

## 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**.

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](https://sentarahealthplans.com).

For the most current, comprehensive review of the proceedings from Sentara Health Plans' pharmacy and therapeutics committee, please view the [Quarterly Pharmacy Changes](#) to see Formulary and Authorization updates.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Apixaban (Eliquis) Drug Level, Medical 303</b>	Archiving policy for all lines of business. Codes: 80299.	Archiving on November 1, 2025.
<b>Automated External Defibrillators, DME 63</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33690. Codes: E0617.	<ul style="list-style-type: none"><li>• <a href="#">Automated External Defibrillators (AED) Commercial - DME 63</a></li><li>• <a href="#">Automated External Defibrillators (AED) Medicaid - DME 63</a></li></ul>
<b>Coccygectomy, Surgical 114</b>	No changes for all lines of business. Codes: 27080.	<ul style="list-style-type: none"><li>• <a href="#">Coccygectomy Commercial - Surgical 114</a></li><li>• <a href="#">Coccygectomy Medicaid - Surgical 114</a></li><li>• <a href="#">Coccygectomy Medicare - Surgical 114</a></li></ul>

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Compression Stockings, Garments and Devices, DME 04</b>	Criteria updates for Commerical and Medicaid. For Medicare continue to utilize NCD 280.6 and 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, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610, E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0676, E0677, E0678, E0679, E0680, E0681, E0682, E0656, E0657, E0675.	
<b>Corneal Procedures, Surgical 55</b>	Archiving policy for all lines of business. Codes: 65710, 65730, 65750, 65755, 65756, 65757, 65770, 65772, 65775, 66999, S0812, L8609	Archiving on November 1, 2025.
<b>Dermatologic Conditions, Surgical 09</b>	Removing photodynamic therapy from exceptions for Commerical and	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	Medicaid. Codes: 0479T, 0480T, 11102,11103, 11104, 11105, 17106, 17107, 17108, 77401, 77402, 77407, 77427, 77431, 88356, 96920, 96921, 96922, 96999, 97039, 0419T, 0420T, S8948, 96904, 96931, 96932, 96933, 96934, 96935, 96936.	
<b>DMAS updated Mental Health Services Appendix D: Intensive Community Based Support – Youth updated</b>	Minor verbiage and clarification updates to Applied Behavioral Analysis, BH 37, Functional Family Therapy, BH 36, Multisystemic Therapy, BH 35.CPT Codes 90791, 90792, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T, H0036, H2014, H2033	
<b>Doula Services Medicaid DMAS Document, OB 13</b>	Medicaid policy was updated to align with updated contract. Codes: 59409HD, 59425HD, 59430HD, 59514HD, 99600HD, 99199HD.	
<b>Injectable Hormone Pellets, Medical 157</b>	Archiving policy for Commerical and Medicaid. For Medicare continue to utilize LCD L390862. Codes: 11980, J3490.	Archiving on November 1, 2025.
<b>Intraoperative Neurophysiological Monitoring and EMG Larynx, Surgical 40</b>	Updated verbiage in policy to address concerns about physician usage for Commercial and Medicaid. CPT Codes 95940, 95941, G0453	
<b>Leadless Cardiac Pacemaker, Surgical 126</b>	Criteria updates for Commercial and Medicaid. For Medicare continue to utilize NCD 20.8.4, LCA A54831. Codes: 33274, 33275, C1605, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0823T, 0824T, 0825T, 0826T, C1605	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Muscle Pain Detector, Medical 247</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 280.1. Codes: E1399	<ul style="list-style-type: none"> <li>• <a href="#">Muscle Pain Detector Commercial - Medical 247</a></li> <li>• <a href="#">Muscle Pain Detector Medicaid - Medical 247</a></li> </ul>
<b>Percutaneous Spinal Augmentation, Surgical 231</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L38737. Codes: 0200T, 0201T, 22510, 22511, 22512, 22513, 22514, 22515.	<ul style="list-style-type: none"> <li>• <a href="#">Percutaneous Spinal Augmentation Commercial - Surgical 231</a></li> <li>• <a href="#">Percutaneous Spinal Augmentation Medicaid - Surgical 231</a></li> </ul>
<b>Percutaneous Transluminal Coronary Lithotripsy, Surgical 132</b>	Archiving policy for all lines of business. Codes: 92972.	Archiving on November 1, 2025.
