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:

In keeping with CMS final rule 4201F, Sentara Health Plans will be archiving applicable Medicare policies in favor of utilizing the NCD/LCD when appropriate.

Sentara Health Plans has a new medical policy weblink available to access all current Behavioral Health, Durable Medical Equipment, Imaging, Medical, Obstetrics, Pharmacy, and Surgical polices. You can access this at sentarahealthplans.com/providers/clinical-reference/medical-policies.

POLICY	DETERMINATION/COVERAGE	URLS
Specialized Supportive Seating and Medical Car Seats, DME 56	Combined Postural Support Seat, DME 56 and Medical Car Seats, DME 58. And renaming policy to Specialized Supportive Seating and Medical Car Seats.E0190, E1399, T5001.	• Postural Support Seat Commercial - DME 56 • Postural Support Seat Medicaid - DME 56 • Postural Support Seat Medicare - DME 56
Exhaled Breath Condensate (EBC ph), Medical 286	Archiving Medicare and using LCD L36241. No changes to criteria for Commercial and Medicaid policies. 83987.	• Exhaled Breath Condensate (EBC ph) Commercial - Medical 286 • Exhaled Breath Condensate (EBC ph) Medicaid - Medical 286 • Exhaled Breath Condensate (EBC ph) Medicare - Medical 286

POLICY	DETERMINATION/COVERAGE	URLS
Intensive Cardiac Rehabilitation Programs, Medical 52	Expanded coverage for Commercial and Medicaid. G0422, G0423, S9472.	• Intensive Cardiac Rehabilitation Programs Commercial - Medical 52 • Intensive Cardiac Rehabilitation Programs Medicaid - Medical 52
Phase II Cardiac Rehabilitation, Medical 51	Expanded coverage for Commercial and Medicaid. 93797, 93798.	• Phase II Cardiac Rehabilitation Commercial -Medical 51 • Phase II Cardiac Rehabilitation Medicaid - Medical 51
Proton Beam Radiation Therapy (PBRT), Medical 101	Updated criteria for Commercial and Medicaid policies. 77520, 77522, 77523, 77525.	• Proton Beam Radiation Therapy Commercial - Medical 101 • Proton Beam Radiation Therapy Medicaid - Medical 101
Dry Hydrotherapy, Medical 267	No changes to criteria for Commercial and Medicaid policies. 97039.	• Dry Hydrotherapy Commercial - Medical 267 • Dry Hydrotherapy Medicaid - Medical 267
Transplant Rejection Testing, Medical 99	No changes to criteria for Commercial and Medicaid policies. 81595, 81599, 0055U, 0087U, 0088U, 0118U, 81479.	• Transplant Rejection Testing Commercial - Medical 99 • Transplant Rejection Testing Medicaid - Medical 99
Continuous Glucose Monitoring System, DME 10	Expanded coverage for Commercial and Medicaid. 0446T, 0447T, 0448T, A4238, A9276, A9277, A9278, A9279, E2102, K0553, K0554.	• Continuous Glucose Monitoring System Commercial - DME 10 • Continuous Glucose Monitoring System Medicaid - DME 10

