

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
Ambulatory Devices, DME 40	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L33733, L33791 and NCD 280.3, 280.1. Codes: E0117, E0118, E0152, E1399, E3200.	<ul style="list-style-type: none"> • Ambulatory Devices Commercial - DME 40 • Ambulatory Devices Medicaid - DME 40
Apheresis, Medical 128	No changes for Commercial and Medicaid. For Medicare continue to utilize NCD 110.14. Codes: 36511, 36512, 36513, 36514, 36516.	<ul style="list-style-type: none"> • Apheresis Commercial - Medical 128 • Apheresis Medicaid -Medical 128
ASAM 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) Initial Medicaid, BH 06	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2036	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) Concurrent Medicaid, BH 43	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2036	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adolescent) Concurrent Medicaid , BH 47	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0011	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adolescent) Concurrent Medicaid, BH 50	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0015	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adult) Initial Medicaid, BH 08	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0015	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adolescent) Initial Medicaid, BH 48	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0015	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 2.1 Intensive Outpatient Services for Substance Abuse (Adult) Concurrent Medicaid, BH 49	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0015	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Initial Medicaid, BH 09	Updating and simplifying criteria. Medicaid only policy. HCPCS Code S0201	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Initial Medicaid, BH 51	Updating and simplifying criteria. Medicaid only policy. HCPCS Code S0201	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Concurrent Medicaid, BH 52	Updating and simplifying criteria. Medicaid only policy. HCPCS Code S0201	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Concurrent Medicaid, BH 53	Updating and simplifying criteria. Medicaid only policy. HCPCS Code S0201	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Initial Medicaid, BH 10	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2034	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) Initial Medicaid, BH 54	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2034	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Concurrent Medicaid, BH 55	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2034	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) Concurrent Medicaid, BH 56	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2034	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Initial Medicaid, BH 11	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Concurrent, BH 57	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Initial Medicaid, BH 12	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Concurrent Medicaid, BH 58	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Initial Medicaid, BH 13	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Concurrent Medicaid, BH 59	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Initial Medicaid, BH 42	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2036	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Concurrent Medicaid , BH 44	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H2036	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse Initial Medicaid, BH 07	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0010	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adolescent) Initial Medicaid, BH 45	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0011	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
ASAM Level 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adult) Concurrent Medicaid, BH 46	Updating and simplifying criteria. Medicaid only policy. HCPCS Code H0011	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Assertive Community Treatment (ACT), Behavioral Health 28	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: 90791, 90792, H0040.	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Bariatric Services, Surgical 32	Archive policy for Commercial and Medicaid. For Medicare continue to utilize NCD 100.1 and LCD L34576. Codes: 43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 47000, 47001, S2083, 0312T,	Archiving on July 1, 2025 and use MCG.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	0313T, 0314T, 0315T, 0316T, 0317T.	
Breast Procedures, Surgical 10	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 140.2 and LCD L33428. Codes: 11920, 11921, 11922, 15771, 15772, 19316, 19318, 19325, 19328, 19330, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C9358, C9360, Q4100, Q4116, Q4122, Q4128, Q4130, 15877, 15777, 64912, 64913.	<ul style="list-style-type: none"> • Breast Procedures Commercial - Surgical 10 • Breast Procedures Medicaid - Surgical 10
Category III Codes, Medical 336	No changes for Commercial and Medicaid. For Medicare continue to utilize LCD L35490. Codes: 0042T, 0054T, 0055T, 0075T, 0076T, 0208T, 0209T, 0210T, 0211T, 0212T, 0234T, 0235T, 0236T, 0237T, 0238T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0333T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0403T, 0422T, 0437T, 0439T, 0443T, 0444T, 0445T, 0469T, 0481T, 0485T, 0486T, 0488T, 0489T, 0490T, 0494T, 0495T, 0496T, 0499T, 0505T, 0506T, 0508T, 0509T, 0512T, 0513T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0537T, 0538T, 0539T, 0540T, 0543T, 0544T, 0545T, 0546T, 0547T, 0553T, 0554T, 0555T, 0556T, 0557T,	<ul style="list-style-type: none"> • Category III Codes Commercial - Medical 336 • Category III Codes Medicaid - Medical 336

