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
Actigraphy, Medical 259	For Commercial and Medicaid change name to "Wearable Monitoring Device" and no changes to criteria. For Medicare archive policy on May 1, 2025 and utilize LCD L36593. Codes: 95803.	• Actigraphy Commercial - Medical 259 • Actigraphy Medicaid - Medical 259
Ambulance Transport Services / Nonemergent Air and Water Ambulance Services, Medical 105	For Commercial and Medicaid renamed policy to "Nonemergent Ambulance Services" and update criteria for Medicaid. Codes: A0425, A0426, A0428, A0430, A0431, A0432, A0434, A0435, A0436, A0998, A0426, A0428, A0432, A0434, A0435, A0436, A0998.	• Nonemergent Air and Water Ambulance Services
Autologous Myoblast and Muscle Cell Injection, Medical 262	No change to Commercial and Medicaid. For Medicare continue to utilize NCD 30.8. Codes: 53899.	• Autologous Myoblast and Muscle Cell Injection Commercial - Medical 262 • Autologous Myoblast and Muscle Cell Injection Commercial - Medical 262
Chromoendoscopy, Medical 283	Archive policy for all Commercial, Medicaid and Medicare. Codes: 44799, 45399, 45999, 78299.	Archive policy on May 1, 2025.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Corneal Hysteresis Measurement, Medical 265	Archive and added to Ophthalmic Procedure, Surgical 60 for Commercial and Medicaid. For Medicare will archive on May 1, 2025 and utilize LCD L38026. Codes: 0198T, 92145.	Archive policy on May 1, 2025
Cytoreductive Surgery (Tumor Debulking), Surgical 02	No changes to Commercial and Medicare. Medicaid criteria updated. 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
Diapers and Underpads Medicaid DMAS CRITERIA, DME 246	No changes to policy. Codes: A4335, A4554, T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536,T4537, T4538, T4539, T4540, T4541, T4542, T4543, T4544, T4545.	• Diapers and Underpads Medicaid - DME 246
Dry Hydrotherapy, Medical 267	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 150.8 and LCD L34428. Codes: 97039.	• Dry Hydrotherapy Commercial - Medical 267 • Dry Hydrotherapy Medicaid - Medical 267
Early Inpatient Admission, Medical 145	No change to Commercial and Medicaid. For Medicare continue to utilize LCD L34552. Codes: 99221, 99222, 99223.	• Early Inpatient Admission Commercial - Medical 145 • Early Inpatient Admission Medicaid - Medical 145
Electrical Stimulation, DME 07	Archiving Cranial Electrotherapy Stimulation, DME 59 and adding it to Electrical Stimulation, DME 07 for Commercial and Medicaid on May 1, 2025. Updating criteria for Commercial	• Electrical Stimulation Commercial - DME 07 • Electrical Stimulation Medicaid - DME 07

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	and Medicaid. Codes: 0278T, 0766T, 0767T, 0768T, 0769T, 0783T, 64575, 64585, 64590, 64595, 64999, A4595, E0720, E0730, E0731, E0745, E0762, E1399, L8680, L8682, L8683, L8685, L8686, L8687, L8688, S8130, S8131, S8930.	
Endometrial Ablation, Surgical 15	No changes to all Commercial, Medicaid and Medicare. Codes: 58353, 58356, 58563, 58579, 58999.	• Endometrial Ablation Commercial - Surgical 15 • Endometrial Ablation Medicaid - Surgical 15 • Endometrial Ablation Medicare - Surgical 15
Eustachian tube balloon dilation (ETBD)/ Tuboplasty, Medical 328	Update criteria for all Commercial, Medicaid and Medicare. Codes: 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
Eyelid Procedures and Brow Lift, Surgical 13	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L34411. Codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924.	• Eyelid Procedures and Brow Lift - Surgical 13 PDF, 223 KBLast Updated: 08/05/2024 (sitecorecontenthub.cloud) • Eyelid Procedures and Brow Lift Medicaid - Surgical 13 PDF, 257 KBLast Updated: 08/05/2024 (sitecorecontenthub.cloud)
Foot Surgeries, Surgical 52	For all Commercial, Medicaid and Medicare rename policy to “Hand and Foot Surgery” and update criteria.	• Foot Surgeries Commercial - Surgical 52 • Foot Surgeries Medicaid - Surgical 52

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	Codes: 28291, 28292, 28295, 28296, 28297, 28298, 28299, 0335T, 0510T, 0511T, 20920, 20922, 28899, S2117, L8630.	• Foot Surgeries Medicare - Surgical 52
Heart-Lung Transplantation, Surgical 28	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 260.9. Codes: 33935.	• Heart-Lung Transplantation Commercial - Surgical 28 • Heart-Lung Transplantation Medicaid - Surgical 28
Hyperhidrosis Treatment, Surgical 107	Criteria updated for all Commercial, Medicaid and Medicare. Codes: 15877, 15878, 32664, 64650, 64653, 64804, 64809, 64818, 64999.	• Hyperhidrosis Treatments Commercial - Surgical 107 • Hyperhidrosis Treatments Medicaid - Surgical 107 • Hyperhidrosis Treatments Medicare - Surgical 107
Left Atrial Appendage Occlusion, Surgical 102	No changes for Commercial and Medicaid. For Medicare continue to utilize NCD 20.34. Codes: 33267, 33268, 33269, 33340.	• Left Atrial Appendage Occlusion Commercial - Surgical 102 • Left Atrial Appendage Occlusion Medicaid - Surgical 102
New Technology Review - BAHA 6 Softband system	Codes: L8692. Will change to pay upon request.	
Ophthalmic Procedures, Surgical 60	Update criteria for Commercial and Medicaid. For Medicare continue to utilize LCD L34431, L34413, L37531, L37644, L38792, A53047, A53501 and NCD 80.12 and 80.10. Codes: 0100T, 0198T, 0207T, 0253T, 0308T, 0329T, 0330T, 0449T, 0450T, 0464T, 0465T, 0472T, 0473T, 0474T, 0507T, 0563T, 0621T, 0622T, 0671T, 0730T, 65855, 66150, 66155, 66160, 66170, 66172, 66174, 66175, 66179, 66180, 66183, 66184, 66185, 66710, 66711, 66820, 66821, 66825, 66830, 66840, 66850,	• Ophthalmic Procedures Commercial - Surgical 60 • Ophthamic Procedures Medicaid - Surgical 60

