

Sentara Health Plans would like to remind Providers of the below DMAS updates regarding Gender Dysphoria:

In accordance with a new federal rule (2026-16508 (91 FR 52406)), the Department of Medical Assistance Services (DMAS) will no longer cover gender-affirming procedures, including certain drugs/hormone therapies, furnished to youth enrolled in Medicaid and the Children's Health Insurance Program (CHIP) for dates of service on and after October 13, 2026. This will apply to children under the age of 18 enrolled in Medicaid and children under the age of 19 in CHIP. Minors who are currently receiving gender-affirming hormone therapy can continue hormone therapy for up to six months. Providers may continue to deliver these services, but these services will no longer be covered by DMAS. These restrictions also prohibit states' use of the federal Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) pathway to provide coverage of these services to children under 18.

This applies to all Medicaid products offered in Virginia.

Effective February 1, 2027, the medical code(s) listed below will require Prior Authorization/Precertification by Sentara Health Plans.

This applies to all Commercial products offered in Virginia.

CODE	LONG DESCRIPTION
0213T	NJXDX/THER PARAVERFCT JT W/US CER/THOR 1 LVL
0214T	NJXDX/THER PARAVERFCT JT W/US CER/THOR 2ND LVL
0216T	NJXDX/THER PARAVERFCT JT W/US LUMB/SAC 1 LVL
0217T	NJXDX/THER PARAVERFCT JT W/US LUMB/SAC LVL 2
0218T	NJXPARAVERTBRLFCT JT W/US LUMB/SAC 3RD&> LVL
A0431	AMB SRVC CONV AIR SRVC TRANS 1 WAY ROTARY WING
A0998	AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT
S9960	AMB SERVICE AIR NON EMERGENCY 1 WAY FIXED WING
S9961	AMB SERVICE AIR NON EMERGENCY 1 WAY ROTARY WING