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
Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 117	Updated criteria for Commercial and Medicaid for Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy, Surgical 117. Codes: 20930, 20931, 20932, 20933, 20934, 20936, 20937, 20938, 20939, 22548, 22551, 22552, 22554, 22590, 22595, 22600, 22614, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22853, 22854, 22856, 22858, 22859, 22861, 22864, 63001, 63015, 63020, 63035,63040, 63043, 63045, 63048, 63075, 63076, 63270, 63280, 63285	• ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Commercial - Surgical 117 • ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Medicaid - Surgical 117 • ACDF or PCF w/ or w/out Partial Discectomy for Cervical Radiculopathy Medicare - Surgical 117
Automated Nerve Conduction Testing, Medical 250	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L35048. Codes: 95905, 95907.	• Automated Nerve Conduction Testing Commercial - Medical 250 • Automated Nerve Conduction Testing Medicaid - Medical 250
Breast Procedures, Surgical 10	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 140.2 and LCD L33428. Codes: 11920, 11921, 11922, 15771, 15772, 15777, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318,	• Breast Procedures Commercial - Surgical 10 • Breast Procedures Medicaid - Surgical 10

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C9358, C9360, Q4100, Q4116, Q4122, Q4128, Q4130, 15877, 64912, 64913.	
Chemotherapy Administration, Medical 316	Update Medical Necessity criteria. Rename policy SHP Medical 316, Chemotherapy and Supportive Care. Codes: 96401, 96402, 96405, 96406, 96409,96411, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96542, 96549	• Chemotherapy Administration Commercial - Medical 316 • Chemotherapy Administration Commercial - Medical 316
Compression Stockings, Garments and Devices, DME 04	Updated criteria for Commercial and Medicaid. For Medicare continue to utilize LCD L33829. Codes: A4465 A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6520, A6521, A6522, A6523, A6524, A6525, A6526,A6527, A6528, A6529, A6530, A6531, A6532, A6533, A6534,A6535, A6536, A6537, A6538, A6539,A6540, A6541, A6544, A6545, A6549, A6552, A6553,A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6610, E0678, E0679, E0680, E0681, E0682, K1024, K1025, K1031, K1032, K1033	• Compression Stockings and Garments Commercial - DME 04 • Compression Stockings and Garments Medicaid -
Cranial Electrotherapy Stimulation (CES), DME 59	No changes to all Commercial, Medicaid and Medicare. Codes: E0732, 0720T, A4596, K1002, K1016, K1017.	• Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) Commercial - DME 59

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) Medicaid - DME 59 • Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) Medicare - DME 59
Cryoablation, Surgical 82	Expanded criteria for Commercial and Medicaid. For Medicare continue to utilize NCD 230.9. Codes: 31641, 32994, 43229, 47371, 47381, 47383, 50593,55873, 20983, 0440T, 0441T, 0442T, 0581T, 30117, 30999, 31299, 67229	• Cryoablation Commercial - Surgical 82 • Cryoablation Medicaid - Surgical 82
Cytoreductive Surgery (Tumor Debulking), Surgical 02	No change to criteria for Commercial, Medicaid and Medicare. Many code updates. Codes: 49203, 49204, 49205, 96547, 96548.	• Cytoreductive Surgery (Tumor Debulking) Commercial - Surgical 02 • Cytoreductive Surgery (Tumor Debulking) Medicaid - Surgical 02 • Cytoreductive Surgery (Tumor Debulking) Medicare - Surgical 02
Ellipsys Vascular Access System, Medical 318	Policy will archive on 4.1.2025 for Commercial, Medicaid and Medicare.	• Policy will archive 4.1.2025
Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, Medical 13	Updated codes. No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L38955. Codes: B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4104, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178,	• Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Commercial - Medical 13 • Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Medicaid - Medical 13

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368, S9432, S9433, S9435, T2101.	
Equestrian therapy (e.g., hippotherapy), Medical 268	Archiving Medicaid. Code: S8940.	• Policy will archive for Medicaid 4.1.2025
Eustachian tube balloon dilation (ETBD)/ Tuboplasty, Medical 328	No changes to criteria. Commercial, Medicaid and Medicare. Code auth changes: 69705, 69706, 69799.	• Eustachian tube balloon dilation (ETBD) Tuboplasty Commercial - Medical 328 • Eustachian tube balloon dilation (ETBD) Tuboplasty Medicaid - Medical 328 • Eustachian tube balloon dilation (ETBD) Tuboplasty Medicare - Medical 328
Fetal Surgeries in Utero, OB 10	Expanded criteria for Commercial, Medicaid and Medicare. Codes: 59076, 59897, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411, 59072, 59074.	• Fetal Surgeries in Utero Commercial - Obstetrics 10 • Fetal Surgeries in Utero Medicaid - Obstetrics 10
Gastrointestinal Capsule Endoscopy, Medical 81	No changes for Commercial and Medicaid. For Medicare continue to utilize LCD L33455, L36427, and L38755. Codes: 91110, 91111, 91112, 0651T, 91113, 0977T.	• Gastrointestinal Capsule Endoscopy Commercial - Medical 81 • Gastrointestinal Capsule Endoscopy Medicaid - Medical 81
Gender Affirming Surgery, Surgical 108	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.9 and LCA A53793. Codes: 11920, 11921, 11922, 11950, 11951, 11952, 11954, 15771, 15772, 15773, 15775, 15776, 15780, 15781,	• Gender Affirming Surgery Commercial - Surgical 108 • Gender Affirming Surgery Medicaid - Surgical 108