<b>Sacroiliac Joint Fusion (Arthrodesis), Open and Percutaneous, Surgical 116</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LDC L39797. Codes: 27278, 27279, 27280.	<ul style="list-style-type: none"> <li>• <a href="#">Sacroiliac Fusion, Open and Percutaneous Commercial - Surgical 116</a></li> <li>• <a href="#">Sacroiliac Fusion, Open and Percutaneous Medicaid - Surgical 116</a></li> </ul>
<b>Skin and Tissue Substitutes, Surgical 73</b>	Criteria updates for Commercial and Medicaid. For Medicare continue to utilize NCD 270.5 and LCD L36690 and L36377. Codes: 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 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,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	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, 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,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	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>Spinal and Other Pain Management Procedures, Surgical 119</b>	Criteria updates for Commercial and Medicaid. For Medicare continue to utilize LCD L38765, L39942, L37642, L39671, L38994, L39402. Codes: 64400, 64405, 64408, 64415, 64416, 64418, 64420, 64421, 64435, 64445, 64446, 64447 , 64448, 64449, 64450, 64455, 64466, 64467, 64468, 64469, 64473, 64474, 64486, 64487 , 64488, 64489, 64490, 64491, 64493, 64494, 64520, 64530, 64633, 64634, 64635, 64636 64680, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 62263, 62264, 62280, 62281 , 62282, 62320, 62321, 62322, 62323, 64417, 64425, 64430, 64451, 64454, 64479, 64480 , 64483,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	64484, 64492, 64495, 64505, 64510, 64517, 64615.	
<b>Subcutaneous Implantable Cardioverter Defibrillator, Surgical 106</b>	Adding criteria for Substernal Implantable Cardioverter-Defibrillator System. Renaming the policy to Subcutaneous and Substernal Implantable Cardioverter-Defibrillator. For Medicare continue to utilize NCD 20.4 and LCA A56343. Codes: 33270, 33271, 0571T, 0572T, 0573T, 0574T, 0575T.	<ul style="list-style-type: none"> <li>• <a href="#">Subcutaneous Implantable Cardioverter Defibrillator Commercial - Surgical 106</a></li> <li>• <a href="#">Subcutaneous Implantable Cardioverter Defibrillator Medicaid - Surgical 106</a></li> </ul>
<b>Substernal Implantable Cardioverter-Defibrillator System, Surgical 130</b>	Archive policy for Commercial and Medicaid and adding it to Surgical 106 – Subcutaneous Implantable Cardioverter-Defibrillator and renaming it to Subcutaneous and Substernal Implantable Cardioverter-Defibrillator. For Medicare continue to utilize NCD 20.4 and LCA A56343. Codes: 0571T, 0572T, 0573T, 0574T, 0575T.	Archiving on November 1, 2025.
<b>Thermal Intradiscal Procedures, Surgical 79</b>	Archive policy for Commercial and Medicaid and utilize Thermal Intradiscal Procedures (TIPs) (A-0217). For Medicare continue to utilize NCD 150.11 and LCD L39420. Codes 22526, 22527, 22899, S2348.	Archiving on November 1, 2025.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
<b>Tissue Transplantation of the Knee, Ankle and Talus, Surgical 39</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 150.12. Codes: 27412, 27415, 27416, 28446, 29866, 29867, 29868, 29891, J7330, S2112, G0428	<ul style="list-style-type: none"> <li>• <a href="#">Tissue Transplantation of the Knee, Ankle and Talus Commercial - Surgical 39</a></li> <li>• <a href="#">Tissue Transplantation of the Knee, Ankle and Talus Medicaid - Surgical 39</a></li> </ul>
<b>Vitrectomy Face-Down Positioning System, DME 33</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 280.1. Codes: E1399.	<ul style="list-style-type: none"> <li>• <a href="#">Vitrectomy Face-Down Positioning System Commercial - DME 33</a></li> <li>• <a href="#">Vitrectomy Face-Down Positioning System Medicaid - DME 33</a></li> </ul>
<b>Wearable External Cardioverter Defibrillators, DME 24</b>	No changes to Commercial and Medicaid. For Medicare continue to utilize LCD L33690. Codes: 93292, 93745, K0606, K0607, K0608, K0609.	<ul style="list-style-type: none"> <li>• <a href="#">Wearable External Cardioverter Defibrillators Commercial - DME 24</a></li> <li>• <a href="#">Wearable External Cardioverter Defibrillators Medicaid - DME 24</a></li> </ul>
<b>Level of Care Guidance for Observation (OBS) versus Inpatient Hospital Stays, Medical 350</b>	The new policy will be used as guidance in the determination of what qualifies for Observation (OBS) versus Inpatient Hospital Stays. No applicable CPTs	

