

## 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, imaging, medical, obstetrics, pharmacy, and surgical policies via the weblink [sentarahealthplans.com/providers/clinical-reference/medical-policies](https://sentarahealthplans.com/providers/clinical-reference/medical-policies).

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Adoption of Evolent 2025 Advanced Imaging Guideline Changes for January 1, 2025</b>	Evolent (Formally NIA) Advanced Imaging Policy updates effective 1.1.2025.	<ul style="list-style-type: none"> <li>• <a href="https://cms-ga.radmd.com/sites/default/files/2024-09/2025%20Evolent%20Advanced%20Imaging%20Guidelines%20-compressed_0.pdf">cms-ga.radmd.com/sites/default/files/2024-09/2025%20Evolent%20Advanced%20Imaging%20Guidelines%20-compressed_0.pdf</a></li> </ul>
<b>Archive Medicare 34 Genetic Policies</b>	Archive SHP Medicare Genetic policies Medical 34A, 34B, 34C, 34D, 34E and 34F, in favor of utilizing NCDs, LCDs and the DexRegistry.	<ul style="list-style-type: none"> <li>• <a href="https://palmettogba.com/moldx">palmettogba.com/moldx</a></li> </ul>
<b>Cervical Laminectomy, Surgical 122</b>	No changes to all LOBs. Codes: 22845, 22846, 22847, 63001, 63015, 63045, 63050, 63051, 63081, 63082, 63185, 63190, 63191, 63250, 63265, 63270, 63275, 63280, 63285, 63300, 63304, 0274T.	<ul style="list-style-type: none"> <li>• <a href="#">Cervical Laminectomy Commercial - Surgical 122</a></li> <li>• <a href="#">Cervical Laminectomy Medicaid - Surgical 122</a></li> <li>• <a href="#">Cervical Laminectomy Medicare - Surgical 122</a></li> </ul>
<b>Compressions Stockings and Garments, DME 04</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 2850.1 LCD L33831. Codes: A4465, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6530, A6531, A6532, A6533, A6534, A6535, A6536,	<ul style="list-style-type: none"> <li>• <a href="#">Compression Stockings and Garments Commercial - DME 04</a></li> <li>• <a href="#">Compression Stockings and Garments Medicaid -</a></li> </ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6549, A6520, A6521, A6522, A6523, A6565, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6588, A6595, A6568, A6569, A6584, A6593, A6594, A6596, A6597, A6598, A6599, A6600, A660, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6528, A6529, A6566, A6567, A6570, A6571, A6589.	
<b>Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, Medical 13</b>	Updated definitions Commercial. Update definitions for Medicaid and add Donor Breast Milk and code to exceptions for non-hospitalized infant. Codes: T2101, K1005, T2101, K1005.	<ul style="list-style-type: none"> <li>• <a href="#">Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Commercial - Medical 13</a></li> <li>• <a href="#">Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Medicaid - Medical 13</a></li> </ul>
<b>Electrical Stimulation and Electromagnetic Therapy for Wounds, DME 01</b>	No change to Commercial and Medicaid policy. For Medicare continue to utilize NCD 270.1 and LCD L37228. Codes: E0769, G0329, E0761, G0295, G0281, G0282.	<ul style="list-style-type: none"> <li>• <a href="#">Electrical Stimulation and Electromagnetic Therapy for Wounds Commercial - DME 01</a></li> <li>• <a href="#">Electrical Stimulation and Electromagnetic Therapy for Wounds Medicaid - DME 01</a></li> </ul>
<b>Electric Cell-Signaling Energy Waves (EcST and ESI), Medical 179</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L37642. Codes: G0283.	<ul style="list-style-type: none"> <li>• <a href="#">Electric Cell-Signaling Energy Waves (EcST and ESI) Commercial - Medical 179</a></li> <li>• <a href="#">Electric Cell-Signaling Energy Waves (EcST and ESI) Medicaid - Medical 179</a></li> </ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Extracorporeal Photopheresis, Medical 237</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 110.4. Codes: 36522.	<ul style="list-style-type: none"> <li>• <a href="#">Extracorporeal Photopheresis Commercial - Medical 237</a></li> <li>• <a href="#">Extracorporeal Photopheresis Medicaid - Medical 237</a></li> </ul>
<b>Fecal Bacteriotherapy, Medical 181</b>	No changes to all LOBs. Codes: 44705, G0455, 0780T.	<ul style="list-style-type: none"> <li>• <a href="#">Fecal Bacteriotherapy Commercial - Medical 181</a></li> <li>• <a href="#">Fecal Bacteriotherapy Medicaid - Medical 181</a></li> <li>• <a href="#">Fecal Bacteriotherapy Medicare - Medical 181</a></li> </ul>
<b>Foot Orthotics, DME 64</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33641. Codes: A9283, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649.	<ul style="list-style-type: none"> <li>• <a href="#">Foot Orthotics Commercial - DME 64</a></li> <li>• <a href="#">Foot Orthotics Medicaid - DME 64</a></li> </ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Ingestible Devices, Medical 344</b>	No changes to all LOBs. Codes: A9268, A9269.	<ul style="list-style-type: none"> <li>• <a href="#">Ingestible Devices Commercial - Medical 344</a></li> <li>• <a href="#">Ingestible Devices Medicaid - Medical 344</a></li> <li>• <a href="#">Ingestible Devices Medicare - Medical 344</a></li> </ul>