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	0558T, 0559T, 0560T, 0561T, 0562T, 0564T, 0565T, 0566T, 0567T, 0568T, 0569T, 0570T, 0582T, 0583T, 0587T, 0588T, 0589T, 0590T, 0591T, 0592T, 0593T, 0594T, 0596T, 0597T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0615T, 0619T, 0620T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0639T, 0643T, 0644T, 0645T, 0646T, 0647T, 0650T, 0652T, 0653T, 0654T, 0655T, 0658T, 0659T, 0660T, 0661T, 0672T, 0673T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0699T, 0700T, 0701T, 0704T, 0705T, 0706T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 0714T, 0717T, 0718T, 0723T, 0724T, 0731T, 0732T, 0733T, 0734T, 0735T, 0737T, 0738T, 0739T, 0740T, 0741T, 0742T, 0743T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0775T, 0776T, 0777T, 0778T, 0779T, 0780T, 0781T, 0782T, 0783T, 0791T, 0792T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T,	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0809T, 0810T	
Dry Needling, Medical 173	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 30.3.3 and LCD L33622 and LCD Reference Article Billing and Coding Article A52863. Codes: 20560, 20561.	<ul style="list-style-type: none"> • Dry Needling Commercial - Medical 173 • Dry Needling Medicaid - Medical 173
Evolent will be adding CPT code 76391, Magnetic resonance (e.g. vibration) elastography to management	Evolent will be adding Magnetic Resonance Elastography (MRE) to scope effective 7.1.2025 for all lines of business. CPT Code 76391	
Extracorporeal Photopheresis, Medical 237	Archive Commercial and Medicaid and pay upon request. For Medicare continue to utilize NCD 110.4. Codes: 36522.	Archiving on July 1, 2025.
Functional Family Therapy, Behavioral Health 36	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: 90791, 90792, H0036.	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
High Frequency Chest Wall Compression, DME 14	No changes for Commercial and Medicaid. For Medicare continue to utilize LCD L33785 and NCD 280.1. Codes: A7025, A7026, E0483, E0481, E1399, E0606, E0480.	<ul style="list-style-type: none"> • High Frequency Chest Wall Compression Commercial - DME 14 • High Frequency Chest Wall Compression Medicaid - DME 14
Intensive in-Home Service for Youth, Behavioral Health 18	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: H2012, H0031.	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Intra-Oral Appliances and Splints for Temporomandibular	Archive policy for all lines of business. Codes: 21085, D7880.	Archiving on July 1, 2025.

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
Joint (TMJ) Syndrome, DME 222		
Jaw Motion Rehabilitation Systems, DME 43	Archive policy for all lines of business. Codes: E1700, E1701, E1702.	Archiving July 1, 2025.
Long-Term Care Hospital Services (LTACH), Medical 337	No change to Medicaid and Medicare there is no Commercial policy. Codes: None	<ul style="list-style-type: none"> • Long-Term Care Hospital Services (LATCH) Medicaid - Medical 337 • Long-Terma Care Hospital Services (LATCH) Medicare - Medical 337
Mastectomy Garments, DME 240	Archive policy for Commercial and Medicaid. For Medicare continue to utilize LCD L33317. Codes: L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035, L8039.	Archiving on July 1, 2025.
Mental Health Case Management, Behavioral Health 22	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: H0023.	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Mental Health Family Support Partners, Behavioral Health 23	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: H0024.	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Mental Health Intensive Outpatient Services (MH-IOP), Behavioral Health 29	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: 90791, 90792, 90839, 90840, H0024, S9480.	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Mental Health Peer Support Services, Behavioral Health 19	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: H0032, H2017.	<ul style="list-style-type: none"> • See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
		-reference/medical-policies/behavioral-health for current policy
Mental Health Skill-Building (MHSS), Behavioral Health 10	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: H0032, H0046.	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Mobile Cardiac Telemetry, Medical 112	No changes for Commercial and Medicaid. For Medicare continue to utilize LCD L34573 and NCD 20.15. Codes: 93228, 93229.	<ul style="list-style-type: none"> Mobile Cardiac Telemetry Commercial - Medical 112 Mobile Cardiac Telemetry Medicaid - Medical 112
Multisystemic Therapy, Behavioral Health 35	Updated Medicaid criteria. No policy for Commercial and Medicare. Codes: 90791, 90792, H2033.	<ul style="list-style-type: none"> See https://www.sentarahealthplans.com/en/providers/clinical-reference/medical-policies/behavioral-health for current policy
Negative Pressure Wound Vac, DME 241	No changes for Commercial and Medicaid. For Medicare continue to utilize LCD L33821. Codes: 97607, 97608, A9272, 97605, 97606, A6550, E2402.	<ul style="list-style-type: none"> Negative Pressure Wound Vac Commercial - Durable Medical Equipment 241 PDF, 259 KBLast Updated: 08/05/2024 (sitecorecontenthub.cloud) Negative Pressure Wound Vac Medicaid - Durable Medical Equipment 241 PDF, 309 KBLast Updated: 08/05/2024 (sitecorecontenthub.cloud)
New Tech Review – PRELUD DCIS TEST- DCISIONRT	Add panel to Medical 34 Genetic and Molecular Testing for Commercial and Medicaid. For Medicare continue to utilize LCD L35025. Codes: 0295U	
New Tech Review – Syn One Test	For Commercial and Medicaid add to Surgical 09 Skin Lesions/Keloids/Warts/Dermoscopy and Biopsies and Medical 34 Molecular and Genetic Testing. For Medicare continue to utilize LCD	