POLICY	DETERMINATION/COVERAGE	URLS
External Insulin Infusion Pump, DME 11	Added compatibility statement to align with Continuous Glucose Monitoring System for Commercial and Medicaid. A4224, A4225, A4226, A4230, A4231, A9274, E0784, K0552.	• External Insulin Infusion Pump Commercial - DME 11 • External Insulin Infusion Pump Medicaid - DME 11
Hospital Beds and Accessories, DME 03	Added all codes and criteria on types of pressure relief mattresses and overlays for both Commercial and Medicaid policies. E0183, E0193, E0194, E0250, E0251, E0255, E0256, E0260, E0261, E0271, E0272, E0280, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E000, E0301, E0302, E0303, E0304, E0305, E0310, E0315, E0316, E0328, E0329, E0910, E0911, E0912, E0940, E0265, E0266, E0270, E0273, E0274.	• Hospital Beds and Accessories Commercial - DME 03 • Hospital Beds and Accessories Medicaid - DME 03
Paranasal Sinus Ultrasound, Imaging 26	Archiving Medicaid and Medicare policies. No change to Commercial criteria. 76536, S9024.	• Paranasal Sinus Ultrasound Commercial - Imaging 26
Medical Dental Surgery, Surgical 128	No change to Commercial criteria. 41899, 40840, 40842, 40843, 40844, 40845, 41820, 41870, 41872, 41874.	• Medical Dental Surgery Commercial - Surgical 128
Accidental Dental Services, Surgical 19	No change to Commercial criteria. 41899, D7270, 40840, 40842, 40843, 40844, 40845, 41820, 41870, 41872, 41874.	• Accidental Dental Services Commercial - Surgical 19
Movement Disorder Analysis, Medical 298	Archive all lines of business and added all T codes in Cat III policy. 0533T, 0534T, 0535T, 0536T.	• Movement Disorder Analysis Commercial - Medical 298 • Movement Disorder Analysis Medicaid - Medical 298

POLICY	DETERMINATION/COVERAGE	URLS
		• Movement Disorder Analysis Medicare - Medical 298
Transjugular Intrahepatic Portosystemic Shunt (TIPSS), Medical 256	No changes to criteria for Commercial, Medicaid, and Medicare policies. 37182, 37183.	• Transjugular Intrahepatic Portosystemic Shunt (TIPSS) Commercial - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPPS) Medicaid - Medical 256 • Transjugular Intrahepatic Portosystemic Shunt (TIPPS) Medicare - Medical 256
Headaches treatments, Surgical 103	No changes to criteria for Commercial and Medicaid policies. 64400, 64405, 64505, 64633, 64634, 64744, K1023.	• Headache Treatments Commercial - Surgical 103 • Headache Treatments Medicaid - Surgical 103
Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, DME 222	Updated coverage for Commercial, Medicaid and Medicare. 21085, D7880.	• Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Commercial - DME 222 • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicaid - DME 222 • Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome Medicare - DME 222

POLICY	DETERMINATION/COVERAGE	URLS
Benign Prostatic Hypertrophy BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP), Surgical 83	Modified coverage criteria for Commercial and Medicaid. 0421T, 0714T, 52282, 52441, 52442, 52450, 52601, 52647, 52648, 52649, 53850, 53852, 53854, 55873.	• BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP) Commercial - Surgical 83 • BPH Treatments as an Alternative to Transurethral Resection of the Prostate (TURP) Medicaid - Surgical 83
Brachytherapy, Medical 71	Expanded coverage for Commercial and Medicaid. 19298, 20555, 41019, 55875, 55920, 57156, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77790, 77799, 0394T, 0395T.	• Brachytherapy Commercial - Medical 71 • Brachytherapy Medicaid - Medical 71
Allogeneic Hematopoietic Stem Cell Transplantation (Formerly Surgical 08), Surgical 213	Combined Autologous Hematopoietic Stem Cell Transplantation and Allogenic Hematopoietic Stem Cell Transplantation policies (Surgical 08 and Surgical 213) and rename policy Hematopoietic Stem Cell Transplantation, Surgical 08 for Commercial and Medicaid. 38240, 38241.	• Allogeneic Hematopoietic Stem Cell Transplantation Commercial - Surgical 213 • Allogeneic Hematopoietic Stem Cell Transplantation Medicaid - Surgical 213
Autologous Hematopoietic Stem Cell Transplantation (HSCT), Surgical 08	Combined Autologous Hematopoietic Stem Cell Transplantation and Allogenic Hematopoietic Stem Cell Transplantation policies (Surgical 08 and Surgical 213) and rename policy Hematopoietic Stem Cell Transplantation, Surgical 08 for Commercial and Medicaid. 38240, 38241.	• Autologous Hematopoietic Stem Cell Transplantation (HSCT) Commercial - Surgical 08 • Autologous Hematopoietic Stem Cell Transplantation (HSCT) Medicaid - Surgical 08
Keratoconus Lenses and Interventions - Piggyback Contact Lenses, Medical 03	No changes to criteria for Commercial and Medicaid policies. 65785, 92072, V2510, V2511, V2512, V2513, V2530, V2531, V2520, V2521, V2522, V2523.	• Keratoconus Lenses and Interventions - Piggyback Contact Lenses Commercial - Medical 03

