DATE: October 17th, 2025
TO: All Sendero Health Plans Network Providers
RE: Updated Preauthorization Policies Effective 12/17/2025

Dear Sendero Physicians and Providers,

Sendero is sensitive to balancing the administrative burdens of preauthorization with the managed care responsibility to promote clinically appropriate, cost-effective services for our members. To this end, we perform an ongoing review of the criteria of services requiring preauthorization. Our aim is to limit this list to services that have a significant benefit to pre-review from a member risk, clinical appropriateness, and/or cost perspective.

Below is a summary of the changes to the Sendero preauthorization list, **effective 12/17/2025. The full list of preauthorized healthcare service codes is found at** https://senderohealth.com/preauthorizationsearch/.

Healthcare Services that are Removed from the Preauthorization Requirement

High-Tech Imaging	Codes that are no longer considered to be potentially Investigational and will not require preauthorization					
77012	0407U	Q4265	Q4268	Q4271	0323U	Q4262
	A2019	Q4266	Q4269	Q4276	Q4151	Q4263
	A2021	Q4267	Q4270	Q4283	Q4154	Q4264

Healthcare Services that are Added to the Preauthorization Requirement

HCPCS codes that fall within the existing preauthorization categories

Drugs administered in Office, Outpatient, or Home setting / Injectable drugs > $500		
C9174	J7173	J9382
C9175	J7174	Q5098
C9305	J7356	Q5099
C9306	J9011	Q5100
J0570	J9174	Q5153
J0614	J9275	Q5154
J0894	J9276	Q5155
J1326	J9289	Q5156
J1809	J9341	Q5157
J7172	J9342	Q5158
		Q5159

Hearing Aids	Genetic Testing	
E0658	0560U	0575U
E0659	0561U	0576U
L1007	0562U	0577U
	0565U	0583U
	0566U	0585U
	0567U	0586U
	0569U	0592U
	0571U	0597U

Cell and Gene Therapies and Services	
J3391	
J3402	
J3403	
Q2058	

Orthotics and Prosthetics over $500 per line item	
L5657	L6036
L6034	L6038
L6035	L6039

Implantable Pumps and Devices over $500
J0570

Potentially Investigational Services				
0285U	0591U	0963T	0982T	Q4378
0556U	0594U	0964T	0983T	Q4379
0557U	0595U	0965T	0984T	Q4380
0558U	0596U	0966T	0985T	Q4382
0559U	0598T	0967T	0986T	Q4383
0563U	0598U	0968T	0987T	Q4384
0564U	0599T	0969T	A2036	Q4385
0568U	0599U	0970T	A2037	Q4386
0570U	0948T	0971T	A2038	Q4387
0573U	0949T	0972T	A2039	Q4388
0574U	0950T	0973T	Q4368	Q4389
0578U	0956T	0974T	Q4369	Q4390
0579U	0957T	0975T	Q4370	Q4391
0580U	0958T	0976T	Q4371	Q4392
0581U	0959T	0977T	Q4372	Q4393
0584U	0960T	0978T	Q4373	Q4394
0587U	0961T	0979T	Q4375	Q4395
0589U	0962T	0980T	Q4376	Q4396
		0981T	Q4377	Q4397

Additional Notes:

- The *Preauthorization List and Guidance* document pertains to health care services requiring both notification to Sendero and those requiring preauthorization. This document is also found at www.senderohealth.com/providers on the preauthorization tab.
- All covered services must be medically necessary, whether they require preauthorization. As such, they may be subject to periodic retrospective reviews for medical necessity.
- Sendero publishes an interactive healthcare service code lookup tool containing the specific healthcare service codes requiring preauthorization, as well as the criteria used to determine medical necessity or benefit coverage at https://senderohealth.com/preauthorizationsearch/ and linked from the Preauthorizations tab at www.senderohealth.com.