<b>Lumbar disc arthroplasty, Surgical 124</b>	Commercial and Medicaid policy will archive 1.1.25 and criteria and exceptions will be added to Spinal Arthroplasty, Surgical 35. For Medicare continue to utilize LCD L38033, L37826 and NCD 150.10.	Will Archive on January 1, 2025
<b>Lumbar Discectomy, Surgical 120</b>	No changes to all LOBs. Codes: 22845, 22846, 22847, 62380, 63030, 63035, 63042, 63044.	<ul style="list-style-type: none"> <li>• <a href="#">Lumbar Discectomy Commercial - Surgical 120</a></li> <li>• <a href="#">Lumbar Discectomy Medicaid - Surgical 120</a></li> <li>• <a href="#">Lumbar Discectomy Medicare - Surgical 120</a></li> </ul>
<b>Lumbar Fusion, Surgical 118</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33382 and L37848. Codes: 20930, 20931, 20932, 20933, 20934, 20936, 20937, 20938, 20939, 22532, 22533, 22534, 22558, 22585, 22586, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 22849, 22853, 22854, 22859, 63052, 63053, 22867, 22868, 22869, 22870, 22899, 61783.	<ul style="list-style-type: none"> <li>• <a href="#">Lumbar Fusion Commercial - Surgical 118</a></li> <li>• <a href="#">Lumbar Fusion Medicaid - Surgical 118</a></li> </ul>
<b>Lumbar Laminectomy, Surgical 121</b>	No changes to Commercial and Medicaid. For Medicare continue to	<ul style="list-style-type: none"> <li>• <a href="#">Lumbar Laminectomy Commercial - Surgical 121</a></li> </ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	utilize NCD 150.13. Codes: 22845, 22846, 22847, 63005, 63012, 63017, 63047, 63048, 63056, 63057, 63087, 63088, 63090, 63091, 63102, 63103, 63170, 63185, 63190, 63200, 63252, 63267, 63272, 63277, 63282, 63287, 63290, 0275T.	<ul style="list-style-type: none"> <li>• <a href="#">Lumbar Laminectomy Medicaid - Surgical 121</a></li> </ul>
<b>Mitochondrial Antibody Testing, Medical 180</b>	Archiving all LOBs on 1.1.2025	Will archive on January 1, 2025
<b>Nasal Implants, Surgical 230</b>	Exceptions and coding updated for Commercial and Medicaid. For Medicare continue to utilize LCD L33428. Codes: 30468, 30999, L8699, S1091.	<ul style="list-style-type: none"> <li>• <a href="#">Nasal Implants Commercial - Surgical 230</a></li> <li>• <a href="#">Nasal Implants Medicaid - Surgical 230</a></li> </ul>
<b>Oral Incontinence Treatments, Surgical 220</b>	Expanded criteria for all LOBs. Codes: 15769, 42440, 42507, 42509, 42510, 42665, 69676.	<ul style="list-style-type: none"> <li>• <a href="#">Oral Incontinence Treatments Commercial - Surgical 220</a></li> <li>• <a href="#">Oral Incontinence Treatments Medicaid - Surgical 220</a></li> <li>• <a href="#">Oral Incontinence Treatments Medicare - Surgical 220</a></li> </ul>
<b>OSA oral devices (i.e eXciteOSA), DME 250</b>	No changes to all LOBs. Codes: E0490, E4091, E0492, E0493.	<ul style="list-style-type: none"> <li>• <a href="#">Obstructive Sleep Apnea Oral Devices Commercial - DME 250</a></li> <li>• <a href="#">Obstructive Sleep Apnea Oral Devices Medicaid - DME 250</a></li> <li>• <a href="#">Obstructive Sleep Apnea Oral Devices Medicare - DME 250</a></li> </ul>
<b>Skin and Tissue Substitute, Surgical 73</b>	Product and coding updated for Commercial and Medicaid. For Medicare continue to utilize NCD 270.5 and LCD L36690, L35041, and L36377. Codes: 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274,	<ul style="list-style-type: none"> <li>• <a href="#">Skin and Tissue Substitutes Commercial - Surgical 73</a></li> <li>• <a href="#">Skin and Tissue Substitutes Medicaid - Surgical 73</a></li> </ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	15275, 15276, 15277, 15278, 17999, 65778, 65779, 65780, 65781, 65782, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2026, A6021, A6022, A6023, A6024, C9250, C9352, C9353, C9354, C9355, C9356, C9358, C9360, C9361, C9362, C9364, G0428, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, V2790.	
<b>Standing Frames, DME 41</b>	No changes to Commercial. For Medicaid continue to use Virginia Department of Medical Assistance Services, Provider Manual Title: Durable Medical Equipment - Revision Date: 8/28/2024. Chapter IV: Covered Services and Limitations, Pages 38. For Medicare continue to utilize NCD 280.1. Codes: E0637, E0638, E0641, E0642.	<ul style="list-style-type: none"> <li>• <a href="#">Standing Frames Commercial - DME 41</a></li> <li>• <a href="#">Standing Frames Medicaid - DME 41</a></li> </ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Urinary Incontinence Treatments, Medical 130</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 230.10, 230.18, 30.1.1, and 230.8 and LCD L39543 and L33803. Codes: S9002, 51715, 53860, 90901, 90912, 90913, A4336, A4356, L8603, L8604, L8606, 53451, 53452, 53453, 53454, 97026.	<ul style="list-style-type: none"> <li>• <a href="#">Urinary Incontinence Treatments Commercial - Medical 130</a></li> <li>• <a href="#">Urinary Incontinence Treatments Medicaid - Medical 130</a></li> </ul>
<b>Wound Treatments, Medical 343</b>	No changes for all LOBs. Codes: A9156, J7353.	<ul style="list-style-type: none"> <li>• <a href="#">Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Commercial - Medical 343</a></li> <li>• <a href="#">Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Medicaid - Medical 343</a></li> <li>• <a href="#">Wound Treatment and Care Supplies (i.e. dressings, barriers and fillers) Medicare - Medical 343</a></li> </ul>