POLICY	DETERMINATION/COVERAGE	URLS
		• Keratoconus Lenses and Interventions - Piggyback Contact Lenses Medicaid - Medical 03
Photodynamic Therapy for Oncologic and Dermatologic Conditions, Medical 77	No changes to criteria for Commercial and Medicaid policies. 31641, 43229, 96567, 96570, 96571, 96573, 96574.	• Photodynamic Therapy for Oncologic and Dermatologic Conditions Commercial - Medical 77 • Photodynamic Therapy for Oncologic and Dermatologic Conditions Medicaid - Medical 77
Pancreas and Islet Cell Transplants, Surgical 27	Expanded coverage for Commercial and Medicaid. 48160, 48554, 0584T, 0585T, 0586T.	• Pancreas and Islet Cell Transplants Commercial - Surgical 27 • Pancreas and Islet Cell Transplants Medicaid - Surgical 27
Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition, Medical 13	Expanded coverage for Commercial and Medicaid. 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, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B5200, B9002, B9004, B9006, B9998, B9999, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368, S9432, S9433, S9434, S9435.	• Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Commercial - Medical 13 • Enteral and Parenteral Feeding and Intradialytic Parenteral Nutrition Medicaid - Medical 13
Diapers and Underpads, DME 246	Archiving Commercial not a covered benefit. Expanded Medicaid coverage. A4335, A4554, T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535,	• Diapers and Underpads Commercial - DME 246 • Diapers and Underpads Medicaid - DME 246

POLICY	DETERMINATION/COVERAGE	URLS
	T4536, T4537, T4538, T4539, T4540, T4541, T4542, T4543, T4544, T4545.	
Iron Quantification with Magnetic Resonance Imaging, Imaging 16	Archiving both Commercial and Medicaid in favor of utilizing National Imaging Associates (NIA) Clinical Guidelines. 0648T, 0649T, 0697T, 0698T, 76498.	• Iron Quantification w/ Magnetic Resonance Imaging Commercial - Imaging 16 • Iron Quantification w/ Magnetic Resonance Imaging Medicaid - Imaging 16
Low-Intensity Therapeutic Ultrasound (LITUS) Devices, DME 55	Archiving Medicare use NCD 150.5. No changes to criteria for Commercial and Medicaid policies. E1399.	• Low-Intensity Therapeutic Ultrasound (LITUS) Devices Commercial - DME 55 • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Medicaid - DME 55 • Low-Intensity Therapeutic Ultrasound (LITUS) Devices Medicare - DME 55
Intraoperative Neurophysiological Monitoring and EMG Larynx, Surgical 40	No changes to criteria for Commercial and Medicaid policies. 95940, 95941, G0453.	• Intraoperative Neurophysiological Monitoring and EMG Larynx Commercial - Surgical 40 • Intraoperative Neurophysiological Monitoring and EMG Larynx Medicaid - Surgical 40
Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)), Surgical 69	Expanded coverage for both Commercial and Medicaid policies. 63650, 63655, 63685, L8680, L8682, L8683, L8685, L8686, L8687, L8688.	• Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)) Commercial - Surgical 69

