

Provider Updates



Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

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Authorization Updates Effective October 1

Sentara Health Plans has a new medical policy weblink available to access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and

surgical policies. You can access this at sentarahealthplans.com/providers/clinical-reference/medical-policies.

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

Reminder: Use of Individual Business Email Address for Provider Portal Registration

When submitting a registration request for access to the Sentara Health Plans Provider Portal, a unique, individual business email address must be used. Acceptable email formats include individual and organization names. In compliance with HIPAA guidelines, usernames and passwords are confidential and cannot be shared. The use of shared email addresses violates these guidelines and compromises account security.

Acceptable Email Format Examples:

- `firstname.lastname@company.com`
- `flastname@organization.org`

Unacceptable Email Format Examples:

- `admin@companyname.com`
- `info@clinicname.org`

Registration requests submitted with shared or general email addresses will be denied. To prevent delays or denials in registration, please ensure the email address is:

- Used exclusively by the requestor
- Clearly associated with your professional role and organization

Implementation of Electronic Prior Authorization via Surescripts

Effective July 1, 2025, Sentara Health Plans pharmacy department has partnered with Surescripts to allow providers the option of utilizing electronic prior authorization (ePA) to initiate

a prior authorization request. Providers can submit requests directly through their electronic health record (EHR) systems or through the Surescripts online portal.

To register, visit providerportal.surescripts.net/ProviderPortal/login.

Sentara Health Plans Follows CMS Guidance for Anatomical Modifiers

Effective September 21, 2025, Sentara Health Plans will be deploying an edit that denies radiology procedure codes requiring anatomical modifiers when the modifier is not present. This applies to all Medicaid, Medicare, and commercial plans.

According to the Centers for Medicare & Medicaid Services (CMS) Claims Processing Manual, “when certain radiology codes are appropriately furnished, it is appropriate that these services be reported using a procedure code modifier.” Enforcement of correct coding guidelines, regarding radiology anatomical modifiers, is an important aspect of payment integrity code editing. Without the proper anatomical modifier applied to the procedure code, there is a risk of duplicate claims payment, incorrect procedure-to-procedure bundling, incorrect frequency limitations, and unnecessary medical record review.

Incorrect Discharge Status Reported for Acute Transfer – Payment Policy Update

An acute transfer occurs when a patient is admitted to one acute care facility and subsequently transferred to another acute care facility for the same episode of care.

Sentara Health Plans will deny claims paid for Medicare Severity Diagnosis Related Groups (MS DRGs) for commercial and Medicare, and All Patient Refined Diagnosis Related Groups (APR-DRGs) for Medicaid, when the patient transfers to another acute care facility but incorrectly reported a discharge status of 01 (home). This applies to all Medicaid, Medicare, and commercial plans.

MS DRG 870 Payment Policy Edit

Effective September 21, 2025, MS DRG 870 reports claims for septicemia or severe sepsis with mechanical ventilation greater than 96 hours.

The edit will deny MS DRG 870 claims when the discharge status is not equal to 02, 05, 30, 82, or 85, the inpatient procedure code 5A0955A is reported, and the length of stay is less than 96 hours. This applies to commercial and Medicare lines of business.

Sexually Transmitted Infections Payment Policy Edit

Effective September 21, 2025, Sentara Health Plans will deny claims when two or more of the following codes are billed by the same provider on the same date of service. This also applies when the codes are billed with modifier 59.

Impacted Codes:

- 87491
- 87591
- 87661

Doula Program Updates

These doula subsequent visit changes became effective on July 1, 2025:

- Postpartum doula services may be rendered from the date of conception through 12 months (365 days) after delivery
- Increased to 10 prenatal/postpartum visits (additional visits may be authorized as member needs are identified)
- 59430-HD Postpartum Care, Postpartum Visit - Maximum of six visits
- Medicaid Appointment Access Standards have been updated

Please review the Doula Program Guide [here](#).

New Medicaid Benefit: Foster Care Case Management

Prior authorization requirement for one procedure code has been updated to reflect authorization required (Y) effective July 1, 2025. Authorization requests will be reviewed within three business days, consistent with the Department of Medical Assistance Services (DMAS) expectations.

T1016	Foster Care Case Management (Medicaid, Behavioral Health)
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T1016 is the billing code for Foster Care Case Management services for Medicaid members under 21 years of age. These services are designed to coordinate medical, behavioral, educational, and social services for children in foster care, ensuring comprehensive and continuous care.

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

GLP-1 Formulary Update

Download the updated [GLP-1 formulary](#) published on July 16, 2025.

Upcoming Educational Opportunities

New Provider Orientation

This webinar is for newly contracted providers, new hires, or anyone seeking a refresher on how to successfully conduct business with Sentara Health Plans. We will offer guidance on how to achieve solutions for common questions or challenges without contacting provider services.

To register, please visit sentarahealthplans.com.

Provider Quality Care Learning Collaborative – Pharmacy

We will highlight significant changes, review relevant quality or value-based care measures, address areas of opportunity we are focused on, review member support resources, programs and initiatives, and share provider resources to support your care gap closure efforts.

To register for the August 6 Pharmacy session, September 3 Hedis Blitz session, or a future webinar, please visit sentarahealthplans.com.

Let's Talk Behavioral Health

Join us for our upcoming quarterly webinar, where we'll explore the latest updates, important changes, and more. Stay informed, ask questions, and connect with our subject matter experts.

To register for the session on August 12 or a future session, please visit sentarahealthplans.com.

Lunch & Learn: Provider Website Tour – New

Join us for an informal virtual session during the lunch hour. These sessions will be held twice monthly and are designed to help you learn how to navigate our provider website and explore our self-help resource library for guidance in conducting business with us successfully.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)