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17110, 17111, 17380, 17999, 19303, 19316, 19318, 19325, 19340, 19342, 19350, 19357, 19364, 19380, 21087, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209, 30400, 30410, 30420, 30430, 30435, 30450, 31599, 31750, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55866, 55899, 55970, 55980, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940.	
Genicular Nerve Ablation, Surgical 110	Policy will archive 4.1.2025 for all Commercial, Medicaid and Medicare. Code: 64454	• Policy will archive 4.1.2025
Intra-arterial (IA) Chemotherapy, Medical 254	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 280.14 and LCD L33461. Codes: 36260, 61650, 96422, 96423, 96425.	• Intra-arterial (IA) Chemotherapy Commercial - Medical 254 • Intra-arterial (IA) Chemotherapy - Medical 254
Needleless Injection, DME 26	No change to Commercial and Medicaid. For Medicare continue to utilize NCD 40.4 and 40.2 and LCD	• Needleless Injection Commercial - DME 26 • Needleless Injection Medicaid - DME 26

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L33822. Codes: A4210, E1399, A4257, E0620.	
New Tech Review – Hemorrhoid Artery Embolization (HAE)	For Commercial, Medicaid and Medicare added to Non-Oncology Embolization, Medical 342 exceptions. Codes: 37244, 36247, 36248, 76937, 75726.	
New Tech Review – Transpupillary Thermotherapy (TTT)	Add to Commercial and Medicaid added to Ophthalmic Procedures, Surgical 60. For Medicare misc. code use Head and Neck Surgery or Procedure GRG (SG-HNS). Add Codes: 67299, 92499.	• Ophthalmic Procedures Commercial - Surgical 60 • Ophthamic Procedures Medicaid - Surgical 60
New Tech: Genetic Panel for Hypophosphatasia and Hypophosphatemic Rickets Panel	For Commerical and Medicaid added to Molecular and Genetic Testing, Medical 34. For Medicare continue to utilize LCD L35025. Codes: 81404, 81406, 81479.	
New Tech: Nasal Septal Perforation Repair	For Commercial and Medicaid – will remove PA. For Medicare continue to utilize LCD L33428. Codes: 30630	• Nasal Implants Commercial - Surgical 230 • Nasal Implants Medicaid - Surgical 230
New Tech: Pain Management/Nerve Blocks	For Commercial and Medicaid update Surgical 119 and change name to "Spinal and Other Pain Management Procedures". Update format. Expanded policy to include multiple types of pain management / nerve blocks. See codes. Archive Surgical 110, Genicular Nerve Ablation and add to Surgical 119. For Medicare continue to utilize LCD L37641, L37642, L33933, L36850. Codes: 64454, 64400, 64405,64415,64416, 64417,64418, 64420, 64421, 64445, 64446, 64447, 64448, 64449, 64450, 64466, 64467, 64468, 64469, 64486, 64487, 64488, 64489, 64490, 64491, 64492, 64493, 64494, 64495, 64530, 64633, 64634,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 62263, 62264, 62280,62281, 62282, 62320, 62321, 62322, 62323, 64408, 64425, 64430, 64451, 64454, 64479, 64480 , 64483, 64484, 64488, 64505, 64510, 64517, 64520, 64999, 64615	
New Tech: Pecto-Intercostal Fascial plane nerve block	For Commercial and Medicaid add to Policy Surgical 119 and change name to "Spinal and Other Pain Management Procedures". For Medicare continue to utilize LCD L37641, L37642, L33933, L36850. Codes: 64999, 64466, 64467, 64468, 64469, 64473, 64474.	
New Tech: Plantar Fasciitis Embolization (PFE)	Archive listed policies and combined this and all of the following policies into one New Surgical policy “Non-Oncology Embolization” – Surgical 235 for Commercial, Medicaid and Medicare. • New Tech - Plantar Fasciitis Embolization (PFE) add for all Commercial, Medicaid and Medicare • Medical 342 - Genicular Artery Embolization (GAE) for Commercial, Medicaid and Medicare • Surgical 202 - Ovarian Vein Embolization for Commercial and Medicaid • Surgical 209 - Varicocele Embolization for Commercial and Medicaid Codes: 37241, 37242, 28899, 75894.	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Paranasal Sinus Ultrasound, Imaging 26	No changes for Commercial. Medicaid and Medicare utilize Evolent. Codes: 76536, S9024.	• Paranasal Sinus Ultrasound Commercial - Imaging 26
Pectus Surgery and Devices, Surgical 05	No change to Commercial, Medicaid and Medicare. Codes: 21740, 21742, 21743, L9900, L1320.	• Pectus Surgery and Devices Commercial - Surgical 05 PDF, 233 KBLast Updated: 05/29/2024 (sitecorecontenthub.cloud) • Pectus Surgery and Devices Medicaid - Surgical 05 PDF, 259 KBLast Updated: 09/04/2024 (sitecorecontenthub.cloud) • Pectus Surgery and Devices Medicare - Surgical 05 PDF, 273 KBLast Updated: 06/27/2024 (sitecorecontenthub.cloud)
Physical Therapy for Treating Obesity, Medical 252	No changes to Commercial, Medicaid and Medicare. No associated code.	• Physical Therapy for Treating Obesity Commercial - Medical 252 • Physical Therapy for Treating Obesity Medicaid - Medical 252 • Physical Therapy for Treating Obesity Medicare - Medical 252
Platelet Rich Plasma, Medical 246	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 270.3 and LCD L38745. Codes: G0460, S0157, S9055, 0232T.	• Platelet Rich-Plasma Commercial - Medical 246 • Platelet Rich-Plasma Medicaid - Medical 246
Prosthetic Devices, DME 21	Add criteria and Code for Wigs to Medicaid policy. Add Code A9282	
Scintimammography and Breast Specific Gamma, Imaging 24	No changes to Commercial, Medicaid and Medicare. Codes: 78800, 78801, 78803, S8080.	• Scintimammography and Breast Specific Gamma Imaging Commercial - Imaging 24 • Scintimammography and Breast Specific Gamma Imaging Medicaid - Imaging 24