POLICY	DETERMINATION/COVERAGE	URLS
		• Spinal Cord Electrical Stimulator (Spinal cord stimulator (SPS) and Dorsal Motor Ganglion Stimulator (DMG)) Medicaid - Surgical 69
Bariatric Services, Surgical 32	Expanded coverage for both Commercial and Medicaid policies. 43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 47000, 47001, S2083, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T.	• Bariatric Services Commercial - Surgical 32 • Bariatric Services Medicaid - Surgical 32
Gastrointestinal Procedures, Surgical 205	Updating coverage for both Commercial and Medicaid. 43284, 43285, 43497, 43499, 43210, 43257.	• Gastrointestinal Procedures Commercial - Surgical 205 • Gastrointestinal Procedures Medicaid - Surgical 205
Screening for Fetal Aneuploidy, OB 14	No changes to criteria for all lines of business. 81420, 81508, 81509, 81510, 81511, 81512.	• Screening for Fetal Aneuploidy Commercial - OB 14 • Screening for Fetal Aneuploidy Medicaid - OB 14 • Screening for Fetal Aneuploidy Medicare - OB 14
Mobile Cardiac Telemetry, Medical 112	No changes to criteria for both Commercial and Medicaid policies. 93228, 93229, 93799.	• Mobile Cardiac Telemetry Commercial - Medical 112 • Mobile Cardiac Telemetry Medicaid - Medical 112
Non-invasive assessment of the vasculature for Cardiovascular Risk, Medical 334	No changes to criteria for both Commercial and Medicaid policies. 0716T, 93050, 93799, 93895, 93998.	• Non-invasive assessment of the vasculature for Cardiovascular Risk Commercial - Medical 334

POLICY	DETERMINATION/COVERAGE	URLS
		• Non-invasive assessment of the vasculature for Cardiovascular Risk Medicaid - Medical 334
Eyelid Procedures and Brow lift, Surgical 13 (Formerly known as Blepharoplasty)	Combined Blepharoptosis Repair, Surgical 211 and Brow lift, Surgical 212 into Surgical 13 for both Commercial and Medicaid policies. 15820, 15821, 15822, 15823, 67916, 67917, 67923, 67924.	• Blepharoplasty Commercial - Surgical 13 • Blepharoplasty Medicaid - Surgical 13
Blepharoptosis Repair, Surgical 211	Archive both Commercial and Medicaid policies will be combined with Surgical 13. 67901, 67902, 67903, 67904, 67906, 67908, 67909.	• Blepharoptosis Repair Commercial - Surgical 211 • Blepharoptosis Repair Medicaid - Surgical 211
Brow Lift, Surgical 212	Archive both Commercial and Medicaid policies will be combined with Surgical 13. 67900.	• Brow Lift Commercial - Surgical 212 • Brow Lift Medicaid - Surgical 212
Ambulance Transport Services, Medical 105	No changes to Commercial. Archive current SHP Medicaid policy, Medical 105 and create new SHP policy for Medicaid, titled “Nonemergent Air and Water Ambulance Services, Medical 346. A0425, A0426, A0428, A0430, A0431, A0432, A0434, A0435, A0436, A0998.	• Ambulance Transport Services Commercial - Medical 105 • Ambulance Transport Services Medicaid - Medical 105
Long-Term Care Hospital Services (LTACH), Medical 337	Updated criteria for both Medicaid and Medicare.	• Long-Term Care Hospital Services (LATCH) Medicaid - Medical 337 • Long-Terma Care Hospital Services (LATCH) Medicare - Medical 337
Optical Endomicroscopy, Medical 281	Archive 10.1.2024 and pay upon request. 0397T, 43206, 43252, 43499, 43999, 44799, 45999, 88375.	• Optical Endomicroscopy Commercial - Medical 281

POLICY	DETERMINATION/COVERAGE	URLS
Negative Pressure Wound Vac, DME 241 (Formerly known as Single Use Negative Pressure Wound Therapy System)	Will stop using MCG and rename policies for both Commercial and Medicaid. 97607, 97608, A9272.	• Single Use Negative Pressure Wound Therapy System Commercial - DME 241 • Single Use Negative Pressure Wound Therapy System Medicaid - DME 241
Functional Family Therapy, BH 36	No changes to Medicaid criteria. 90791, 90792, H0036.	• Functional Family Therapy Medicaid - BH 36
Multisystemic Therapy, BH 35	No changes to Medicaid criteria. 90791, 90792, H2033.	• Multisystemic Therapy Medicaid - BH 35
Gender Affirming Surgery, Surgical 108	No changes to criteria for both Commercial and Medicaid policies. 17380, 19318, 19325, 19340, 19342, 19350, 21120, 21121, 21122, 21123, 21137, 21138, 211139, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 31899, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 5680, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, C1813, C2622, J9202, J9217, J9218, J9219, S0189, 11950, 11951, 11952, 11954, 15200, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 19316, 21087,	• Gender Affirming Surgery Commercial - Surgical 108 • Gender Affirming Surgery Medicaid - Surgical 108