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, 66989, 66991, 66999, 68841, 92499, 66683, 66825, 92145, L8608, L8610, L8612.	
Penile Prosthesis Surgery, Surgical 23	No changes for Commercial,no policy for Medicaid. For Medicare continue to utilize NCD 230.4. Codes: 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417.	• Penile Prosthesis Surgery Commercial - Surgical 23
Second (Back up) Ventilator, DME 51	No changes for Commercial and Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33800. Codes: E0465, E0466, E0467, E0468.	• Second Ventilator Commercial - DME 51 • Second Ventilator Medicaid - DME 51
Specialized Supportive Seating and Medical Car Seats, DME 56	No changes to all Commercial, Medicaid and Medicare. Codes: E0190, T5001.	• Specialized Supportive Seating and Medical Car Seats Commercial - Durable Medical Equipment 56 PDF, 217 KBLast Updated: 09/06/2024 (sitecorecontenthub.cloud) • Specialized Supportive Seating and Medical Car Seats Medicaid - Durable Medical Equipment 56 PDF, 260 KBLast Updated: 09/06/2024 (sitecorecontenthub.cloud) • Specialized Supportive Seating and Medical Car Seats Medicare - Durable Medical Equipment 56 PDF, 224 KBLast Updated: 09/06/2024 (sitecorecontenthub.cloud)
Telemonitoring Services, Medical 160	Archive Commercial and Medicare. No changes to Medicaid. Codes: 98975, 98976, 98977, 98978, 98980, 98981, 99091, 99453, 99454, 99457, 99458, 99473, 99474, S9110.	• Telemonitoring Services Commercial - Medical 160 PDF, 187 KBLast Updated: 09/03/2024 (sitecorecontenthub.cloud) • Telemonitoring Services Medicaid - Medical 160

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		• Telemonitoring Services Medicare - Medical 160
Treatments for Varicose Veins, Surgical 04	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L39121. Codes: 0524T, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 49185.	• Treatment for Varicose Veins Commercial - Surgical 04 PDF, 282 KBLast Updated: 07/01/2024 (sitecorecontenthub.cloud) • Treatment for Varicose Veins Medicaid - Surgical 04 PDF, 334 KBLast Updated: 07/01/2024 (sitecorecontenthub.cloud)
Tumor Treating Fields Therapy, Medical 166	Archive Commerical and Medicaid utilize MCG A-0930 on May 1, 2025. For Medicare continue to utilize LCD L34823. Codes: A4555, E0766, 77299.	Archive policy on May 1, 2025
Vertigo, Tinnitus, and Meniere's Diagnosis, Treatment and Devices, DME 225	No changes to all Commercial, Medicaid and Medicare. Codes: E1399, E2120.	• Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices Commercial - DME 225 • Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices Medicaid - DME 225 • Vertigo, Tinnitus, and Meniere's Diagnosis Treatment Devices Medicare - DME 225
Vestibular Revoked Myogenic Potential (VEMP) Testing, Medical 174	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize NCD 160.10 and LCD L34537. Codes: 92517, 92518, 92519.	• Vestibular Evoked Myogenic Potential (VEMP) Commercial - Medical 174 PDF, 223 KBLast Updated: 09/09/2024 (sitecorecontenthub.cloud) • Vestibular Evoked Myogenic Potential (VEMP) Medicaid - Medical 174 PDF, 274 KBLast Updated: 09/09/2024 (sitecorecontenthub.cloud)

IBMT UPDATES: Cataract Surgery Prior Authorization Updates for Medicare and Medicaid Effective April 1, 2025

Prior Authorization requirements for six procedure codes have been updated to reflect No Authorization Required (N) effective April 1, 2025, for the Medicare and Medicaid lines of business.

66982	66988
66984	66989
66987	66991

Note: Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Pediatric Gait Trainers Prior Authorization Updates for Medicaid Effective April 1, 2025

Prior Authorization requirements for three procedure codes have been updated to reflect No Authorization Required (N) effective April 1, 2025, for the Medicaid line of business.

E8000
E8001
E8002

Note: Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Prior Authorization Updates for Medicare and Medicaid Effective April 1, 2025

Prior Authorization requirements for one procedure code has been updated to reflect No Authorization Required (N) effective April 1, 2025, for the Medicare and Medicaid lines of business.

67516

Note: Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Update C9757 to Auth Required for Sentara Health Plans Commercial Fully Insured and Exchange Plans

Prior Authorization requirements for one procedure code will be updated to reflect Authorization Required (Y) effective May 1, 2025, for the commercial line of business.

C9757

Note: Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com