

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: May 8, 2024

Subject: Prior Authorization Service List

Summary: New Prior Authorization Requirements.

AmeriHealth Caritas Louisiana would like to make you aware of changes to the [Prior Authorization Service List](#) that has been approved by the Louisiana Department of Health, in accordance with La.R.S.46:460.54, effective for dates of service 2/13/2024 and after.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert? You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com.

Procedure Code	Procedure Code Description	Authorization Rules
93740	Thermography Temp Gradient Studies	<u>Prior Authorization Required</u>
S8080	Scintimammography	<u>Prior Authorization Required</u>
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	<u>Prior Authorization Required</u>
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	<u>Prior Authorization Required</u>
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	<u>Prior Authorization Required</u>
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	<u>Prior Authorization Required</u>
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	<u>Prior Authorization Required</u>
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	<u>Prior Authorization Required</u>
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	<u>Prior Authorization Required</u>
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	<u>Prior Authorization Required</u>
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	<u>Prior Authorization Required</u>
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	<u>Prior Authorization Required</u>

81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	<u>Prior Authorization Required</u>
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and re	<u>Prior Authorization Required</u>
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algori	<u>Prior Authorization Required</u>
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	<u>Prior Authorization Required</u>
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm	<u>Prior Authorization Required</u>
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	<u>Prior Authorization Required</u>
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	<u>Prior Authorization Required</u>
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	<u>Prior Authorization Required</u>
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	<u>Prior Authorization Required</u>
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>

0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability,	<u>Prior Authorization Required</u>
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	<u>Prior Authorization Required</u>
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	<u>Prior Authorization Required</u>
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	<u>Prior Authorization Required</u>
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	<u>Prior Authorization Required</u>
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	<u>Prior Authorization Required</u>
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	<u>Prior Authorization Required</u>
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	<u>Prior Authorization Required</u>
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	<u>Prior Authorization Required</u>
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	<u>Prior Authorization Required</u>
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	<u>Prior Authorization Required</u>
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	<u>Prior Authorization Required</u>
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	<u>Prior Authorization Required</u>

0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	<u>Prior Authorization Required</u>
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable pa	<u>Prior Authorization Required</u>
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable pa	<u>Prior Authorization Required</u>
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	<u>Prior Authorization Required</u>
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	<u>Prior Authorization Required</u>
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	<u>Prior Authorization Required</u>
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	<u>Prior Authorization Required</u>
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	<u>Prior Authorization Required</u>
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	<u>Prior Authorization Required</u>
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior t	<u>Prior Authorization Required</u>
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior t	<u>Prior Authorization Required</u>
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis,	<u>Prior Authorization Required</u>

	programming, and imaging, when performed, posterior tibial nerve; subcutaneous	
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	<u>Prior Authorization Required</u>
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	<u>Prior Authorization Required</u>
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified h	<u>Prior Authorization Required</u>
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with fir	<u>Prior Authorization Required</u>
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evalua	<u>Prior Authorization Required</u>
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	<u>Prior Authorization Required</u>
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and	<u>Prior Authorization Required</u>
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care	<u>Prior Authorization Required</u>
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>

0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code)	<u>Prior Authorization Required</u>
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>

0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>

0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	<u>Prior Authorization Required</u>
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	<u>Prior Authorization Required</u>
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatom	<u>Prior Authorization Required</u>

0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report,	<u>Prior Authorization Required</u>
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	<u>Prior Authorization Required</u>
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	<u>Prior Authorization Required</u>
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	<u>Prior Authorization Required</u>
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	<u>Prior Authorization Required</u>
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score	<u>Prior Authorization Required</u>
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, whe	<u>Prior Authorization Required</u>
A4457	Enema tube, with or without adapter, any type, replacement only, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A4468	Exsufflation belt, includes all supplies and accessories	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A4541	Monthly supplies for use of device coded at E0733	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6520	Gradient compression garment, glove, padded, for nighttime use, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>

A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6522	Gradient compression garment, arm, padded, for nighttime use, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6528	Gradient compression garment, bra, for nighttime use, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6529	Gradient compression garment, bra, for nighttime use, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>

A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6565	Gradient compression gauntlet, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6566	Gradient compression garment, neck/head, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6567	Gradient compression garment, neck/head, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6568	Gradient compression garment, torso and shoulder, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6569	Gradient compression garment, torso/shoulder, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6570	Gradient compression garment, genital region, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6571	Gradient compression garment, genital region, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6572	Gradient compression garment, toe caps, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6573	Gradient compression garment, toe caps, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6574	Gradient compression arm sleeve and glove combination, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>

A6575	Gradient compression arm sleeve and glove combination, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6576	Gradient compression arm sleeve, custom, medium weight, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6577	Gradient compression arm sleeve, custom, heavy weight, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6578	Gradient compression arm sleeve, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6579	Gradient compression glove, custom, medium weight, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6580	Gradient compression glove, custom, heavy weight, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6581	Gradient compression glove, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6582	Gradient compression gauntlet, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6585	Gradient pressure wrap with adjustable straps, above knee, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6586	Gradient pressure wrap with adjustable straps, full leg, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6587	Gradient pressure wrap with adjustable straps, foot, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6588	Gradient pressure wrap with adjustable straps, arm, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6589	Gradient pressure wrap with adjustable straps, bra, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>

