

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.

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.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Addiction and Recovery Treatment Services (ARTS) Family Support Partners, BH 41	DMAS manual has not updated. No changes to Medicaid policy. No Commercial or Medicare policies. Codes: S9445	<ul style="list-style-type: none">• ARTS Family Support Partners Medicaid - BH 41
Addiction and Recovery Treatment Services (ARTS) Peer Support Service, BH 40	DMAS manual has not updated. No changes to Medicaid policy. No Commercial or Medicare policies. Codes: T2012	<ul style="list-style-type: none">• ARTS Peer Support Services Medicaid - BH 40
Computer Assisted Navigation for surgical procedures, Surgical 233	No changes for all lines of business. Codes: 61781, 61782, 61783, 0054T, 0055T, 20985	<ul style="list-style-type: none">• Computer Assisted Navigation Commercial - Surgical 233• Computer Assisted Navigation Medicaid - Surgical 233• Computer Assisted Navigation Medicare - Surgical 233
Continuous Glucose Monitoring System, DME 10	Added codes no changes to criteria for both Commercial and Medicaid. For Medicare continue to utilize NCD 190.20 and 40.3 and LCD L38743. Codes: 0446T,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	0447T, 0448T, A4238, A9276, A9277, A9278, A9279, E2102, K0553, K0554, 0446T, 0447T, 0448T, A4238, A4239, A9276, A9277, A9278, A9279, E2102, E2103, K0553, K0554, S1030	
Deep Brain Stimulation, Surgical 74	Archiving policy for Commerical and Medicaid and adding it to the new Electrical Stimulation, Medical 349 policy. For Medicare continue to utilize NCD 160.24. Codes: C1767, C1778, C1787, C1820, C1826, C1827, C1883, L8679, L8680, L8681, L8685, L8686, L8687, L8688, L8689, L8695, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 95961, 95962, 95970, 95983, 95984, C1767, C1778, C1820, C1826, C1827, L8679, L8680, L8685, L8686, L8687, L8688, 61885, 61888, 64553, 64568, 64569, 64570, 95970, 95976, 95977	Policy will archive on October 1, 2025
Electric, Electromagnetic and Ultrasonic Bone Growth Stimulation, DME 09	Archiving policy for Commerical and Medicaid and adding it to the new Electrical Stimulation, Medical 349 policy. For Medicare continue to utilize NCD 150.2 and LCD L33796. Codes: 20974, 20975, 20979, E0747, E0748, E0749, E0760	Policy will archive on October 1, 2025

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
External Insulin Infusion Pump, DME 11	Added codes and added artificial pancreas/ AID/ loop system with definitions to existing criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 280.14 and LCD L33794. Codes: A4224, A4225, A4226, A4230, A4231, A9274, E0784, K0552, A4222, A4224, A4225, A4226, A4230, A4231, A4232, A9274, E0784, K0552, S1034, S1035, S1036, S1037.	
Fetal Magnetic Cardiac Signal, Medical 297	No changes to all lines of business. Codes: 93799	<ul style="list-style-type: none"> • Fetal Magnetic Cardiac Signal Commercial - Medical 297 • Fetal Magnetic Cardiac Signal Medicaid - Medical 297 • Fetal Magnetic Cardiac Signal Medicare - Medical 297
Galectin 3 (LGALS3), Medical 304	Archiving all lines of business and removing auths. Codes: 82777	Policy will archive on October 1, 2025
Home Spirometry, DME 23	Archiving policy for all lines of business and removing auth. Codes: 94015, 94016, E0487, A9284, 94014	Policy will archive on October 1, 2025
Home Visual Field Monitoring Device, DME 62	Archiving policy for both Commercial and Medicaid adding codes to Category III, Medical 336. For Medicare continue to utilize NCD 280.1. Codes: 0378T, 0379T	Policy will archive on October 1, 2025

