



Provider Alert

Urgent Provider News



February 2, 2024

Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

- NIA Authorization Approvals
- Filing Requirements: Rendering and/or Billing Provider
- Provider Quality Care Workgroup
- Register for Our Upcoming Webinars

NIA Authorization Approvals

We are currently evaluating the provider and member experiences with the provider authorization requests through National Imaging Associates Inc. (NIA) for cardiology services. Until further notice, we suspended authorization requirements for these codes on January 26, 2024. Please note that Myocardial Perfusion Imaging still requires a prior authorization.

Authorized CPT Code	Description	Allowable Billed Groupings
33225	Cardiac Resynchronization Therapy (CRT)	33221, 33224, 33225, 33231
33249	Implantable Cardioverter Defibrillator (ICD)	33230, 33240, 33249
33208	Pacemaker Insertion	33206, 33207, 33208, 33212, 33213
93307	Transthoracic Echocardiography (TTE)	93303, 93304, 93306, 93307, 93308, +93320, +93321, +93325, +93356
93312	Transesophageal Echocardiography (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, +93320, +93321, +93325
93350	Stress Echocardiography	93350, 93351, +93320, +93321, +93325, +93352, +93356
93452	Heart Catheterization	93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, +93462, +93463, +93464, +93565, +93566, +93567, +93568

Filing Requirements: Rendering and/or Billing Provider

The preferred method for claim submission to Sentara Health Plans is electronic claim submission. Claims can be submitted through a clearinghouse, AllScripts/PayerPath, Availity, or can be submitted directly by a provider or vendor.

All claims must be submitted within the guidelines of the product, or they will be denied as a late claim submission.

Claims submitted must be for participating providers within the practice.

Submit paper claims on the standard CMS 1500 form for professional providers or UB-04 form for facilities. All claims must be “clean claims.”

In order to process a claim, we require a valid W-9 for the provider tax identification number (TIN) on file with Sentara Health Plans. Claims submitted without a W-9 may be rejected by a clearing house, Sentara Health Plans, or administratively denied. We may require that any claim submitted without a valid W-9 on file be resubmitted in order to be processed.

Provider Quality Care Workgroup

Why are care gaps important? Is your staff aware of the value of closing care gaps? Join our new quarterly Provider Quality Care Workgroup sessions beginning in March! Closing care gaps is crucial and has a direct impact on your patients' healthcare outcomes. We encourage your designated quality subject matter expert(s), key clinical representative(s), and other staff members to join us virtually and learn how you can identify and address care gaps effectively. Find out how you can decrease no-shows, improve health outcomes by educating and engaging members, and emphasize the vital role preventive care plays in long-term health and overall quality of life.

Register today for upcoming sessions:

- March 5, 2024 – 12 p.m.
- March 14, 2024 – 7 a.m.

Register for Our Upcoming Webinars

Mark your calendars to join our upcoming quarterly educational sessions. **Visit our website** to learn more and register. Presentations from previous sessions are also available.

Medical Provider Touchpoint

- February 6, 2024 – 10 a.m.

- February 13, 2024 – 1 p.m.
- May 8, 2024 – 10 a.m.
- May 15, 2024 – 1 p.m.

Let's Talk Behavioral Health

- February 14, 2024 – 1 p.m.
- May 14, 2024 – 1 p.m.

Claims Brush Up Clinics

- March 13, 2024 – 1 p.m.
- June 12, 2024 – 1 p.m.

Sincerely,

Your Sentara Health Plans Team