



DATE: February 21<sup>st</sup>, 2025  
 TO: All Sendero Health Plans Network Providers  
 RE: Updated Preauthorization Policies Effective March 1<sup>st</sup>, 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. We aim to limit this list to services that offer a significant benefit from a pre-review from a member risk, clinical appropriateness, and/or cost perspective.

Below is a summary of changes to the Sendero preauthorization list, **effective 03/01/2025**. **The complete list of preauthorized healthcare service codes is located at <https://senderohealth.com/preauthorizationsearch/>.**

**[Change in the Preauthorization requirement for Avastin.](#)**

We are reducing the preauthorization requirement for Avastin (C9257, J9035) administered in an office, outpatient, or home setting and processed through the Sendero medical benefit. Effective March 1<sup>st</sup>, 2025, Avastin administered by Sendero network providers will no longer require preauthorization when used for the ophthalmic conditions listed below.

Diagnosis codes that do not require preauthorization: B39.9, E08.311, E08.321, E08.331, E08.39, E08.341 through E08.359, E09.311, E09.321, E09.331, E09.39, E09.341 through E09.359, E10.311 through E10.39, E11.311 through E11.39, E13.311, E13.321, E13.331, E13.34, E13.341 through E13.359, H21.1X1, H21.1X2, H21.1X3, H21.1X9, H34.811 through H35.9, H40.5, H40.89, H43.1, H44.2A1 through H44.2A9, and H54.0X33 through H54.8.

Avastin continues to require preauthorization when used for any other condition when billed charges exceed \$500 per line item or when administered by a provider that is not part of the Sendero provider network.

Bevacizumab codes Q5107, Q5118, Q5126, and Q5129 require preauthorization for all diagnoses when billed charges exceed \$500 per line item or when administered by a provider that is not part of the Sendero provider network.

**[Change in the Preauthorization Requirement for Home Sleep Studies](#)**

When delivered by providers in the Sendero plan network, we are removing the preauthorization requirement for home sleep studies. The impacted codes are 95800, 95801, and 95806. When administered by a provider not part of the Sendero provider network, these services require preauthorization.

**[Healthcare Services That are being Removed from the Preauthorization Requirement](#)**

When delivered by providers in the Sendero plan network, we are removing the preauthorization requirement for the medical nutritional therapy services codes listed below. When administered by a provider not part of the Sendero provider network, these services require preauthorization.

Medical Nutritional Therapy and Home Infusion Codes												
B4164	B4168	B4172	B4176	B4178	B4180	B4185	B4187	B4189	B4193	B4197	B4199	99601 99602

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**Additional Notes:**

- The *Sendero Preauthorization List* pertains to health care services requiring both notification to Sendero and those requiring preauthorization when covered under the medical benefit. This document located at [www.senderohealth.com/providers](http://www.senderohealth.com/providers) on the preauthorization tab.
- All covered services must be medically necessary, whether they require preauthorization. As such, they can 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](http://www.senderohealth.com).