POLICY	DETERMINATION/COVERAGE	URLS
	21125, 21127, 21193, 21194, 21195, 21196, 21210, 21270, 67900, 92507, 92508, G0153, S9128	
Early Inpatient Admission, Medical 145	No changes to criteria for both Commercial and Medicaid policies. 99221, 99222, 99223.	• Early Inpatient Admission Commercial - Medical 145 • Early Inpatient Admission Medicaid - Medical 145
Photodynamic Therapy with Verteporfin, Medical 171	Archiving both Commercial and Medicaid and using MCG A-0202. 67221, 67225, J3396.	• Photodynamic Therapy with Verteporfin Commercial - Medical 171 • Photodynamic Therapy with Verteporfin Medicaid - Medical 171
Category III Codes, Medical 336	Archiving Medicare and utilizing LCD L35490. Adding codes 0598T, 0599T, 0106T, 0110T, 0533T, 0536T, 0615T, 0778T, 0174T, 0175T, 0398T, 0071T, 0072T, 0331T, 0332T, 0541T, 0542T.	• Category III Codes Commercial - Medical 336 • Category III Codes Medicaid - Medical 336
Lodging and Meal Reimbursement, Medical 169	No changes to criteria for both the Medicaid and Medicare policies.	• Lodging and Meal Reimbursement Medicaid - Medical 169 • Lodging and Meal Reimbursement Medicare - Medical 169
Telemonitoring Services, Medical 160	No changes to criteria for all lines of business. S9110, 99453, 99454, 99457, 99458, 99091, 98975, 98976, 98977, 98980, 98981, 99473, 99474.	• Telemonitoring Services Medicaid - Medical 160 • Telemonitoring Services Commercial - Medical 160 • Telemonitoring Services Medicare - Medical 160

POLICY	DETERMINATION/COVERAGE	URLS
Ambulatory Devices, DME 40	Modifying criteria for both Commercial and Medicaid. E0118, E0144, E0147, E8000, E8001, E8002, E0117, E0144, E1399.	• Ambulatory Devices Commercial - DME 40 • Ambulatory Devices Medicaid - DME 40
Vestibular Evoked Myogenic Potential (VEMP), Medical 174	No changes to criteria for both Commercial and Medicaid policies. 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547.	• Vestibular Function Testing Commercial - Medical 174 • Vestibular Function Testing Medicaid - Medical 174
Mental Health Peer Support, BH 19	No changes to Medicaid criteria. H0025.	• Mental Health Peer Support Medicaid - BH 19
Mental Health Case Management, BH 23	No changes to Medicaid criteria. H0023.	• Mental Health Case Management Medicaid - BH 22
Mental Health Family Support Partners, BH 23	No changes to Medicaid criteria. H0024.	• Mental Health Family Support Medicaid - BH 23
Dry Needling, Medical 173	No changes to criteria for both Commercial and Medicaid policies. 20560, 20561.	• Dry Needling Commercial - Medical 173 • Dry Needling Medicaid - Medical 173
Surgical Treatments for OSA, Surgical 18.	Adding codes. L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8688.	
Carlon MBM will be expanding its UM management for EBRT when diagnosis is Prostate Cancer (ICD C61) and perform hypofractionation review of	2D/3D conformal (EBRT) – UM management for EBRT will now include Prostate Cancer. Hypo Fractionation review will now include Prostate Cancer.	

POLICY	DETERMINATION/COVERAGE	URLS
IMRT and EBRT for prostate cancer.	Intensity modulated radiation therapy (IMRT) – Hypo Fractionation review will now include Prostate Cancer. Guideline Changes: EBRT and IMRT Prostate Cancer hypo fractionation quantities have been revised in the Radiation Therapy Clinical Appropriateness Guidelines as outlined below and will be posted to Carelon's website	