A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6597	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6606	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A6609	Gradient compression bandaging supply, not otherwise specified	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>

A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	<u>Prior Authorization Required</u>
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	<u>Prior Authorization Required</u>
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	<u>Prior Authorization Required</u>
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	<u>Prior Authorization Required</u>
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	<u>Prior Authorization Required</u>
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0678	Nonpneumatic sequential compression garment, full leg	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0679	Nonpneumatic sequential compression garment, half leg	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0681	Nonpneumatic compression controller without calibrated gradient pressure	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0682	Nonpneumatic sequential compression garment, full arm	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>

E0732	Cranial electrotherapy stimulation (CES) system, any type	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E0735	Noninvasive vagus nerve stimulator	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E1301	Whirlpool tub, walk-in, portable	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
E3000	Speech volume modulation system, any type, including all components and accessories	<u>Prior authorization required for billed charges greater than or equal to \$750.00</u>
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 minutes per calendar month, in the following activities to address	<u>Prior Authorization Required</u>
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)	<u>Prior Authorization Required</u>
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:	<u>Prior Authorization Required</u>
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	<u>Prior Authorization Required</u>
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	<u>Prior Authorization Required</u>
L3161	Foot, adductus positioning device, adjustable	<u>Prior Authorization Required</u>
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	<u>Prior Authorization Required</u>
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	<u>Prior Authorization Required</u>
Q4279	Vendaje AC, per sq cm	<u>Prior Authorization Required</u>
Q4287	DermaBind DL, per sq cm	<u>Prior Authorization Required</u>

Q4288	DermaBind CH, per sq cm	<u>Prior Authorization Required</u>
Q4289	RevoShield+ Amniotic Barrier, per sq cm	<u>Prior Authorization Required</u>
Q4290	Membrane Wrap-Hydro(TM), per sq cm	<u>Prior Authorization Required</u>
Q4291	Lamellas XT, per sq cm	<u>Prior Authorization Required</u>
Q4292	Lamellas, per sq cm	<u>Prior Authorization Required</u>
Q4293	Acesso DL, per sq cm	<u>Prior Authorization Required</u>
Q4294	Amnio Quad-Core, per sq cm	<u>Prior Authorization Required</u>
Q4295	Amnio Tri-Core Amniotic, per sq cm	<u>Prior Authorization Required</u>
Q4296	Rebound Matrix, per sq cm	<u>Prior Authorization Required</u>
Q4297	Emerge Matrix, per sq cm	<u>Prior Authorization Required</u>
Q4298	AmniCore Pro, per sq cm	<u>Prior Authorization Required</u>
Q4299	AmniCore Pro+, per sq cm	<u>Prior Authorization Required</u>
Q4300	Acesso TL, per sq cm	<u>Prior Authorization Required</u>
Q4301	Activate Matrix, per sq cm	<u>Prior Authorization Required</u>
Q4302	Complete ACA, per sq cm	<u>Prior Authorization Required</u>
Q4303	Complete AA, per sq cm	<u>Prior Authorization Required</u>
Q4304	GRAFIX PLUS, per sq cm	<u>Prior Authorization Required</u>
C9159	Injection, prothrombin complex concentrate (human), Balfaxar, per IU of Factor IX activity	<u>Prior Authorization Required</u>
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	<u>Prior Authorization Required</u>
C9161	Injection, aflibercept HD, 1 mg	<u>Prior Authorization Required</u>
C9162	Injection, avacincaptad pegol, 0.1 mg	<u>Prior Authorization Required</u>
C9163	Injection, talquetamab-tgvs, 0.25 mg	<u>Prior Authorization Required</u>
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	<u>Prior Authorization Required</u>
C9165	Injection, elranatamab-bcmm, 1 mg	<u>Prior Authorization Required</u>
J0184	Injection, amisulpride, 1 mg	<u>Prior Authorization Required</u>
J0217	Injection, velmanase alfa-tycv, 1 mg	<u>Prior Authorization Required</u>
J0391	Injection, artesunate, 1 mg	<u>Prior Authorization Required</u>
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	<u>Prior Authorization Required</u>
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg	<u>Prior Authorization Required</u>
J1105	Dexmedetomidine, oral, 1 mcg	<u>Prior Authorization Required</u>
J1304	Injection, tofersen, 1 mg	<u>Prior Authorization Required</u>
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	<u>Prior Authorization Required</u>
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	<u>Prior Authorization Required</u>
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	<u>Prior Authorization Required</u>
J2799	Injection, risperidone (Uzedy), 1 mg	<u>Prior Authorization Required</u>
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	<u>Prior Authorization Required</u>
J9072	Injection, cyclophosphamide, (Dr. Reddy's), 5 mg	<u>Prior Authorization Required</u>

J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	<u>Prior Authorization Required</u>
J9258	Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg	<u>Prior Authorization Required</u>
J9286	Injection, glofitamab-gxbm, 2.5 mg	<u>Prior Authorization Required</u>
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	<u>Prior Authorization Required</u>
J9333	Injection, rozanolixizumab-noli, 1 mg	<u>Prior Authorization Required</u>
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	<u>Prior Authorization Required</u>