



Sentara Health Plans Medical and Clinical Policy Updates

Effective May 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 May 1, 2026.

Policy Number	Policy Name	Status	Applicable Service Lines
Surgical 86	Thermal Capsulorrhaphy	Archived/Reviewed	Medicaid – Archived Commercial - Reviewed
OB 10	Fetal Surgeries in Utero	Archived	Commercial, Medicaid and Medicare
Medical 337	Long-Term Care Hospital Services (LTACH)	Reviewed	Medicaid and Medicare
DME 26	Needleless Injection	Reviewed	Commercial and Medicaid
Imaging 24	Scintimammography and Breast Specific Gamma	Archived	Commercial, Medicaid and Medicare
Imaging 53	Whole Body Imaging (CT and MRI)	Archived	Commercial
Surgical 05	Pectus Surgery and Devices	Revised	Commercial, Medicaid and Medicare
Medical 139	Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE)	Archived	Commercial and Medicaid
Surgical 235	Non-Oncology Embolization	Revised	Commercial and Medicaid
Surgical 02	Cytoreductive Surgery	Archived	Commercial, Medicaid and Medicare

Surgical 03	Cosmetic and Reconstructive Surgery	Reviewed	Commercial and Medicaid
Surgical 52	Hand and Foot Surgery	Archived	Commercial, Medicaid and Medicare
Medical 246	Platelet Rich Plasma	Reviewed	Commercial and Medicaid
Surgical 108	Gender Affirming Surgery	Reviewed	Commercial and Medicaid
Medical 13	Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition	Revised	Commercial and Medicaid
Medical 328	Eustachian tube balloon dilation	Reviewed and Archived	Reviewed – Medicaid and Medicare Archived – Commercial
Medical 254	Intra-arterial (IA) Chemotherapy	Archived	Commercial and Medicaid
Medical 81	Gastrointestinal Capsule Endoscopy	Revised	Commercial and Medicaid
Medical 250	Automated Nerve Conduction Testing	Archived	Commercial, Medicaid and Medicare
Medical 252	Physical Therapy for Treating Obesity	Archived	Commercial, Medicaid and Medicare

Surgical 111	Shoulder/Elbow Joint Resurfacing Arthroplasty with Allograft Tissue	Archived	Commercial, Medicaid and Medicare
Surgical 82	Cryoablation	Archived	Commerical and Medicaid