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Scintimammography and Breast Specific Gamma Imaging Medicare - Imaging 24 PDF, 220 KBLast Updated: 08/30/2024 (sitecorecontenthub.cloud)
Screening for Fetal Aneuploidy (formerly Fetal Congenital Abnormalities Risk Score Medical 165), OB 14	Archiving Commercial and Medicaid. Codes managed by Avalon. For Medicare continue to utilize LCD L35025. Codes: 81420, 81508, 51509, 51510, 81511, 81512	• Policy will archive 4.1.2025
Shoulder/Elbow Joint Resurfacing Arthroplasty with Allograft Tissue, Surgical 111	No change to Commercial, Medicaid and Medicare. Codes: 24370, 24371, 23473, 23474, 23929, 24999.	• Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue Commercial - Surgical 111 • Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue Medicaid - Surgical 111 • Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue Medicare - Surgical 111
Skin/Lesions/Keloids/Warts/Dermoscopy and Biopsies, Surgical 09	Expanding criteria for Commercial Skin/Lesions/Keloids/Warts/Dermoscopy and Biopsies, Surgical 09. Adding Codes: 11104, 11105.	• Skin Lesions-Keloids-Warts-Dermoscopy Commercial - Surgical 09 • Skin Lesions-Keloids-Warts-Dermoscopy Medicaid - Surgical 09
Thermal Capsulorrhaphy, Surgical 86	No changes for Commercial and Medicaid. For Medicare continue to utilize Thermal Capsulorrhaphy A53435 - Palmetto (Not a covered service). Codes: 29999, S2300.	• Thermal Capsulorrhaphy - Surgical 86 • Thermal Capsulorrhapy Medicaid - Surgical 86
Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE), Medical 139	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 20.28. Codes: 36260, 37241, 37242, 37243, 37244, 75894, C9797.	• Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE) Commercial - Medical 139

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE) Medicaid - Medical 139
Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography), Imaging 53	Updating Commercial. Codes: 76497, S8092, 76498.	• Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography) Commercial - Imaging 53
Wound Treatments, Medical 343	For Commercial and Medicaid added MIST Therapy/ Noncontact Normothermic Wound Therapy (NNWT) to Wound Treatments, Medical 343. Medicare utilizes NCD 270 and LCD billing article A54555. Code: 97610	• 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 • Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Medicare - Medical 343
Remove Prior Authorization for the following codes	• Relax for Commercial: Codes 67221, 67225 • Commercial Code 83521 will run through Avalon. • Relax for Commercial, Medicaid and Medicare. Codes: 92537, 92538, 92540, 92541, 92544, 92545, 92546, 92547	