorization Required (Y) effective May 1, 2025.

E0190

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

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

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IBMT Updates: Prior Authorization Updates for Medicaid Effective May 1, 2025

Authorization requirement for one (1) procedure code has been updated to reflect No Authorization Required (N) effective May 1, 2025.

49185

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

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

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