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Miscellaneous Orthotics and Braces, DME 251 (New Policy Name: Orthotics and Braces, DME 251)	<p>Creating a new policy that combines all remaining orthotics policies into one for both Commercial and Medicaid. Renaming policy to Orthotics and Braces, DME 251. Archiving Spinal Braces, Orthotics and Garments, DME 244 and adding criteria to new policy. Stop using MCG A-0894, A-0332. For Medicare continue to utilize NCD 280.1 and LCD L33688 and L33318. Codes: L1681, L1685, L1686, L1907, L2034, L2106, L2108, L2112, L2116, L2126, L2128, L2132, L2134, L2136, L2387, L3760, L3763, L3764, L3765, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L8701, L870, K0672, K1007, L0140, L0150, L0160, L0170, L0180, L0190, L0200, L0220, L0450, L0452, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0466, L0467, L0468, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0641, L0642, L0643,</p>	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L0648, L0649, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0861, L0970, L0974, L0976, L0980, L0982, L0984, L0999, L1000, L1001, L1005, L1006, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1499, L1600, L1610, L1620, L1630, L1640, L1650, L1653, L1660, L1680, L1681, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1821, L1831, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2112, L2116, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2405, L2415, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2999, L3660, L3671, L3677, L3710, L3720, L3730, L3740, L3760, L3761, L3763, L3764, L3765, L3806, L3891, L3900, L3901, L3904, L3905, L3912, L3915, L3916, L3925, L3929, L3930, L3931, L3956, L3960, L3961, L3962, L3967,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L3971, L3973, L3975, L3976, L3977, L3978, L8701, L8702	
Near-infrared Spectroscopy, Medical 330	Archiving policy for both Commercial and Medicaid and adding to Category III, Medical 336. For Medicare continue to utilize NCD 270.6 and LCD L39385. Codes: 0859T, 0640T, 0860T, 76499, 0493T, 0641T, 0642T	Policy will archive on October 1, 2025
Neurolysis and Nerve Re-Implantation for Pelvic Pain, Surgical 221	Archiving policy for all lines of business and adding it to Spinal and Other Pain Management Procedures, Surgical 119. Codes: 64722, 64999	Policies will archive on October 1, 2025
Neuromuscular Electrical Stimulator and Functional Electrical Stimulators, DME 17	Archiving this policy for Commercial and Medicaid and added to new policy Electrical Stimulation, Medical 349. Policies also archiving and added to the new policy will be: <ul style="list-style-type: none"> • Electrical Stimulation, DME 07 • Electrical Stimulation and Electromagnetic Therapy for Wounds, DME 01 • Electric, Electromagnetic, Ultrasonic Bone Growth Stimulation, DME 09 • Deep Brain Stimulation, Surgical 74 • Spinal Cord Electrical Stimulator - Spinal cord 	Policies will archive on October 1, 2025

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	<p>stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG), Surgical 69</p> <p>For Medicare continue to utilize NCD 160.12. Codes: 20974, 20975, 20979, 61850, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 63650, 63655, 63685, 64555, 64575, 64580, 64585, 64590, 64595, 64596, 64597, 64598, 64999, A4541, A4542, A4545, A4558, A4595, E0720, E0730, E0731, E0733, E0734, E0736, E0737, E0745, E0747, E0748, E0749, E0760, E0764, E0769, E0770, G0281, G0282, G0295, G0329, L8680, L8682, L8683, L8685, L8686, L8687, L8688, 0278T, 0720T, 0766T, 0767T, 0768T, 0769T, 0783T, A4543, A4544, A4596, E0721, E0732, E0743, E0744, E0755, E0761, E0762, E0765, S8130, S8131, S8930, A4560, L8679, A4557, L8678, L8680, 6459, 64598, L8679, E0744, A4560</p>	
Total Ankle Replacement, Surgical 96	<p>No changes to all lines of business. Codes: 27702, 27703, 27704</p>	<ul style="list-style-type: none"> • Total Ankle Replacement Commercial - Surgical 96 • Total Ankle Replacement Medicaid - Surgical 96 • Total Ankle Replacement Medicare - Surgical 96