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

Authorization requirements for 235 procedure codes will be updated to reflect Authorization Required (Y) effective January 1, 2025 for Medicaid line of business.

0011M	G0278	S3722	90863	29868	54115	55520	64570	77423	93050	A0434	L8001
0025U	G0310	S5035	B4187	30801	54125	55535	64585	81210	93292	A4210	L8002
0029U	G0311	S5036	11980	31513	54205	55550	64595	81220	93701	A4211	L8010
0035U	G0312	S5108	15277	31574	54360	55650	64624	81221	93745	A4555	L8015
0042T	G0313	S5111	17107	33216	54406	55801	64625	81222	93797	A4595	L8020
A4931	G0314	S5115	17108	33217	54408	55810	65855	81240	93798	A6550	L8030
A4932	G0315	S5180	19298	33274	54410	55812	66820	81241	94014	C9250	L8031
A7017	G0490	S5523	20920	37183	54411	55815	66821	81243	94015	C9358	L8032
A9527	G9187	S8415	20922	37242	54415	55821	66825	81244	94016	C9734	S2083
A9530	G9480	S9128	20982	37735	54416	55831	66982	81245	95199	E0280	S9472
A9563	G9490	S9129	20983	38205	54417	55840	66984	81246	95905	E0953	G0237
A9564	H0032	S9529	21811	43210	54420	55842	66987	81270	96422	E0954	G0238
A9600	J2356	S9810	22510	43229	54430	55845	66988	81310	96423	E1031	G0239
A9604	Q0477	T1006	22511	43257	54440	55874	66989	81311	96425	E1035	92971
A9607	S0270	T1007	22512	49203	54520	55876	67229	90668	96573	E1036	
E0610	S0272	T1029	24370	49204	54522	56810	67916	90863	97550	G0329	
E1590	S0273	V2524	24371	49205	54530	59325	69711	90913	97551	L5668	
E2120	S0274	V2623	27080	54110	54535	61650	69717	92512	97552	L7510	
G0127	S0390	V2624	29866	54111	54680	64505	75894	92548	99359	L7520	
G0276	S0395	V2628	29867	54112	55150	64569	77401	92640	99375	L8000	

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 Plan website.

Sentara Health Plans Pal Tool: [pal.sentarahealthplans.com](http://pal.sentarahealthplans.com)

### **IBMT UPDATES: Behavioral Health Code Updates for Medicaid**

Authorization requirements for three (3) procedure codes will be updated to reflect Authorization Required (Y) effective January 1, 2025 for Medicaid line of business.

<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>
H0036	FUNCTIONAL FAMILY THERAPY (FFT)
H0040	ASSERTIVE COMMUNITY TREATMNT PROGRAM PER DIEM
H2033	MULTISYSTEMIC THERAPY (MST)

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

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

Medicaid authorization requirements for four (4) procedure codes will be updated to reflect Authorization Required (Y) and the exception “No Auth Required Over 18 Years of Age” will be removed effective January 1, 2025.

PROCEDURE CODE	DESCRIPTION
J1950	LEUPROLIDE ACETATE, PER 3.75 MG, INJECTION
J1951	INJ FENSOLVI 0.25 MG
J1952	LEUPROLIDE INJECTABLE CAMCEVI, 1 MG
J2469	PALONOSETRON HCL 25 MCGC

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**IBMT UPDATES: Commercial Fully Funded Plans Prior Authorization Updates, Effective January 1, 2025**

Authorization requirements for 1418 procedure codes will be updated effective January 1, 2025 for Commercial Fully Funded lines of business. [View the procedure codes here.](#)