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	L33445 and NCD 250.4. Codes: 88305, 88314, 88346, 88350, 88356.	
Non-invasive Assessment of the Vasculature for Cardiovascular Risk, Medical 334	Archive policy for all lines of business. Codes: 0716T, 93050, 93799, 93895, 93998.	Archiving on July 1, 2025.
Paranasal Sinus Ultrasound, Imaging 26	Archive policy for all lines of business. Codes: 76536, S9024.	Archiving on July 1, 2025.
Spinal Arthroplasty, Surgical 35	Criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L38033, L37826. NCD 150.10. Codes: 0095T, 0098T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0719T.	<ul style="list-style-type: none"> • Spinal Arthroplasty (Formerly: Artifical Disc Replacement and Treatment) Commercial - Surgical 35 • Spinal Arthroplasty (Formerly: Artifical Disc Replacement and Treatment) Medicaid - Surgical 35
Spinal Braces, Orthotics and Garments, DME 244	No changes to Commercial and Medicaid. For Medicare continue to utilize NCD 280.1 and LCD L33790. Codes: L0450, L0452, L0454, L0462, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0639, L0640, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L1499, L2999	<ul style="list-style-type: none"> • Spinal Braces, Orthotics and Garments Commercial - DME 244 • Spinal Braces, Orthotics and Garments Medicaid - DME 244
Treatment for Varicose Veins, Surgical 04	Rename policy to "Treatment for Varicose Veins of the Legs" and criteria updated for Commercial and Medicaid. For Medicare continue to utilize LCD L39121. Codes: 36465, 36466, 36470, 36471, 36475,	<ul style="list-style-type: none"> • Treatment for Varicose Veins Commercial - Surgical 04 PDF, 282 KBLast Updated: 07/01/2024 (sitecorecontenthub.cloud)

POLICY	DETERMINATION/COVERAGE	CURRENT POLICY URLS
	36476, 36478, 36479, 36482, 36483, 37500, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 36468, 36473, 36474, 36741, 37700, 0524T.	<ul style="list-style-type: none"> • Treatment for Varicose Veins Medicaid - Surgical 04 PDF, 334 KB Last Updated: 07/01/2024 (sitecorecontenthub.cloud)

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

Authorization requirement for nine procedure codes has been updated to reflect Not Covered (NC) effective July 1, 2025.

99027
90649
97545
97546
99078
G0160
G0179
G0180
H2024

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 Commercial Effective July 1, 2025

Authorization requirement for fifty-eight procedure codes has been updated to reflect No Authorization required (N) effective July 1, 2025.

L0150	L0140	L0984	L1990	L2397	L2810	L3100	L3310
L0626	L0180	L1060	L2070	L2415	L2830	L3150	L3332
L1210	L0200	L1280	L2186	L2492	L2840	L3170	
L1240	L0621	L1290	L2200	L2750	L2850	L3202	
L1250	L0625	L1650	L2210	L2755	L3030	L3206	
L1260	L0628	L1660	L2220	L2760	L3031	L3211	
L1270	L0641	L1833	L2250	L2768	L3040	L3225	

L1620	L0642	L1850	L2385	L2780	L3060	L3265	
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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 Update for Medicaid, Medicare, and Commercial Lines of Business Effective July 1, 2025

Authorization requirement for one procedure code has been updated to reflect Authorization required (Y) effective July 1, 2025.

J9292

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 Update for Medicaid and Medicare Lines of Business Effective July 1, 2025

Authorization requirement for three procedure codes has been updated to reflect Authorization required (Y) effective July 1, 2025.

95865
95940
G0453

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

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

IBMT UPDATES: Prior Authorization Update for Medicaid and Commercial Lines of Business Effective July 1, 2025

Authorization requirement for two procedure codes has been updated to reflect Authorization required (Y) effective July 1, 2025.

J7340

J2062

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

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com

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

Authorization requirement for two procedure codes has been updated to reflect No Authorization required (N) effective May 1, 2025.

78267

78268

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

Sentara Health Plans Pal Tool: pal.sentarahealthplans.com