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Wound Treatments, Medical 343 and - New Tech Review: A4575 - Topical hyperbaric oxygen chamber, disposable	Adding codes A4575, E0446 for Topical Hyperbaric Oxygen to Wound Treatments, Medical 343 for both Commercial and Medicaid. For Medicare continue to utilize LCD L33797, L33831. Also adding Codes: A6010, A6011, A6021, A6022, A6023, A6024 and criteria for collagen dressings. Current policy codes J7353, 97610, A9156.	
Medical 350	New policy - Level of Care Guidance for Observation (OBS) vs Inpatient (IP) Hospital Stays. No Coding information	

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:

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

98975	98980
98976	98981
98977	98978

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

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

99473

99474

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

- Prior authorization requirement for one procedure code has been updated to reflect No Authorization required (N) effective July 1, 2025.

S9110

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

- Prior authorization requirements for 10 procedure codes have been updated to reflect No Authorization required (N), effective July 1, 2025.

L3710	L3925	L4205	L7510	88375
L3761	L3931	L4210	L7520	
L3912	L4002	L8501	L5652	

- Prior Authorization requirements for two procedure codes have been updated to reflect Not Covered (NC) effective July 1, 2025.

G0248

G0249

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

- Prior authorization requirements for three procedure codes have been updated to reflect Authorization required (Y) effective August 1, 2025.

0253U

0254U

0255U

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

- Prior authorization requirements for 12 procedure codes have been updated to reflect No Authorization required (N) effective August 1, 2025.

33257	36260	36522	37244
33259	36512	37182	93292
33268	36514	37183	93563

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

- Prior authorization requirements for three procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025, with the following exception “FOR CANCER DX CONTACT ONCOHEALTH.”

0420U	0421U	0435U
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- Prior authorization requirements for two procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025.

0212U	0213U
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- Prior authorization requirements for two procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025, with the following exception “CONTACT AVALON.”

88230	89420
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IBMT UPDATES: Prior Authorization Updates for Medicare, Medicaid, and Commercial Effective October 1, 2025

- Prior authorization requirements for three procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025, with the following exception “FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH.”

81500	81503	81528
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IBMT UPDATES: Prior Authorization Updates for Commercial Effective October 1, 2025

- Prior authorization requirements for one procedure code have been updated to reflect Authorization Required (Y) effective October 1, 2025, with the following exception “FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH.”

81504
0254U

- Prior authorization requirements for three procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025, with the following exception “FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH; FOR ALL OTHER INDICATIONS CONTACT AVALON.”

0214U
0215U
0218U

- Prior authorization requirements for two procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025.

0212U
0213U

- Prior authorization requirements for nine procedure codes have been updated to reflect Authorization Required (Y) with the following exception “Contact Avalon” effective October 1, 2025.

81420	88230	89240
81440	88248	0019M
86849	88249	0417U

- Prior authorization requirements for 44 procedure codes have been updated to reflect Authorization Required (Y) effective October 1, 2025.

J7182	J7186	J7190	J7194	J7201	J7204	J7209	J7212	J0289
J7183	J7187	J7192	J7195	J7202	J7207	J7210	J0121	J0291
J7185	J7189	J7193	J7200	J7203	J7208	J7211	J0122	J0480
J0712	J0742	J0743	J0875	J1324	J1439	J1640	J2186	J0699
J2406	J2407	J2425	J3090	J3095	J3243	J7336	Q0138	

- Prior authorization requirements for two procedure codes have been updated to reflect Authorization Required (Y) with the exception “Benefit Limits Apply” effective October 1, 2025.

97161	97162
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- Prior Authorization requirement for one procedure code has been updated to reflect No Authorization Required (N) effective October 1, 2025.

75580

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