**IBMT UPDATES: Exception/Limit Updates for Respite Care Services for Medicaid Effective July 1, 2025**

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



- The following Exception/Limit for four procedure codes have been updated to reflect “480 Hour Maximum Limit per fiscal year” effective July 1, 2025. Services will continue to require authorization as reflected on Sentara Health Plans website.

S9125	T1030
T1005	T1031

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

Sentara Health Plans Pal Tool: [Search PAL List: Sentara Health Plans](#)

#### **IBMT UPDATES: Exception/Limit Updates for Adult Preventive Services for Medicaid Effective July 1, 2025**

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

- The following Exception/Limit for six procedure codes have been updated to reflect “ONE VISIT PER CALENDAR YEAR PER MEMBER” effective July 1, 2025. Services will continue to not require authorization as reflected on Sentara Health Plans website.

99385	99695
99386	99396
99387	99397

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

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#### **IBMT UPDATES: Prior Authorization Updates for Medicaid and Commercial Effective July 1, 2025**

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

- Prior Authorization for one procedure code has been updated to reflect Authorization Required (Y) with the Exception “No auth required for infants under 8 months of age” effective July 1, 2025.

90382
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Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

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**IBMT UPDATES: Prior Authorization Updates for Medicare, Medicaid, and Commercial Effective August 1, 2025**

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

- Prior Authorization requirement for one procedure code has been updated to reflect No Authorization required (N) effective August 1, 2025.

11980
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Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

Sentara Health Plans Pal Tool: [Search PAL List: Sentara Health Plans](#)

**IBMT Updates: Prior Authorization Updates for Medicaid and Commercial Effective July 1, 2025**

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

- The below two codes were updated in error to reflect No Authorization Required effective July 1, 2025, for Medicaid and/or Commercial lines of business. Sentara Health Plans would like to remind providers that the two codes are managed by OncoHealth and Avalon. The codes have been updated to reflect their original authorization requirements of Authorization Required (Y) with exception “FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH; FOR ALL OTHER INDICATIONS CONTACT AVALON”. Sentara Health Plans would like to apologize for any confusion this may have caused.

Commercial LOBs

0537U
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0549U
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Medicaid LOBs

0549U
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Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

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

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

- Prior Authorization Requirements and Exception for seventeen procedure codes has been updated to reflect Auth Required (Y) with the Exception-No Authorization Required for Members 1-21 Years of Age effective October 1, 2025.

B4100	B4150	B4158
B4102	B4152	B4159
B4103	B4153	B4160
B4104	B4154	B4161
B4105	B4155	B4162
B4149	B4157	

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

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**IBMT UPDATES: Prior Authorization Updates for Medicare, Medicaid, and Commercial Effective November 1, 2025**

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

- Prior Authorization requirement for two procedure codes has been updated to reflect Authorization Required (Y) effective November 1, 2025.

28446	29891
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Note-Code changes and deleted codes are uploaded to the Sentara Health Plans website.

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**IBMT UPDATES: Prior Authorization Updates for Commercial Effective November 1, 2025**

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

- Prior Authorization requirement for one procedure code has been updated to reflect Authorization Required (Y) effective November 1, 2025.

J8597

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

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**IBMT UPDATES: Prior Authorization Updates for Sentara Health Plans Commercial Self-Funded Employer Groups Effective November 1, 2025**

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

- Group Number: 72823,72824,72833,72830,72826,72827,72825,72832,72834,72831
- Prior Authorization requirement for one procedure code has been updated to reflect Authorization Required (Y) effective November 1, 2025.

97110

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

Note-Sentara Health Plans Commercial Self-Funded Employer Groups will be available on Sentara Health Plans Pal January 1,2026