



Winter 2026 Provider Newsletter

Sentara Health Plans Medical and Clinical Policy Updates

Sentara Health Plans would like to notify you of the following medical policy updates made since the last version of **Provider News**.

You can access all current Sentara Health Plans medical policies at sentarahealthplans.com.

You can link directly to Sentara Health Plans current Prior Authorization List (PAL) at pal.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.

Medical Policies

The Medical Policy Committee (MPC) approved the following Medical Policies applicable to Sentara Health Plans.

October Policies Reviewed - Provider Alert Published November 2025 – Effective Date February 1, 2026			
Policy Number	Policy Name	Status	Applicable Service Lines
Medical 144	Home Health Aide	Archive	Medicare
Pharmacy 12	Off-Label Drug Use	Revised	Commercial and Medicaid
Surgical 114	Coccygectomy	Archived	Commercial
Surgical 73	Skin and Tissue Substitutes	Reviewed	Commercial and Medicaid
DME 251	Orthotics and Braces	Revised	Medicaid
Medical 153	Injectable Fillers and Bulking Agents	Archived	Commercial
Medical 34	Genetic and Molecular Testing – See note below	Archive	Commercial and Medicaid

No Policies Reviewed in November

December Policies Reviewed - Provider Alert Published January 2026 – Effective Date April 1, 2026			
Policy Number	Policy Name	Status	Applicable Service Lines
Medicare 350	Level of Care Guidance Observation (OBS)	Reviewed	Commercial, Medicaid and Medicare
Medical 297	Fetal Magnetic Cardiac Signal	Archived	Medicare
Surgical 121	Lumbar Laminectomy	Revised	Medicare
Medical 256	Transjugular Intrahepatic Portosystemic Shunt (TIPSS)	Revised	Medicare

Medical 259	Prescription Digital Therapeutics and Devices (Formerly known as: Wearable Monitoring and Treatment)	Revised	Commercial, Medicaid and Medicare
DME 31	Mechanical Stretching Devices (Formerly known as: Dynamic & Static splinting devices)	Revised	Commercial and Medicaid
Medical 350	Radiation Treatment for Nononcologic Indications	Revised	Commercial and Medicaid
Adoption of Evolent 2026 Advanced Imaging Guidelines	Evolent (Formally NIA) Advanced Imaging Policy updates will be effective April 1, 2026, for Sentara Health Plans (SHP). Updates are available at this link https://www1.radmd.com/solutions/preview-guidelines	All adopted as written with the exception of 7275 Coronary Artery Computed Tomography Angiography (CCTA), which has additional criteria noting results are necessary for clinical decision making	Commercial, Medicaid and Medicare

Effective February 1, 2026, Sentara Health Plans Medical 34, Genetic and Molecular Testing policy will archive. Please continue the current prior authorization process as follows:

- For Oncology related Genetic and Molecular Testing, continue to utilize the OncoHealth authorization process. You can learn more at <https://oncohealth.us/>
- For nononcologic Genetic and Molecular Testing, continue to utilize the Avalon authorization process using Avalon’s Preservice Automated System (PAS) or submit requests via fax 813-751-3760 or call Avalon's Provider Call Center at 844-227-5769. You can learn more at <https://avalonhcs.okta.com/app/UserHome>

- For all other authorization requests, please continue to utilize standard authorization procedures through MCG's Provider Portal.